GCH (North London) Ltd

Burrows House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 24 May 2018 and was unannounced.

During our last inspection in May 2017, we found that improvements were needed as prescribed medicines were not stored securely. We found that Medicine Administration Records (MAR) for topical creams were either not signed or not completed as soon as the medicines were administered. We also found that the providers quality assurance systems had not picked up the issues we found at that inspection. At this inspection we found that the provider had acted to address these issues.

Burrows House is a 'care home'. People in care homes receive accommodation and nursing, or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Burrows House accommodates up to 54 people. There were 47 people living at the home at the time of our inspection.

There was a registered manager in place, who was supported by a deputy manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe. There were appropriate whistleblowing and adult safeguarding procedures in place to protect people from the risk of abuse. Staff understood the types of abuse that could occur and the action to take if they had any concerns. Risks to people were assessed, identified and safely managed. The home had a system in place to record accidents and incidents and acted on them in a timely manner. Medicines were stored, administered, managed safely and accurate records were maintained. People were protected from risk of infection as staff followed practices that reduced the risk of infection. There were enough staff deployed to meet people's needs in a timely manner and the provider followed safe recruitment practices.

Staff received an induction when they started work at the home and were supported through regular training and supervisions so that they were effectively able to carry out their roles. People's needs were assessed prior to moving into the home to ensure their needs could be met. The registered manager and staff understood the requirements of the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff told us they asked for people's consent before offering support. People were supported to have enough to eat and drink and had access to healthcare professionals when required to maintain good health.

People told us staff were caring, considerate and respected their privacy, dignity and independence. They said staff involved them in making decisions about their daily care and support requirements. People were

provided with information about the service when they joined in the form of a 'service user guide' so they were aware of the services and facilities on offer.

People's care plans were reflective of their individual care needs and preferences and care plans were reviewed on a regular basis. A variety of activities were on offer and available for people to enjoy and take part in. People were aware of the home's complaints procedures and knew how to raise a complaint. People's cultural needs and religious beliefs were recorded and they were supported to meet their individual needs. Where appropriate people had their end of life care wishes recorded in care plans.

The provider had effective quality assurance systems in place to monitor the quality and safety of the service. Regular staff and residents' meetings were held and feedback was also sought from people about the service through annual surveys. Staff were complimentary about the registered manager and the home. The provider worked in partnership with the local authority to ensure people's needs were planned and met.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People told us they felt safe.

There were appropriate whistleblowing and adult safeguarding procedures in place to protect people from the risk of abuse.

Risks to people were identified and safely managed.

The home had a system in place to record accidents and incidents and acted on them in a timely manner.

People were protected from risk of infection.

Medicines were managed safely and accurate records were maintained.

There were enough staff deployed to meet people's needs in a timely manner and the provider followed safe recruitment practices

Is the service effective?

Good

The service was effective.

Staff completed an induction when they started work and were supported through regular training and supervisions and appraisals.

People's needs were assessed prior to moving into the home to ensure their needs could be met.

Staff understood the principles of the Mental Capacity Act (2005) and supported people to make decisions appropriately.

Staff told us they asked for people's consent before offering support.

People were supported to have enough to eat and drink.

People had access to healthcare professionals when required to

maintain good health.

Is the service caring?

Good

The service was caring.

People told us staff were caring and respected their privacy, dignity and independence.

People were involved in making decisions about their care and support requirements.

People were provided with information about the service when they joined in the form of a 'service user guide' so they were aware of the services and facilities on offer

Is the service responsive?

Good

The service was responsive.

Care plans were reviewed regularly and were reflective of people's individual care needs.

People participated in a variety of activities to stimulate them.

People were aware of the home's complaints procedures and knew how to raise a complaint.

People's cultural needs and religious beliefs were recorded and they were supported to meet their individual needs.

Where appropriate people had their end of life care wishes recorded in care plans

Is the service well-led?

Good

The service was well-led.

There was a registered manager in post.

The provider had effective quality assurance systems in place to monitor the quality and safety of the service.

Regular staff and residents' meetings were held and feedback was also sought from people about the service through annual surveys.

Staff were complimentary about the registered manager and the home.

The provider worked in partnership with the local authority to ensure people's needs were planned and met.

