

Somerset Care Limited

Burnworthy House

Inspection report

South Street
South Petherton
Somerset
TA13 5AD

Tel: 01460240116

Website: www.somersetcare.co.uk

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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

Burnworthy House is a residential care home registered to provide accommodation and personal care to up to 37 people. The home specialises in the care of older people. At the time of the inspection there were 33 people living at the home.

People's experience of using this service and what we found

People lived in a home where they felt safe and well cared for. People said they were able to talk to staff, or the management team, if they had any worries or concerns. People told us they always felt listened to.

People were cared for by staff who were well trained, kind and compassionate. Throughout the inspection we saw friendly, warm and kind interactions between people and staff. We observed that staff were respectful of people and took time to offer support and reassurance when needed.

There was a happy relaxed atmosphere with a wide variety of activities and social stimulation for people. People were able to make choices about their day to day lives and were encouraged to continue to follow their interests and hobbies.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People had their needs assessed and monitored. The staff worked with other professionals to make sure people's needs were met. People had access to a range of healthcare professionals according to their individual needs.

The home was well led by a management team who promoted an ethos of person-centred care. They constantly monitored the standards of care people received.

The provider had a number of formal ways to monitor quality and seek people's views. People told us the management team were very visible in the home and they could share their views on an on-going informal way.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection The last rating for this service was good. (Report published 6 December 2019)

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Burnworthy House

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is someone who has personal experience of using or caring for someone who uses this type of service.

Service and service type

Burnworthy House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at all the information we had received about and from the home since the last inspection.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection-

We spoke with 20 people who lived at the home and nine members of staff about living and working at the home. We also spoke with two visitors about their experience of the care provided. We spent time observing care and support in communal areas, saw lunch served in all dining rooms and attended a staff handover meeting. The registered manager was available throughout the inspection

We viewed a range of records. These included two staff recruitment files, health and safety records, minutes of meetings, records of complaints and compliments and four care and support plans.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People looked very comfortable and relaxed with the staff who supported them. People said they felt safe and staff treated them with kindness. One person said, "I feel safe, safer than I did at home. We are very lucky to live here."
- Risks of abuse were minimised because staff knew how to recognise and report issues of abuse. Staff had received training about safeguarding people and told us they had never witnessed anything in the home which they felt was abusive. One staff member told us, "I do think it's a safe place; safety is one of our biggest priorities here."
- There was an open culture which enabled people to share any worries or concerns with the staff and management. One person told us, "They [staff] really listen."
- The registered manager worked with appropriate authorities if concerns were identified. This helped to ensure that full investigations were carried out to keep people safe.

Assessing risk, safety monitoring and management

- Risks to people were minimised where possible. Risk assessments were carried out and control measures were in place where appropriate. For example, where a person was assessed as being at high risk of falls, the staff ensured they had the appropriate equipment to promote safe mobility.
- People lived in a home where the safety of the environment and equipment were monitored. Equipment such as fire detecting and lifting equipment was regularly checked and serviced by outside contractors.

Staffing and recruitment

- People were supported by staff who had been safely recruited. Staff recruitment records showed thorough pre-employment checks were carried out before staff joined the service, including checks to ensure staff were suitable to care for vulnerable people. Gaps in employment were explored and documented.
- There were adequate numbers of staff to keep people safe and to meet their needs. On the day of the inspection we saw people who requested support received it promptly.
- Staff were able to spend time with people which made care person centred rather than task focussed. Throughout the inspection we saw staff spent time with people chatting and reassuring when needed.

Using medicines safely

- People received their medicines safely from senior staff who had received specific training to carry out the task. This included specific training, and competency checks, carried out by district nurses for some prescribed medicines.
- Some people were prescribed medicines, such as pain relief, on an as required basis. We observed that staff asked people if they needed this and respected their wishes.
- Where medicines required additional storage and recording this was in place. Clear records were kept of the administration of these medicines. We sampled these records and found that records correlated with stocks held.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The registered manager monitored incidents and accidents at the home and took action to prevent re-occurrence. There was a monthly audit of all accidents which looked at trends to ensure improvements were made where appropriate.
- The staff were pro-active in addressing issues. For example, following delays in receiving some prescribed medicines a member of staff met with the surgery and pharmacy to prevent re-occurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their needs assessed before they moved to the home. This helped to make sure Burnworthy House could meet their needs and expectations.
- Each person had a care plan which set out their needs and wishes. The care plan system used recognised tools to assess physical needs such as pressure care and nutrition.
- Care plans gave staff information about people's physical and emotional needs and also their likes and dislikes. This helped staff to provide care which was personalised to each individual.
- People were receiving care and support in line with their needs and wishes. For example, one person's care plan highlighted their love of gardening and during the inspection we saw them tending a patch of garden. Another identified a diet choice and we saw this person received a meal in accordance with this at lunch time.

