

Burlington Care Limited

The Grange

Inspection report

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Darlington
County Durham
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Grange is a residential care home providing personal care for up to 74 people. At the time of our inspection there were 66 people living at the home. Accommodation is provided over two floors.

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

The service did not have a robust system in place to manage the risk of legionella in the water supply. There was no legionella risk assessment and regular checks on the water supply to minimise the risk of legionella bacteria had not been carried out consistently. Legionella bacteria can cause legionnaire's disease, a type of pneumonia.

Audits were in place to monitor the quality of the service and the environment. However, the auditing system had failed to identify inadequate legionella management.

The environment was clean, well-maintained and attractively decorated. Good infection control practices were followed. People had access to a good standard of equipment where needed. Servicing of equipment had been carried out.

People were looked after by staff who were kind and caring. One relative told us, "I couldn't speak too highly of them. The staff are marvellous."

People were cared for by staff who knew how to keep them safe. There were systems in place to ensure only staff who were suitable to work with vulnerable people were recruited. Staff had completed appropriate training and received regular supervision to help develop their skills and support them in their role. There were enough staff to provide the appropriate level of support to people.

The requirements of the Mental Capacity Act 2005 were being met. 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.

Medicines were administered safely and as prescribed. Risks associated with people's needs had been assessed, were understood and managed by staff, which meant people were safe from harm.

People were supported to eat a well-balanced diet and were offered a variety of meals and snacks. People's healthcare needs were being met. The home referred people appropriately to healthcare professionals when any issues or concerns had been noted, such as unplanned weight loss.

People's social and recreational needs were met through a varied activities programme, which included regular access to the local community.

Relatives and staff were complimentary about the way the home was managed.

Team meetings were held regularly to pass on key information and involve staff in the running of the home.

Recently implemented electronic care records contained detailed information about how each person wished to be supported. The registered manager was aware that further work was needed to ensure that all the information recorded was accurate.

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 29 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

At this inspection we identified a breach of the regulations in relation to the prevention of legionella in the home's water supply.

Please see the action we have told the provider to take at the end of this report.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Grange

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.

Inspection team

The first day of the inspection was carried out by an inspector and an assistant inspector. The second day of the inspection was carried out by the inspector.

Service and service type

The Grange 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.

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 reviewed information we held about the service. This included the previous inspection report and notifications. Notifications contain information about events the manager must tell us about. For example, safeguarding concerns, serious injuries and deaths, that have occurred at the service. We gathered feedback from the local authority. We used all this information to plan our inspection.

During the inspection

During the inspection we looked around the service. As some people were unable to fully communicate with us, we spent time observing interactions between people and staff. We spoke with one person who used the

service and six relatives. We also spoke with the registered manager, the area manager, an activities coordinator and seven care staff.

We reviewed a range of documents. These included multiple electronic care records and multiple medication records. We looked at two staff recruitment files and supervision and training records. We reviewed a variety of records relating to the management of the service, including audits.

After the inspection

We reviewed additional information sent to us by the manager.

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 deteriorated to requires improvement. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The service did not have a legionella risk assessment, or a robust programme for the prevention of legionella bacteria in its water supply. Legionella bacteria can cause legionnaire's disease, which is a type of pneumonia.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated activity) Regulations 2014. Safe care and treatment.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate safety was effectively managed.

After our inspection the provider told us they had already identified that the risk of legionella was not being managed properly. However, they had not taken immediate steps to ensure people were protected from the risk of harm.

- Risks to people's health and well-being were assessed, recorded in their care plans and updated when people's needs changed.
- Servicing of equipment was up-to-date. Regular maintenance checks were carried out, such as of the fire alarm and call bell system.
- People were protected from the risk of fire. During our inspection there was a small electrical fire in the kitchen. The evacuation procedure was carried out correctly and calmly and people were kept safe.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to help protect people from the risk of abuse.
- People told us they felt safe living at the home. One person told us, "They keep us safe and make sure we are all right." Relatives' comments included, "I go away knowing she is safe" and "We have peace of mind. We know she's very happy here."
- Staff were knowledgeable about what action they would take if they suspected abuse.

Preventing and controlling infection

- The home was very well-maintained and clean throughout, with no unpleasant odours.
- Staff followed good infection control practices. This included wearing gloves and aprons to help prevent the spread of infections when carrying out personal care tasks and handling food.

- The majority of staff had completed infection control training.