Burrows House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was announced and took place on 24 May 2018. The inspection team consisted of two inspectors, an inspection manager who was observing and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at the information we held about the service. This included statutory notifications that the provider had sent CQC. A notification is information about important events which the service is required to send us by law. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also asked the local authority commissioning the service for their views of the service and used this information to help inform our inspection planning.

We spoke with sixteen people using the service, three relatives, five members of staff, the registered manager, the deputy manager and the regional manager. We reviewed records, including the care records of eight people using the service, recruitment files and training records for eight staff members. We also looked at records related to the management of the service such quality audits, accident and incident records, and policies and procedures.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "I feel safe. I can shut my door at night and everyone looks after me and my things. I do not worry which I feel reassured about". Another person said, "I do feel very safe and being here, I don't need to worry about anything."

People were protected from the risk of abuse. There were appropriate whistleblowing and safeguarding procedures in place. Staff understood the types of abuse that could occur and who to contact should they have any concerns. One staff member said, "I would go straight to my manager if I was worried about anything". Another staff member said, "I would report my concerns to my manager and I know they would act straight away". A third member of staff said, "I would whistle blow if I needed to, I would not hesitate". The registered manager followed safeguarding protocols and submitted safeguarding notifications when required to the local authority and CQC.

Risks to people were managed safely. Risk assessments were carried out in relation to medicines, mobility, falls, nutrition, skin integrity, social isolation and communication. Risk management plans included detailed guidance for staff on how to manage these risks safely. For example, where a person was at risk of social isolation, there was guidance in place for staff on how to minimise this risk. This included ensuring the person was encouraged to join in activities, encouraged to listen to music of their choice and to meet with friends and family on a regular basis. Risks were reviewed regularly and risk management plans were updated to ensure they remained relevant to people's current needs and conditions.

Accidents and incidents were appropriately managed. The home had a system in place to record accidents and incidents and acted on them in a timely manner. We saw records that included the details of the accident or incident, what happened and what action was taken. For example, one person suffered a fall when they lost their balance trying to get out of bed. An ambulance was called to assess the person for injury. The person had not suffered any injury but staff were instructed to ensure the person's walking aid was within their reach at all times and that they were closely monitored to minimise the risk of future falls and learning was disseminated at staff meetings.

People were protected from risk of infection. The provider had an up to date infection control policy in place and staff had received training in infection control. Staff spoke confidently about the action they would take minimise the risk of infection. One staff member said, "I make sure I have washed my hands before supporting people and always wear disposable gloves and aprons". We observed staff wearing personal protective clothing (PPE) which included disposable gloves and aprons when supporting people with personal care.

Medicines were managed safely and accurate records were maintained. Medicines were appropriately stored and could only be accessed by staff who had been trained and assessed as being competent in medicines administration. Medicines were safely administered using a monitored dosage system supplied by a local pharmacist. Medicine Administration Records (MAR) were completed accurately.

Medicines that had been prescribed to be taken 'as required' had information and individual protocols in people's medicine records to guide staff on their use and were recorded on MAR charts. When topical creams were administered, records were completed to demonstrate that people had received these medicines. Fridge temperatures and medicine room temperatures were recorded and monitored daily indicating that medicines were stored at the correct temperatures to ensure they remained effective. This meant that people received their medicines as prescribed by health care professionals.

There were enough staff deployed to meet people's needs in a timely manner. One person told us, "The staff are busy but there are enough". Another person said, "Yes there are enough staff, they are lovely and never too busy to talk.

The manager confirmed that staffing levels were determined using a dependency tool based on the level of support people required. Staff rotas were planned so staff knew what shifts they were working. Rotas we looked at showed that there were sufficient numbers of staff on duty to meet people's needs. The provider followed safe recruitment practices to ensure that only suitable staff could work with people. The provider undertook appropriate recruitment checks before staff started work. Staff files we reviewed contained completed application forms which included details of employment history and qualifications. References had been sought and proof of identity had been reviewed and criminal record checks had been undertaken for each staff member. Checks were also carried out to ensure staff members were entitled to work in the UK.

Good

Is the service effective?

Our findings

People told us they were involved in planning their care needs. One person said, "Everything I want is written in my file. Staff know how I like things and we chat about it". Another person said, "Staff ask my feelings on what I think or my advice on what I want. I feel involved."

