

Somerset Care Limited

# Burnworthy 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

Burnworthy House is a residential care home for 37 people. The home specialises in the care of older people. At the time of the inspection there were 32 people living at the home.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated Good

People felt safe at the home and with the staff who supported them. One person said, "I feel safe here because staff are kind and take notice of you when you talk to them." There were adequate numbers of staff to meet people's needs and maintain their safety. Risk assessments were carried out to minimise risks to people.

People received effective care and support from staff who were well trained and competent in their roles. Staff monitored people's health and made referrals to healthcare professionals according to their individual needs. 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.

People were cared for by kind and patient staff who respected their privacy and dignity and helped them to maintain their independence. Comments about staff included; "Staff are lovely and so friendly" and "Staff are kind and thoughtful." People felt involved in decisions about their care.

People's needs were assessed to make sure they received the care and support they needed. The service was responsive to people's social needs and supported them to maintain an active role in their local community.

People benefitted from a management team who were open and approachable and had systems in place to seek people's views. The provider had quality assurance systems which ensured people received good quality care and on-going improvements were made.

Further information is in the detailed findings below.

## 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 remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service remains Good

# Burnworthy 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 is 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 took place on 3 May 2017 and was unannounced. It was carried out by an adult social care inspector.

Before the inspection we looked at information we held about the service which included notifications of significant events and previous inspection reports.

During this inspection we spoke with 11 people living at the home and seven members of staff. The registered manager was available throughout the inspection. We also spent time observing care practices in communal areas of the home.

We looked at a number of records relating to individual care and the running of the home. These included three care and support plans, two staff personal files and records of meetings held at the home.

# Is the service safe?

## Our findings

The home continued to provide a safe service.

There was a very relaxed and happy atmosphere in the home and people felt safe and secure. One person said, "I feel safe here because staff are kind and take notice of you when you talk to them." Another person said, "Carers are all nice. I've never encountered a bad one."

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Staff files we read showed all new staff were checked to make sure they were suitable to work with vulnerable people before they began work at the home. One member of staff said, "I had to wait for all the checks and references before I could start."

Staff knew how to recognise and report any suspicions of abuse. There were posters around the home encouraging people to report concerns and giving contact numbers for people to use if they felt unable to raise concerns within the home. Staff said they would be comfortable to report any concerns and all were confident their concerns would be taken seriously and fully investigated. Where concerns had been raised with the registered manager they had taken prompt action to make sure people were safe.

There were enough staff to keep people safe and to meet their needs. Throughout the day staff were available to people when they required assistance. People told us staff took time to help them at their own pace and people did not feel rushed. One person told us, "They take things at your pace. They are very patient."

Risk assessments were carried out to make sure people received their care safely and were able to take part in activities with minimum risk to themselves and others. Where people were assessed as being at high risk of falls, control measures including providing mobility aids and additional staff support, were put in place to promote people's independence.

People received their medicines safely from staff who had received specific training to carry out the task. Each person had a locked cupboard in their room where their personal medicines were stored and staff used an electronic handset to record administration. Staff said they liked the system because they thought it reduced the risk of errors.

Where medicines needed to be given at specific time intervals the system would not allow medicines to be given before the time had elapsed. Some people were prescribed medicines, such as pain relief, on an 'as required basis.' One person told us, "They always ask if you want anything for pain but if the computer says it's not time you have to wait. It's all very clever."

## Is the service effective?

### Our findings

The home continued to provide effective care and support to people.

People were cared for by staff who had the skills and knowledge to meet their needs. Staff told us they had good training and people felt staff were competent in their roles. One person said, "The staff are very good." Another person said, "You just can't fault the staff. They always do the right thing." A member of staff said, "You can always ask for more training. The training gives you a better understanding of things so it improves how you support people."

People's rights were protected because staff worked in accordance with the Mental Capacity Act 2015 (MCA). The MCA provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. Staff told us everyone at the home was able to make day to day decisions for themselves but they knew how to support people who lacked the mental capacity to make specific decisions. Staff said if people were unable to make a decision they would involve their family and healthcare professionals to make sure decisions were made in their best interests. One care plan we read showed how this process had been followed for a specific decision.

Staff made sure people had the information they required to make choices for themselves where they were able. For example, one person had been assessed as requiring their meals to be served at a specific consistency to minimise the risk of choking. The person was assessed as having the mental capacity to make decisions about their diet and their care plan showed the risks of not following the recommendations had been fully explained to them. This demonstrated how people were helped and encouraged to make their own choices.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). No one living at the home at the time of the inspection required this level of protection to keep them safe. One person said, "The nice thing about here is you can come and go as you please as long as you tell someone."