Staffing and recruitment

- Thorough recruitment procedures were followed. Appropriate pre-employment checks were completed, including Disclosure and Barring Service (DBS) checks. These ensured staff were suitable to provide care and support to vulnerable people.
- Sufficient numbers of staff were available to support people and meet their needs. Care was provided by a stable and consistent staff team.

Using medicines safely

- Peoples' medicines were managed safely.
- Medicines administration records indicated people received their medicines as prescribed. The correct protocols were in place for people who needed 'as required' medicines, such as pain relief and medicine for anxiety.
- Medicines were stored correctly.

Learning lessons when things go wrong

- Accidents and incidents were investigated thoroughly.
- Appropriate action was taken when people fell. This included contacting the appropriate health care service, monitoring people for 24 hours post fall and updating their risk assessments and care plans.

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's needs were assessed before they moved to The Grange to ensure staff could safely and appropriately support them.
- Admission assessments were used as the basis for developing care plans and risk assessments. Care plans were regularly reviewed to ensure they continued to be accurate when people's needs changed.

Staff support: induction, training, skills and experience

- All new staff received an induction to the service. This included working alongside more experienced staff until they were competent to work alone.
- Staff completed training in a range of topics and the training compliance spreadsheet showed most staff were up-to-date with required training. One care worker told us, "I've had so much training since I started here, more than my old job. I just had a really in depth first aid."
- Staff were supported by regular supervision and told us these meetings were helpful. One member of staff said, "There's 100% support."

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

- A choice of food was provided, with snacks, including fresh fruit and cakes, available for people to help themselves to between meals.
- We observed lunch in both the dining rooms. Tables were attractively laid and there was a relaxed atmosphere with music playing in the background. There were enough staff to help people who needed support.
- People's weights were monitored, and healthcare professionals were involved when people had lost weight or had difficulty eating or drinking.

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

- The service worked with different agencies to ensure people's health was maintained.
- Records showed people had access to a range of health care professionals including GPs and speech and language therapists. The service responded promptly when people's health needs changed.
- The service had developed a good relationship with the community matron service and was involved with a 'tele health' programme to monitor people's health. Tele health is way of monitoring people's health remotely using technology.
- The staff and management team had a good understanding of people's health needs, and how to manage

any health-related concerns.

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

- The home was decorated to a high standard, with good quality furniture and equipment. There was a welcoming reception area and several communal rooms on both floors. Corridors had hand rails and were wide for easy wheelchair access.
- There was clear pictorial signage throughout the home to help people find their way around. Use of pictorial signage is important as it helps people with dementia orientate themselves to their surroundings.
- There were several areas on the upper floor specifically designed to provide stimulating environments for people with dementia. These included an indoor garden and a work bench with tools.
- There was a large, enclosed garden which was attractively laid out with raised beds and garden furniture.

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.

- Where people lacked capacity, we saw evidence best interest processes had been followed to ensure restrictive practices were only done as a last resort and in people's best interests. This helped protect people's rights.
- Appropriate DoLS applications had been made for people who lacked capacity and the service considered to be deprived of their liberty.
- Staff consulted people before they did anything for them and asked their consent.
- The service employed advocates to support people to make decisions if they were unable to make decisions themselves and did not have anyone else to help them.

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

- Relatives were complimentary about the attitude of the staff. Comments included, "I find the staff really, really good" and "The atmosphere is so nice. There are always happy smiling faces around."
- Our observations supported the positive feedback we received. Staff interacted with people in a kind and caring way and were patient and considerate. It was clear that staff knew people well and had formed trusting relationships with them. Staff used appropriate humour and physical contact, such as the gentle touch of a hand, or a friendly embrace to provide comfort and reassurance.
- People looked well cared for and staff offered appropriate support to make sure people were well presented. Relatives we spoke with were happy with the standard of personal care provided by staff, although one relative said, "Sometimes I don't think the girls wash her properly, I've seen them just pat her down all over."
- There was a positive culture at the service and people were provided with care that was sensitive to their needs and non-discriminatory. People's diversity was respected, and care plans identified if people had any cultural or spiritual needs. People could take part in a regular Christian religious service if they wished. There was currently no one living at the home with a non-Christian faith.
- The service had implemented a scheme called 'random acts of kindness' which prompted staff to do carry out special tasks for people which would bring them pleasure. For example, one card said 'sit and have a chat with a resident'.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity when delivering care and support. Staff were able to give examples of how they promoted dignity and privacy. For example, by helping people to remain covered when providing personal care.
- Staff encouraged people to be as independent as possible. We saw people being encouraged to do things for themselves where they were able, such as mobilising with their walking frames.
- Staff had been trained in the 'hand under hand' technique. This is a way of helping people with dementia to do certain tasks, like feeding or dressing themselves and encourages people to complete these tasks and maintain their independence.

