

Burlington Nursing Home Limited

Burlington Nursing Home

Inspection report

109-111 Victoria Drive
Bognor Regis
West Sussex
PO21 2DZ

Tel: 01243821446
Website: www.burlingtonnursing.com

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Burlington Nursing Home is a nursing home providing personal and nursing care to people aged 65 and over. The service supports people who may be living with dementia or need support with their physical health. The service can support up to 40 people and 32 were living there at the time of inspection.

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

Staff were not always recruited in a safe way and assurances of their character was not always sought before they started employment. This was discussed with the registered manager who took immediate steps to address the concern.

Systems were in place to monitor quality of the service and drive improvement when needed. These were not robust enough in terms of recruitment, to monitor and ensure appropriate checks were complete.

The registered manager had oversight of matters within the service and took action to address concerns should they arise. We saw evidence of staff working in partnership with external agencies to ensure people's needs were met.

People told us they felt safe at Burlington Nursing Home. We found effective systems in place to safeguard people from the risks associated with abuse. Risk had been assessed and was managed appropriately. People's medicines were managed safely. Staff were suitably trained to meet people's needs.

People and their relatives spoke positively about care staff within the home. They were supported to give feedback on the care at the service. One relative said, "I can always speak to the manager or deputy if I need to. It's the right place for my [relative], he is well looked after."

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 (published 15 October 2019).

Why we inspected

This inspection was prompted by concerns received in relation to the standard of care people received. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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.

We reviewed the information we held about the service. No areas of concern were identified in the other key

questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection. Whilst we did not find any evidence to confirm the concerns we received, we did find evidence that the provider needed to make improvement to their recruitment process. Please see the 'safe' section of this full report. You can see what action we have asked the provider to take at the end of this full report. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Burlington Nursing Home on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified a breach in relation to the recruitment of staff, this is a breach of regulation 19(1) (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and in relation to good governance, regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Burlington Nursing Home

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 team consisted of one inspector and an inspection manager.

Service and service type

Burlington Nursing Home 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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this

report. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with three members of staff on site including the registered manager and a registered nurse. We spent time observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke to six more staff members and three relatives. We sought feedback from three professionals who regularly visit the service.

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 now 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.

Staffing and recruitment

- Staff were not always recruited safely. Three staff files we viewed were missing full pre-employment checks. For example, people had started working before their character references from previous employers had been received. The provider had not ensured that references were obtained for staff who had not previously worked within the health and social care sector before they started work.
- Robust checks of the previous employment and education of staff had not been completed. Application forms were not always dated, and we saw evidence that a person had started employment prior to being asked to complete an application form. There were gaps in employment and education histories in some application forms and no evidence of these being routinely checked or explained.
- There was no clear system to ensure all checks had been completed to ensure people were safe to work with people using the service.

The registered person had failed to operate robust recruitment procedures, including undertaking any relevant checks to ensure fit and proper people were employed. This placed people at potential risk of harm. This was a breach of regulation 19(1) (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded immediately following the inspection by providing additional information, reviewing their recruitment records and recruitment audit processes to make improvements.

- There were enough staff to meet people's needs. The registered manager used a tool to calculate staffing levels based on people's needs. We observed staff meeting people's needs in a timely manner and responding to call bells quickly. One relative told us, "There's always someone around if we need anything."
- Checks had been completed to ensure nursing staff were appropriately registered with Nursing and Midwifery Council. Disclosure and Barring service (DBS) checks had been completed as per current guidance.

Using medicines safely

- We observed medicines being administered and stored safely. There was also a clear procedure for the disposal of medicines.
- Staff were appropriately trained and their competency to administer medicines correctly had been assessed.
- People had personalised information in the medicines folder as to how they preferred to take their medicines. We saw these preferences being adhered to by staff.

