

## Burlington Care Homes Limited

# Rastrick Hall and Grange

### Inspection report

Close Lea Avenue  
Brighouse  
West Yorkshire  
HD6 3DE

Tel: 01484722718

Date of inspection visit:

27 April 2021

29 April 2021

04 May 2021

05 May 2021

06 May 2021

10 May 2021

11 May 2021

Date of publication:

24 June 2021

### 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

Rastrick Hall and Grange is a residential care home providing personal care for up to 79 older people, some of whom are living with dementia. There were 44 people using the service when we inspected. Accommodation is provided in two adjoining buildings Rastrick Hall and Rastrick Grange. Each building has three floors with en-suite bedrooms and communal areas on each floor.

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

Medicines were not managed safely which meant people were at risk of not receiving their medicines as prescribed.

Recruitment processes needed to improve as references for new staff were not always received before they started work. This had been identified by the provider and was being addressed. People and staff gave mixed feedback about staffing levels; some felt there were enough staff, others thought more were needed. The provider is reviewing the deployment of staff. Staff received the training and support they required to carry out their roles.

Risks were assessed, however the action taken to manage risk was not always fully reflected in people's care records. People felt safe in the service and systems were in place to manage accidents and incidents. One person said, "I feel safe at this place because it is just like coming home."

The environment was well maintained and clean. There was an ongoing refurbishment plan in place. Overall safe infection prevention and control procedures were followed; the manager had arranged for additional hand sanitiser to be available at the entry points on each unit.

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 and relatives praised the staff for their kindness and compassion. We saw staff treated people with respect and maintained their privacy and dignity. People were supported to keep in touch with family and friends through video, phone calls and indoor visits. Activities were taking place. People had access to healthcare services. People were happy with the choice and quality of the food.

People and relatives were happy with the care provided and told us they were involved in planning and reviewing care. People and relatives knew how to raise concerns and were happy with the action taken in response.

There had been a lack of consistent leadership after the registered manager had left in June 2020. However, people, relatives and staff spoke highly of the current manager and acknowledged the improvements they

had made since starting in post in December 2020. Quality assurance systems had been implemented and issues were actioned, although the auditing of medicines needed to improve.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

We carried out a targeted infection prevention and control inspection on 23 January 2021 in response to a COVID-19 outbreak; the service was not rated. The last rating for the service under the previous provider was requires improvement, published on 16 August 2019.

#### Why we inspected

This was a planned inspection based on the previous rating.

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.

#### 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 will continue to monitor the service.

We have identified a breach in relation to medicines at this inspection. 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 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** ●

# Rastrick Hall and 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.

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

Three inspectors, a medicines inspector and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

### Service and service type

Rastrick Hall and Grange 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 who had applied to be registered with the Care Quality Commission. Once registered, 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 announced. We gave a short period of notice of the inspection because we needed to check the arrangements in place for preventing and containing transmission of Covid-19 prior to entering the building. Inspection activity started on 27 April 2021 and ended on 11 May 2021. We visited the service on 27 April 2021. The other dates were spent reviewing information offsite and making calls to people, relatives and staff.

### 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 commissioners and safeguarding team. 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.

### During the inspection

While on site we spent time with people in the communal areas observing the care and support provided by staff. We spoke with five people who used the service and nine relatives about their experience of the care provided. We spoke with ten members of staff including the manager, care and deputy managers, care workers and laundry staff.

Discussions with people who used the service, relatives and staff were conducted either on site or via telephone calls. We reviewed a range of records. This included six people's care records and 12 people's medicine records. We looked at four staff recruitment files. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# 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 requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Medicines were not always managed safely.
- There was no robust system in use for checking people had all their prescribed medicines when they were admitted into the service.
- Staff could not always identify all the medicines they were administering to people because the full description of each tablet was not always accurate or available.
- People missed some doses of their prescribed medicines because there was no stock available in the service for them.
- Records about medicines did not always show they were managed safely. Staff did not complete records of administration accurately because they left gaps on the charts.
- People were at risk of being given doses of some of their medicines too close together because staff failed to record the time each dose was administered.
- Written guidance was in place when people were prescribed medicines to be given "when required". However, the guidance was not personalised and staff did not have the information to tell them when someone may need the medicine. When medicines were prescribed with a choice of dose there was no information about which dose to choose.
- People with swallowing difficulties did not always have their medicines in a suitable formulation to ensure they were not at risk of choking.
- A system was in place to make sure medicines administered in a patch formulation were rotated safely. However, staff failed to rotate patches in line with the manufacturers' directions which could result in the person's skin being irritated.
- Waste and unwanted medicines were not stored safely in line with current guidance.