People's care plans were based upon their assessed needs. They addressed a range of needs such as the support they required with mobility, medicines, skin integrity, moving and handling, nutrition and personal care. Care plans were reviewed regularly with a view to ensuring they remained up to date and reflective of people's current needs. However, we saw that not all care plans contained a Global Information sheet, this was sheet provided staff on duty with a 'At a glance' information about people's current needs. This meant that staff would not have an 'At a glance' reference to help them understand people's needs. We brought this to the deputy manager's attention who said that there was a management plan in place to have all care plans updated by the end of July 2018. Following the inspection, the registered manager sent us documentation to show that all care plans had been updated with a Global information sheet and all staff were required to read the sheet prior to their shift.

Daily progress notes were completed; these detailed the care and support delivered to people. Care plans also included details of people's choices as well as information about the things that were important to them. A staff member told us, "One person loves music and they always like to dance, it reminds them of their youth".

The home had an activities co-ordinator in place who was not available on the day of our inspection. We saw an activity plan and the variety of activities were on offer. These included, arts and crafts, quiz time, relaxation, board games, ball games, hairdressing, manicures, darts, sing a longs and exercise sessions. Activities were carried out daily with an evening activity after dinner time. We saw a collage of photographs of people enjoying activities including celebrating people's birthdays, St Patrick's day celebrations, coffee shop outings, planting and gardening. During our inspection, although we saw people enjoying a sing-along and observed staff encouraging people to participate, no other activities were carried out by staff to entertain people. If people decided to spend time in their bedrooms, staff respected this. We saw staff spending one to one time with people including those cared for in bed. We saw that a local school regularly visited people at the home. One person said, "Staff remind me when there is a sing song or bingo." Another person said, "I like to stay in my room and listen to the radio. Staff put it on for me".

People's care plans recorded their diverse needs and included details of their spiritual and cultural needs. For example, if people wished to practice their faith and how they were supported to do this. We saw that a spiritual representative attended the home on a monthly basis and conducted services for people who wished to participate. One person said, "I go to the church service in the lounge monthly. I can go more often if I want to."

The home had a complaints policy in place, which included information on how to make a complaint, the timescale in which people would receive an initial response, and how complaints could be escalated if they

were unhappy with the outcome of the provider's investigation. People knew how to raise a complaint if they needed to. The home had received five complaints since our last inspection which had all been logged, investigated in a timely manner and resolved satisfactorily.

Care plans contained information on people's end of life care preferences. For example, who they would like to have contacted if they were approaching the end of their life, and/or if they had any specific spiritual preferences. This was to ensure people's choices for their end of life care were acted upon.

Good

Is the service caring?

Our findings

People told us that the staff were caring. One person told us, "Staff are very caring". Another person said, "Staff are very nice and always happy. They give me a little hug if I feel rubbish."

Staff treated people with respect and dignity. Staff interacted with people in a positive manner, people were addressed by their preferred names and staff showed kindness and understanding. For example, we saw one person became anxious and agitated. We saw a staff member speaking to them and calmly and distracted them by taking them for a walk. People's information was stored in locked cabinets in the office and electronically stored on the provider's computer system. Only authorised staff had access to people's care files and electronic records.

Staff knew people well and their individual likes, dislikes and preferences, such as the time they liked to wake up and go to bed and food they enjoyed or disliked. One staff member told us, "One person does not like salad at all, but loves to drink lemonade". Another staff member said, "One person likes to go to bed at 9pm and get up early". We saw staff protecting people's privacy and dignity when offering personal care. They knocked on people's doors and waited for permission to enter and closed doors behind them. One person said, "Staff always knock or announce themselves and when I am using the bathroom they wait outside". Another person said, "I still have my dignity. They are very discreet here"

People and their relatives were involved in making decisions about their daily care. One person told us, "Staff know me quite well because I tell them what I need". A relative said, "Staff know my relative very well. They understand them because they spend time sitting with them and chatting" A member of staff told us they supported people in choosing what they wanted to wear each day by showing them several options.

Staff encouraged people to be independent by encouraging them to carry out aspects of their personal care such dressing or brushing their hair. Staff encouraged people to eat and drink on their own if they could but we saw they were on hand to assist people if needed. One staff member said, "I encourage people to what they can for themselves, such as wash their face with a flannel."

People were given information about the home when they joined in the form of a 'service user guide' which included the complaints procedure. This guide outlined the standard of care people could expect and the services and facilities provided at the home. People's relatives were encouraged to visit with people at the home. During our inspection we saw relatives were warmly welcomed by staff. One person said, "My children can come anytime." A relative said, "We visit most days and are always made to feel welcome".