- Medicine administration records (MARs) were complete and accurate. Regular audits of these were undertaken by nursing staff to identify any issues and monitor that people received their medicines safely. The registered manager has oversight of this, and action had been taken when appropriate.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People and their relatives told us they felt safe. One person said, "Yes, I feel very safe. I'm in total control of what I do." A relative told us, "[My relative] is safe, it's the right place for them and we always come away feeling positive."
- Staff demonstrated a good understanding of the signs and symptoms of abuse. Staff told us they felt confident reporting any potential concerns appropriately to keep people safe.
- Potential safeguarding concerns had been reported to the local authority and appropriate actions had been taken to mitigate future risks.
- Systems were in place to report and monitor accidents and incidents. Staff and management took appropriate action following incidents to ensure people were safe and lessons were learnt.

Assessing risk, safety monitoring and management

- People had personalised, detailed and up to date risk assessments. These identified risks and included guidance for staff to follow to minimise these, for example, how to support someone who is experiencing a period of distress.
- Staff had received fire safety training. Each person had a personalised emergency evacuation plan which provided information about the support they required to leave the building in an emergency.
- Regular health and safety service checks were carried out to make sure legislation was met and people and staff were protected. These included checks of the fire, electrical, gas and water systems.

Preventing and controlling infection

- During the inspection we observed staff regularly touching or readjusting their facemasks. We raised this with the registered manager who arranged for training to be refreshed. We signposted the provider to resources to develop their approach.
- 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 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.

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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems and processes were in place to monitor the quality of care provided. However, these had not been effective in terms of recruitment, where checks had not been fully undertaken before a staff member started employment.
- The provider did not have robust oversight of recruitment processes. A matrix was used to keep track of the pre-employment checks. However, there were a number of gaps in the matrix at the time of inspection, which had not been addressed. For example, one nurse pin number was showing as expired, the pin was checked and found to be valid but audit processes had not identified this.

The registered person had not ensured there were adequate systems to monitor recruitment to ensure the quality and safety of services provided. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager was receptive to our feedback and provided assurances regarding on-going auditing of recruitment files.

- People's care plans were reviewed monthly to ensure they remained person-centred and up to date, the manager also monitored them.
- The registered manager, nursing team and care staff were clear about their roles and responsibilities. The home had a clear staffing structure and staff demonstrated a good knowledge of who they should approach with specific concerns.
- The registered manager had good oversight of staff skills and knowledge. They had taken action to ensure staff's training was prioritised and completed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People received their support from caring staff. Throughout the inspection we saw staff spend time with people and treated everyone as an individual. People were included in conversations and helped to make choices.
- Peoples' relatives told us that the registered manager and deputy manager had been good in communicating throughout the COVID-19 pandemic. One relative told us, "We get regular newsletters, so we

know what [relative] is up to."

- Staff felt supported in their roles. One staff member said, "I can raise concerns with [registered manager] and they do their best to resolve matters. They don't take sides, which I really appreciate".

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

- The registered manager understood the duty of candour and had reported significant events or incidents to CQC as appropriate. The duty of candour is a regulation which sets out specific guidelines to ensure providers are open and transparent if things go wrong with care and treatment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives told us that they felt able to approach the registered manager with any concerns should they have any. One person told us, "I've made a complaint, it was dealt with, it's all good."
- People and relatives were sent regular questionnaires to complete in order to give feedback on the care provided. The registered manager reviewed and monitored these to promote learning and development of the service.

Continuous learning and improving care

- The registered manager kept up to date with best practice developments through a variety of means, including a local WhatsApp group. They encouraged staff to take on responsibility for their development by highlighting regular training required. One staff member told us, "There always some training to be done, every week we are doing something different."

Working in partnership with others

- People benefited from partnership working with other local health professionals. For example, GPs, community nurses and a range of therapists. One person told us, "If I need a doctor, they sort it out for me."
- Professionals who work with the service provided positive feedback. Their feedback included, "The staff team are very flexible and will help wherever needed. It was nice that the home had continuity of staff when I've had questions. There has always been someone who knew the resident well." Also, "The home has always communicated well and arranged visits appropriately."

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person had not ensured there were adequate systems to monitor recruitment to ensure the quality and safety of services provided.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had not ensured that staff were recruited safely.</p>