Staff support: induction, training, skills and experience

- People had confidence in the staff who supported them. One person commented, "Staff here are very good. They certainly know what they are doing." Other people told us they thought all the staff were well trained and good at their jobs.
- People were supported by staff who had received a thorough induction when they began work. One staff member said, "I was given plenty of training when I started. I shadowed senior staff for the first two weeks. They made sure I was happy and confident before I started caring for people on my own. I think the support for staff here is wonderful."
- Staff received training to help them to provide care in line with up to date guidance and legislation. During the COVID-19 pandemic most staff training had been carried out on the provider's on-line training hub. Although staff said training was good, most staff said they were looking forward to getting back to more practical face to face training.

Supporting people to eat and drink enough to maintain a balanced diet

- People had their nutritional needs assessed and met. Where people required, or wished to have, a specific diet this was catered for.
- There were mixed views about the food served. Comments included, "Food is wonderful," "The food is good and there is variety" and "Sometimes the food is rather bland."
- People received the help and support they required to eat a good diet. At lunch time staff assisted people

to make choices about food and drink whilst promoting their independence.

- Lunch was a relaxed, social event which lasted well over an hour. People gathered prior to lunch and sat chatting between themselves. The tables were well laid, people could help themselves, they celebrated a birthday and shared some wine which the person had bought to share with others. People seemed to enjoy their meals. These were served promptly, so people were not kept waiting. Staff cover was good throughout.
- People told us that drinks and snacks were always available. One person said that they were able to order luxury food items on-line and have them delivered to the home. They said this gave them total independence and choice.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People had access to a range of healthcare professionals according to their individual needs. People said that some professionals, such as community nurses, visited the home and staff supported them to attend appointments such as dentists and hospitals.
- People were encouraged to remain active to promote their well-being. One relative told us the staff had a good balance of keeping people safe but encouraging mobility and independence. Several people mentioned they enjoyed walks in the garden, with and without staff, and thought it helped them to keep mobile.
- The staff worked with other professionals to make sure people received the care and treatment they needed. There was a weekly multi-disciplinary meeting where staff were able to refer any healthcare concerns and they had good relationships with local healthcare professionals.

Adapting service, design, decoration to meet people's needs

- People lived in an environment which was bright and welcoming. Adaptations had been put in place to promote people's independence such as level access showers, hand-rails and assisted bathing facilities.
- There was ample communal space to enable people to spend time in company or in quieter areas. One person told us, "If I want privacy I can go to my room. But if I want company I can come to the lounge."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were asked for their consent before staff assisted them. For example, we saw staff asking people if they wished to have help at lunchtime or if they would rather serve themselves.
- Staff knew how to help people to make decisions if they did not have the capacity to make a decision for themselves. At the time of the inspection staff said that the majority of people could make decisions for themselves if choices were presented to them in ways that meet their needs.
- The registered manager had made applications for people to be deprived of their liberty where they needed this level of protection to keep them safe.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The registered manager and senior staff team led by example to make sure people were always treated with respect and kindness. We saw some lovely, kind and patient interactions between people and staff. Staff seemed to know people really well. There was a relaxed, unhurried feel throughout the home. It was noticeable that staff had time to stop and chat to people or to reassure them. It never felt task led at any time. There was a real 'buzz' about the place.
- People were complimentary about the care home and the staff who supported them. One person told us, "It's very tender, loving care." Another person commented, "Nothing is too much trouble for them [staff] here. We are very lucky to live here."
- Staff spent time with people to make sure they were happy and content. We saw that when a person was upset a member of staff offered immediate reassurance and support. One visitor told us that their relative did not always sleep well. They said, "If they wake in the night, someone sits with them, makes a drink and stays until they settle down."
- Staff knew people well and respected their different personalities and wishes. Some people enjoyed good humoured banter with staff and others liked a quieter life. One person told us, "They [staff] are kind and good for a laugh." One person said they liked staff visiting their room, but they did not wish to mix. This was respected by staff. The person told us, "Everything is first class. Just as I want it."
- People were able to follow their chosen lifestyles and religions. Before the pandemic some people had attended a local church or been visited by religious representatives. At the time of the inspection people had been unable to do this but a church service and bible study group was live streamed so people could continue to practice their faith within the restrictions.

Supporting people to express their views and be involved in making decisions about their care

- Staff knew people well, how they wished to be cared for and what was important to them. People said they felt able to express their views on a daily basis.
- Staff told us that people were involved in planning their care and people said their care was provided in accordance with their wishes.
- The registered manager held meetings for people and also carried out themed conversations with individuals. This enabled people to share their views about the home and their care.