We found no evidence that people had been harmed. However medicines management was not safe which placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Staffing and recruitment

- There were enough staff to meet people's needs, although the deployment of staff needed reviewing.
- People's views of staffing levels varied, with some observing there were enough staff and others felt more were needed. Comments included; "We need more staff. They're very good but there's not enough of them" and "Staff are there if I need them."
- We found the availability of staff differed. For example, on one floor staff maintained a presence in

communal areas with the assistance of the activity co-ordinator. However, on another floor there were long periods of time where there were no staff present in communal areas as they were busy assisting people in their rooms.

- Staff told us there were usually enough staff, but said they struggled when staff called in sick at short notice. They said more staff should be allocated to areas supporting people living with dementia who were very mobile as it was difficult to observe and ensure people's safety when they were spread out across different areas.
- The manager used a dependency tool to calculate safe staffing levels and this showed the service was working above the assessed hours required. The manager said they would review the allocation of staff.
- Recruitment checks including criminal record disclosures were in place, however, references for two staff were received after they had started employment.
- The management team had identified shortfalls in recruitment and were carrying out a full audit of all staff files and taking remedial action where required. A more robust recruitment system was being implemented.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe in the service and relatives shared this view. Comments included; "Although there have been changes at the home I am confident that [family member] is safe" and "We, as a family, know [our relative] is safe."
- Safeguarding procedures were followed by staff who had received safeguarding training.
- Where safeguarding incidents had occurred action had been taken to make sure people were safe. Referrals had been made to the local authority safeguarding team and notified to CQC.

Assessing risk, safety monitoring and management

- Risks to people were assessed however records varied. Some were detailed and clearly showed actions taken to minimise risk. However, others were not fully completed and did not show how risks were managed. For example, one person's risk assessment showed they were at high risk of falls, yet there was no care plan to show how the risk was being managed. This was addressed when we raised it.
- One person's eating and drinking risk assessment showed they were at high risk of choking and required a soft chew diet. However, this was not reflected in the person's care plan and dietary records showed the person had not always been given soft chew foods. The manager addressed this immediately when we brought this to their attention.
- The manager had introduced daily checks of the electronic care systems to help ensure care records were being reviewed and updated in a timely manner.
- Effective systems were in place to ensure the equipment and premises were kept safe and well maintained.
- Staff had completed fire training, knew the fire procedures and had participated in fire drills. Evacuation plans were in place to ensure people received the support they needed in an emergency situation.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured 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.

The service had effective and safe systems in place to facilitate indoor visits with a dedicated staff member on duty to co-ordinate the whole process including testing, supporting people and relatives and sanitising the room between visits. One relative said, "Visiting has been made easier now and is very well organised and well timed. The manager has taken good control of the visiting and communications."

- We were somewhat assured the provider was promoting safety through the layout and hygiene practices of the premises.

The premises were clean, hygienic and well ventilated. Staff followed cleaning schedules which included touch points. However, hand sanitiser was not always available when going in and out of doors to different units. We observed staff entering and leaving units without sanitising their hands. The manager told us each staff member on duty had their own hand sanitiser. However, when we checked with three staff they did not have any with them. We talked with the manager about this and they addressed it straightaway.

We have also signposted the provider to resources to develop their approach.

#### Learning lessons when things go wrong

- There were systems in place to consider lessons to be learned.
- Falls, accidents and incidents were recorded. The management team reviewed all reports and made sure any follow up actions were completed.
- A monthly analysis considered whether any lessons could be learned from events that had occurred and these were shared with staff. For example, additional training and supervision had been provided to staff after the analysis identified an increase in reports of people who had sustained bruising.

# 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 into the service.
- Due to COVID-19 information had been gathered through phone calls with the person, relatives and relevant health and social care professionals rather than through face to face meetings. The assessment was used to develop care plans and risk assessments so staff understood how people's care was to be delivered.

Staff support: induction, training, skills and experience

- Staff received the training and support they required to meet people's needs.
- New staff completed an induction which including a shadowing period with an experienced staff member.
- Training was a mixture of e-learning and face-to-face. Staff said their training was kept up to date and this was confirmed in the training matrix.
- People and relatives had confidence in the staff team and their abilities to provide the care required. Comments included: "Staff are very good at dealing with [relative] on her bad days. They appear to have the training to manage her" and "I trust the staff completely. They always have a good knowledge of my [relative]."
- Staff said they had regular discussions with senior staff as well as formal supervision.

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

- People's nutritional needs and preferences were met.
- People told us they liked the food and were offered a choice. Comments included; "It is good food and I enjoy what I have. I don't always like what's on offer but I am always given something else" and "If I didn't enjoy my food I would soon say. Food is an important part of the day. I have my special cupboard in my room where I keep sauces and treats the staff get for me. I always have a flask of herbal tea every day which the staff make for me."
- We observed breakfast and lunch when we were on site. People were offered a choice of food and hot and cold drinks throughout the day. We saw some people may have benefitted from staff showing them the food to help them make a choice.
- Staff were patient and kind when supporting people who needed assistance with their meals.
- Some staff said the menus were repetitive and felt there was a limited choice for people who required a specialist diet. The manager said the menus were being reviewed in consultation with people to address these issues.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Staff supported people to access the healthcare support they needed. One person said, "If I need a doctor I get one." A relative told us, "The staff arranged a zoom call with my [relative's] doctor so I could be kept informed about her care."
- People's care records confirmed the involvement of other professionals in providing care such as the GP, mental health team, speech and language therapy (SALT) team, falls team, community matrons and chiroprapist.