People's health was monitored by staff and people saw healthcare professionals to meet their individual needs. One person said, "No worries about medical stuff. They have arranged for me to see a specialist." People told us if they were unwell the staff arranged for them to be seen by their doctor or a district nurse. One person commented, "If you see the doctor and you need anti-biotics or anything they make sure you get them straight away."

Records showed people's routine healthcare needs were met by visiting professionals such as doctors, district nurses and opticians. Urgent healthcare needs were responded to appropriately by staff. On the day

of the inspection one person required admission to hospital and staff dealt with this in a calm and caring manner.

People were complimentary about the food served at the home and told us there were always choices of food. One person said, "The food is very good. If there was nothing on the menu you liked they would do something different for you." Where people required specialist diets to meet their needs or preferences these were provided.

# Is the service caring?

## Our findings

The home continued to provide a caring service to people.

Without exception people praised the caring nature of the staff who worked at the home. Comments included; "Staff are lovely and so friendly" and "Staff are kind and thoughtful." During the day we heard and saw extremely kind and caring interactions between staff and people. Staff happily helped people who requested help. One person asked a member of staff to take something back to their room and they instantly did this. Another person appeared a little anxious and a member of staff sat down to explain something to them. This resulted in the person becoming more relaxed.

Staff were very attentive to people making sure they were comfortable and had things to occupy them. Staff never walked past people or into a room without interacting with them in some way. This included complimenting people on their dress, asking about family members or just general chit chat.

Staff helped people to spend time with people who shared their interests to encourage people to socialise. One person who had never been to the home before came for the day. Staff made sure they were introduced to other people who they felt they would get on with. Throughout the home small groups of people sat chatting together. One person said, "It's so nice here. There is plenty of company." Another person told us, "It's good because you get to know everyone."

People felt staff were thoughtful and noticed when they needed help before they asked for it. One person told us when there had been an event taking place in the grounds they did not feel well enough to walk outside. They said, "I thought to myself it would be nice to go but I can't walk all the way down there. As if by magic [staff member's name] appeared with a wheelchair. We had a lovely afternoon." Another person said, "You're encouraged to stay independent but they seem to just know when you are having trouble managing something. Never a big fuss, you don't feel stupid, they just help."

People told us staff respected their privacy and dignity. One person told us they needed staff to help them with washing and dressing. They said, "They are very respectful and kind. I feel very safe with them." During the inspection if people required help with personal care staff discreetly supported them to their room or a bathroom where they could be assisted in private.

People and their family or representatives were involved in decisions about their care and support. People said staff listened to them about how they wanted to be assisted. Staff told us they respected people's choices. One member of staff said, "If someone wants to stay in their room in their nightclothes. That's fine, it's their choice."

## Is the service responsive?

### Our findings

The service continued to be responsive.

People told us they were able to make choices about their day to day lives and continue to follow their own routines. One person said, "You can do what you like here." Another person told us, "You really can please yourself what you do or don't do." During the inspection we saw people chose where they spent their time and what activities they joined in with.

People were supported to take part in activities and occupy their time. Throughout the day we noticed people were engaged and animated. This included people taking part in organised activities and those pursuing their own hobbies. Everyone we spoke with said there were lots of things going on for them to get involved with. One person said, "There's plenty to do if you want to do it." Another person told us, "We are kept very busy which is just how I like it."

We met with one of the two activity workers and found them to be passionate about providing people with occupation and stimulation that met their individual needs. They told us they spoke with everyone at the home each day to advise them of what was going on and to support them with any individual activities. This enabled people to join in with others or follow their own interests.

There was a monthly activity programme which catered for a wide range of interests but people were also supported to occupy themselves. For example there was a weekly 'Nifty Knitters' club and some people chose to continue this hobby through the week. Staff chatted to people knitting and made sure they had everything they needed. One person told us they were currently knitting blankets for an animal rescue centre. One person was reading the paper and we heard staff chatting to them about what was in the news.