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

- Staff listened to people and waited patiently for their responses to questions. Where people were able, they made choices about their daily lives. Information about people's care preferences was recorded in their care records.

- Staff treated people as individuals and respected their choices. For example, some people preferred to remain in their own bedrooms and did not come into the communal areas. We saw that staff respected their choices and did what they could to make them comfortable in their rooms.

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

- People were supported by staff who had a good understanding of their care and support needs and their personal preferences. People's care plans contained detailed information about how staff should best support them with their personal care, eating and drinking, mobility, communication and medicines.
- The service operated a 'key worker' system. This meant staff had responsibility for particular people. It helped promote a person-centred approach and aided communication between staff, people who used the service and relatives.
- The service had recently introduced an electronic care documentation system which staff accessed using mobile phones, or laptops. We found that some information recorded on a day to day basis, such as people's fluid or food intake, was not always recorded consistently. The registered manager told us they were aware that further refinement of the system was needed, and they were continually reviewing how its use could be improved.

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

- The service had two activities coordinators who presented a range of activities and social events at the home. These included armchair exercises, baking, craft sessions, 1:1 activities and quizzes.
- The service employed an external company to provide help and advice about activities.
- The service held a weekly coffee morning to which relatives and people from the local community were invited. Staff had explored what opportunities were available within the local community to promote inclusion, and supported people to attend social events. A relative told us, "The service feels integrated into the community."
- People's relationships with family members and friends were supported by the service. For example, on the second day of our inspection family members were invited to share a Christmas lunch with their loved ones.

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.

- The service was working within the AIS. People's care records included information about their

communication needs. For example, staff used a white board to communicate with a person who was hard of hearing. Flash card were also used to help communicate with people who found verbal communication difficult.

- Information about the AIS and how the service could provide people with information in different formats, such as braille and large print, was displayed in the reception area.

Improving care quality in response to complaints or concerns

- The service had a clear system for recording, investigating and responding to any complaints or concerns. There was an annual thematic review of complaints to see if there were any reoccurring issues.
- People and relatives told us if they had any concerns they would not hesitate to discuss them with the registered manager and were confident they would be acted on.
- We reviewed a recent complaint and found the appropriate action had been taken. This included a discussion with staff about how improvements could be made and a written apology to the complainant.

End of life care and support

- People could remain in the home supported by familiar staff and the community nursing service when approaching the end of their lives.
- End of life plans of care were in place. However, these were not consistently detailed. We spoke to the registered manager about this who explained they were aware that more detail was needed and would be reviewing this in the near future.

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 deteriorated to requires improvement. This meant the service management and leadership was inconsistent.

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

- There was a regular programme of quality audits to monitor the safety and quality of the service. However, they had not identified the shortfalls we found in legionella prevention.
- We found the service had not taken sufficient steps to manage and monitor the risk of legionella. This was a breach of the regulations. It has been discussed in the safe section of this report.
- We found further refinement was need of the electronic care management system so that charts could be inputted correctly. The registered manager agreed to carry this out.
- The registered manager had a good understanding of their regulatory requirements, making appropriate notifications to the CQC and external safeguarding bodies.
- There was an 'open door' management approach. The registered manager and deputy manager were easily available to staff, relatives and residents. One relative told us, "If you want to speak to someone there's always someone around."
- The registered manager had only recently been employed at the service. Staff spoke positively about his appointment and the impact this had had on how the service was managed. One care worker said, "I think (manager) has done well in the time he has been here. We are generally more supported, and morale has gone up." Another staff member told us, "It is a lovely home to work for."

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

- The service held regular staff meetings. These provided a forum for communicating information about the service, discussing concerns and gathering feedback from staff.
- There were occasional meetings for people who used the service and for relatives. Information was also passed on to relatives in an informal way when they visited the home and was displayed on notices boards in the reception area.
- The service had carried out a survey in July 2019. Comments and actions taken by the service were displayed on the feedback board in the reception area.
- The registered manager worked collaboratively with the local authority and local health services.

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

- There was an open and transparent culture at the service. The management team understood their

responsibility regarding the duty of candour to apologise and give people an explanation if things went wrong.

- Care records were person-centred and provided staff with clear guidance about how people wished to be supported. Care plans were reviewed when people's needs changed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to take steps to minimise the risk of legionella at the service.