Good

Is the service responsive?

Our findings

People told us they were involved in planning their care needs. One person said, "Everything I want is written in my file. Staff know how I like things and we chat about it". Another person said, "Staff ask my feelings on what I think or my advice on what I want. I feel involved."

People's care plans were based upon their assessed needs. They addressed a range of needs such as the support they required with mobility, medicines, skin integrity, moving and handling, nutrition and personal care. Care plans were reviewed regularly with a view to ensuring they remained up to date and reflective of people's current needs. 'Some care plans contained a Global Information sheet, this was sheet provided staff on duty with a 'At a glance' information about people's current needs. However, not all care plans included an 'At a glance' sheet to give staff up to date information about people current needs. This meant that agency staff would not have an 'At a glance' reference to help them understand people's needs. But the risk of agency staff member not understanding and not meeting people's current needs was minimised because they worked alongside a permanent member of care staff who directed them. We brought this to the deputy manager's attention who said that there was a management plan in place to have all care plans updated by the end of July 2018. Following the inspection, the registered manager sent us documentation to show that all care plans had been updated with a Global information sheet and all agency staff were required to read the sheet prior to their shift. Daily progress notes were completed; these detailed the care and support delivered to people. Care plans also included details of people's choices as well as information about the things that were important to them. A staff member told us, "One person loves music and they always like to dance, it reminds them of their youth".

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Care plans contained information on people's end of life care preferences. For example, who they would like to have contacted if they were approaching the end of their life, and/or if they had any specific spiritual preferences. This was to ensure people's choices for their end of life care were acted upon.

Good

Is the service well-led?

Our findings

People and their relatives were complimentary about the home and the registered manager. One person said, "The manager is a lovely and says hello to me every day." A relative said, "I cannot fault the management. They are very proactive."

The service had a registered manager in post who was supported by a deputy manager. The registered manager was knowledgeable about the requirements of a registered manager and their responsibilities about the Health and Social Care Act 2014. Notifications were submitted to the CQC as required. The philosophy of the home is to provide people with a secure homely environment in which their care and well-being is of prime importance.

The home had systems in place to effectively monitor the quality and safety of the home. The provider had carried out a programme of audits on areas such as medicines, care plans, health and safety, infection control and staffing levels. As a result, of these audits, the provider made improvements. For example, the provider had a management plan in place to redecorate the premises. We saw that this was in progress with the ground floor had already been redecorated.

The registered manager told us that they did not have any people using the service who required advance care plans to document their end of life care wishes. If they did, they would ensure people's care plans recorded what was important to people and if necessary would consult with relevant individuals and family members where appropriate to ensure people's preferences and choices for their end of life care were acted upon.

Regular staff meetings were held to discuss the running of the home and ensure staff were aware of the responsibilities of their roles. We saw the minutes from the last meeting in May 2018, areas discussed included nutrition, daily care records, body maps and team working. One staff member said, "I attend staff meetings and get a lot out of them". Another staff member said, "Meetings are informative and we share ideas". We saw that 'Take ten' meetings with all head of departments to discuss any issues took place at twice a week. Areas discussed included, admission and discharges, staffing issues, maintenance, housekeeping and catering.

Regular resident meetings were held to obtain feedback from people. We saw meetings were minuted and areas discussed included activities, complaints and menus. People had not requested any changes but feedback included, 'The food is very nice' and 'We enjoyed the cinema afternoon.'

Annual surveys were also conducted to seek peoples' feedback about the service. The feedback from the December 2017 survey was positive. One person said, "Staff are very pleasant and helpful, I would recommend Burrows House to anyone." Another person said, "The chef offers a very good choice of meals" and "There is nothing they can improve on".

The registered manager operated an open-door policy and welcomed people using the service, relatives

and staff to discuss any issues that they may have. Staff told us that they were happy working at the home and felt valued and supported by the registered manager. One staff member said, "I really like working here. The registered manager is great, they have an open-door policy and they listen". Another staff member said, "The registered manager is supportive and approachable".

The registered manager told us that they worked closely with the local authority to meet people's needs. We contacted staff from the local authority who had conducted an observational visit of the service in April 2018. They confirmed that they were impressed with the quality of the interactions between staff and people using the service. They said staff were attentive and respectful and the new activity co-ordinator had been recruited which had a positive impact on the home.