Staff identified that it was important for people to be involved in their community and ensured they were able to remain active participants in local events. Burnworthy House was situated in the middle of a village and many people who lived and worked there came from the local area. There were excellent links with the community which enabled people to keep in touch with friends and continue to take an active part in their community. People attended coffee mornings and clubs such as the 'men shed' project. One person told us they had lived in the village a number of years and had been a frequent visitor to Burnworthy House before they took the decision to move in. They told us, "It's always been part of the village. When I needed help I didn't consider anywhere else because I knew here I would remain part of everything. I haven't regretted the decision I made."

Some activities organised by the home, like bingo sessions, were hosted in community venues to enable them to be attended jointly by people who lived at the home and the wider community. The home was also used by local people which helped to make it a centre of the community. Children from a local school used the grounds for sports and the village annual duck race ran through the grounds. People said they appreciated the effort made by staff to enable them to continue to be involved in wider events and social life.

Each person had a care plan which set out their physical needs and how these would be met by staff. Care plans also contained information about people's likes, dislikes and lifestyle choices which helped to make sure people received care in accordance with their wishes and preferences not just their physical needs. Staff we spoke with had an excellent knowledge of people's individual histories and preferences.

Staff responded to changes in people's needs and made sure they were seen by appropriate professionals to meet their changing needs. For example if someone had a high number of falls they were referred to the falls clinic to make sure they had the support and equipment they required.

People said staff assisted them to maintain their independence and confidence. One person said, "Just knowing they [staff] are here and willing boosts my confidence." Another person said, "They have taken away some of the worries I had when I was at home on my own. It's helped my family to see me doing more for myself too."

The registered manager sought feedback from people and staff through questionnaires, meetings and one to one conversations. Where suggestions were made these were acted upon where possible. For example people had requested an additional seating area in the garden and a new patio had been created. Staff had requested specific training and this had been organised. The home used the provider's 'You said. We did' posters to give people confidence that their suggestions were listened to.

People felt able to share any concerns or complaints because there was an open and responsive atmosphere in the home. People said they would not hesitate to make a complaint to the registered manager if they were unhappy with any aspect of their care. One person told us, "If I had any complaints they would put it right." Another person told us, "I would complain if I needed to but because they listen to you they get it right. There's nothing to complain about."

The open atmosphere enabled staff to raise any issues of poor practice they saw to make sure improvements were made to the care and support people received. Where complaints had been made the registered manager had investigated people's concerns and taken action to correct any shortfalls. This showed the registered manager used complaints as a way to improve the service offered to people.

# Is the service well-led?

## Our findings

The service continued to be well led.

Since the last inspection a new manager had been appointed and registered with the Care Quality Commission. 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.

The registered manager told us they aimed to create a homely atmosphere where people felt safe and continued to be valued members of the community. Comments we received from people and staff demonstrated this aim was put into practice. One person said, "It's home from home. I feel at home here." Another person said, "Of course it's not home but I think this is as close as you could get. I'm still part of the community I love." A member of staff said, "I guess it's all about valuing people for who they are and helping them to value themselves no matter what their abilities are."

Staff felt well supported by the registered manager and provider. Staff morale was high and staff appeared genuinely happy in their jobs. This helped to create a cheerful happy atmosphere for people to live in. One member of staff told us, "The atmosphere here is really nice. There is respect for staff and residents."

People told us they were well cared for and felt able to ask for help because staff were always happy to help them. One person said, "I can't fault the care I get. Everything is done for you here. Staff are really obliging." Another person told us, "The staff are so friendly, you can ask for anything."

The new registered manager had made some changes since taking over the role. One of the changes was to move their office to the centre of the home to make them more easily accessible to everyone. The door to the office was open and during the inspection we saw people, staff and visitors pop into the office for a chat or to ask questions. The position of the office also enabled the registered manager to hear and see what was going on so they could address any poor practice and compliment good practice as it occurred.

The management in the home was open and approachable and people and staff said they could always talk to them about any issues or make suggestions. The registered manager and deputy were described as "Really easy to talk to," "Always out and about" and "Really pro-active in making sure people have a good life." During the inspection we saw the registered manager was very visible in the home and people and staff were extremely comfortable and relaxed with them.

The registered manager and provider promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. For example complaints were seen as a way to improve practice and action was always taken when people raised concerns.

The registered provider ensured the home was run in line with current legislation and good practice guidelines. There were up to date policies that were available to all staff to make sure they had the information they required to provide safe and effective care. The registered manager and provider had quality assurance systems in place to make sure standards were maintained and to plan on-going improvements. These included satisfaction surveys and audits of practice and records. Audits and surveys seen showed the home was providing a good quality service to people.