Respecting and promoting people's privacy, dignity and independence

- People told us staff always treated them with respect and dignity. One person said, "They are very respectful. Always knock on your door." Another person made a comment about how staff assisted them with personal care. They said, "They are so lovely. I just can't fault them."
- Throughout the inspection we observed that people's independence was promoted. Staff encouraged people to do as much for themselves as they wished but were on hand when people needed support. We saw when people needed help with personal care, it was handled very discreetly by staff.
- Each person had a single room where they were able to spend time in private if they wanted to. Staff respected people's personal space.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People had care plans which were personalised to their individual needs and wishes. Care plans contained information about people's previous lifestyles, interests and people who were important to them. This helped to ensure staff accommodated people's wishes and needs when providing support.
- People said they continued to make decisions about their day to day care. One person said, "You can more or less do what you like. Whatever you do it is never wrong in their eyes." Another person told us, "Whatever you want you can have. You just have to ask."
- People were able to follow their own routines. They said they made choices about all aspects of their day to day lives. During the inspection we saw people were constantly offered choices.
- Staff spoke about people in a way which showed they treated everyone as an individual and provided personalised care and support.
- People could be confident that at the end of their lives they would receive kind and compassionate care. Staff worked with other professionals to make sure people received care and pain relief in accordance with their wishes and needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain contact with friends and family. During the COVID-19 pandemic the home had followed all government guidelines regarding restrictions on visiting. However, staff ensured that people were able to keep in touch with those that were important to them.
- People and their visitors had a range of options available to ensure they could meet safely. Some people saw visitors in the garden, some in a safe visiting pod and others chose to have closer contact visits in the home. This all helped people to maintain their relationships.
- Some people had formed friendships between each other. We saw people sat together chatting and enjoying each other's company. One group of people told us they chose to sit together before lunch for a chat, "To have a good catch up about things."
- People had access to a wide range of social stimulation and activities. There was a very active activities programme which took account of people's interests and hobbies. People told us they enjoyed the activities at the home. One person told us, "I enjoy the activities especially bingo and curling. It's nice when we get together."
- People were encouraged and enabled to follow their hobbies and interests. One person who was passionate about gardening had been given a section of garden to tend. Just before lunch one person

played the piano in the entrance; they played it beautifully and this was commented on by other residents. It was lovely to see and hear.

- People at the home were able to take part in projects outside the home. People had recently been involved in a community project called 'Together we are stronger.' This was a project which enabled people to share their life histories through podcasts. The project was very successful and one person even appeared on the national news.
- Burnworthy House had always been an important part of the local community. During the COVID-19 pandemic many social activities had ceased but people were looking forward to a time when they could be more active in their community.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had their communication needs assessed before they moved to the home. This helped to ensure that all staff had information to support people to express themselves and their needs.
- The management told us information in the home could be translated into different languages and formats to meet people's different needs.

Improving care quality in response to complaints or concerns

- People knew they could complain if they wished to, but everyone told us they had nothing to complain about. One person told us, "If there is anything wrong, they sort it out."
- There had only been one complaint in the past year. This had been responded to immediately and action was taken to prevent the situation re-occurring.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People benefited from a registered manager and senior staff team who promoted a positive culture. They focused on people being treated as individuals and being able to continue to live full and rewarding lives.
- Staff understood the ethos of the home and worked in accordance with this. They told us they thought managers led by example and listened to people and staff.
- Staff morale was good which led to a happy environment for people to live in. There were a number of long-standing staff and newer staff told us it was a lovely team to join. One member of staff said, "Teamwork is really good. Everyone helps everyone. If you are ever unsure about anything you only have to ask."
- The home had received several compliments which praised the staff and the homeliness of the home. A group of people told us Burnworthy House was a "Real home" not a "Care home." This comment was echoed in compliments we saw.
- People were very happy with the care they received and told us they would recommend it to other people. One person said, "Anyone who comes to stay here is very lucky, it is well run and friendly. Be a job to improve it in anyway, it's comfortable, we are well looked after."
- The registered manager and provider were open and approachable. They listened to comments from people and took action if things went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- People lived in a home where there was a clear staffing structure with clear lines of accountability and responsibility. There was always a senior member of staff on site who was able to monitor standards of care and respond appropriately to incidents or concerns.
- The registered manager and deputy were very visible in the home which enabled them to constantly monitor practice and seek people's views. People knew who the registered manager was and we saw people speaking with them throughout the day.
- People lived in a home where quality was monitored in a planned way. The registered manager and provider carried out regular audits and took action to address any shortfalls identified. The home was also supported by a quality support manager and an operations manager. They had oversight of the home and were able to support the management team in making improvements.

- The registered manager was clear about their role and regulatory requirements. The registered manager communicated with the Care Quality Commission and other appropriate agencies when necessary. They also notified relevant bodies of significant incidents in a timely manner.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff and the provider made sure people and their relatives were involved in the running of the home and kept up to date with changes. This included meetings and a regular bulletin.
- The provider had systems to seek people's views which included regular themed conversations with staff and people who lived at the home. Recent themed conversations regarding mealtimes showed people were mostly happy with the mealtime experience. This was echoed by our observations and conversations during the inspection.
- The provider had organised a virtual engagement event. This helped to make sure people had opportunities to share their experiences when visitors to the home had been limited. Some possible actions for change had been identified and the registered manager was looking into what changes could be made.
- People benefited from a staff team who worked in partnership with other professionals to make sure people received the care and treatment they required. The home was regularly visited by a professional from a local GP surgery who saw people who were unwell and carried out reviews.
- People continued to be part of the local community because staff had good links with community organisations. This helped people to stay connected and also take part in projects to promote well-being.