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

- The service was purpose-built and provided spacious accommodation for people. All bedrooms were single with en-suite shower facilities and communal areas were comfortably furnished. Corridors and doorways were wide and provided people with space to mobilise safely.
- Some areas of the home were currently closed due to reduced occupancy levels and the impact of the COVID-19 pandemic. Other areas required redecoration and refurbishment. The provider had a planned programme for this to be implemented.
- One area of the home had recently been refurbished to a high standard. Décor was colourful and modern, with a beach theme in the corridors providing points of interest and lights activated by movement. Signs, colours and pictures were used to aid people with a visual impairment or those living with dementia.

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.

- Systems were in place to monitor DoLS applications and authorisations and to make sure conditions were met.
- Capacity assessments and best interest decisions were recorded where people lacked capacity to make specific decisions.
- Staff asked people for consent before providing any care and support. However, consent to care and treatment was not always clearly documented in people's care records.

# 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

- People were well cared for and treated kindly by staff.
- Staff engaged warmly with people and were considerate and caring in their approach. One staff member saw a person perched precariously on a chair arm and asked, "Are you alright there, would you like to sit in this chair?" Then gently supported the person to sit comfortably on the chair.
- People spoke highly of the staff and were happy with the care provided. Comments included: "[The staff] are very kind and friendly to me. They will hold my hand when I need it" and "The staff are my friends."
- Relatives also praised the staff and spoke of the compassion extended to them as relatives. One relative said, "I feel cared for. I am always offered hot tea especially when I was outside doing a visit on very cold days."

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

- People were involved in decision making and their choices were respected by staff. One person said, 'I need help when I have a shower and I always get one when I want one.'
- We saw evidence people and their relatives or advocates were involved in care plan reviews. One relative said, "I have just done a review for the home and I have said I am happy with the care and standards of the home."

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and their privacy and dignity was maintained.
- People looked clean and comfortable and had been supported by staff to maintain their appearance. One relative said, "When I see [family member], they look well cared for. Dressed nicely and looks fresh and clean."
- Some people's hair was long as the hairdresser had been unable to visit due to COVID-19 restrictions; the manager was making arrangements for visits to resume.
- We discussed with the manager two situations where people's privacy and dignity had been compromised. The manager took immediate action to address both issues.
- People told us staff encouraged and enabled them to be as independent as possible. One person said, "The staff are always willing to help me if necessary but allow me to be independent."

# 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 received person-centred care.
- People and relatives were satisfied with the care provided. One person said, "The staff take good care of us. There is always someone to help."
- Handover records provided clear information about people's needs. Staff said they were kept informed of any changes and could access information on the electronic care system.
- People's care records were variable, some were detailed with person-centred information reflecting individual preferences and needs. However, others had minimal information. For example, staff told us of different techniques they used to distract a person who may become agitated during personal care; none of these were included in the person's care plan.
- Care records were electronic and it was not clear how people could easily and independently access information held about them if they wished.
- The manager had identified these shortfalls through their auditing systems and was taking actions to improve consistency in recording.

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's communication needs were identified and recorded in care plans.
- Staff were aware of the different ways of communicating with people and recognised the importance of giving people time to respond.

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 told us how during the COVID-19 outbreak staff supported them to keep in touch with family and friends. One person said, "My [relative] is in a home. I can't write so a member of staff writes my letters for me so that I can stay in touch." Another person said, 'Everyone's tried to help with phone calls and keeping in touch with family during this awful time.'
- Activities had increased now people were able to be together. Recent events included bingo, dominoes, singalongs, a gentlemen's club and a baking masterclass.
- Staff also supported people to follow their interests. One person said, "I enjoy reading and there are always plenty of books for me to read." A relative said, "The activities coordinator is fabulous and it will be

wonderful when all the outings and activities begin again."

- The manager told us they were looking at ways in which they could support people to go out safely in the community in accordance with the recent government guidance. One person said, "We have a person who looks after our outings, she is called [activity organiser's name]. We go to parks and on bus trips; it's lovely. I have really missed all the trips because of Covid."

Improving care quality in response to complaints or concerns

- People and relatives knew how to raise a complaint and felt confident these would be addressed. One person said, "I would soon tell the staff if things were not right. I have in the past and it was dealt with."
- One relative told us of issues they had raised and said they were happy with the response of the manager who resolved the issues for them.
- A complaints log was maintained which showed complaints had been investigated and responded to appropriately.

End of life care and support

- Care records showed discussions had taken place with people and relatives about their wishes and preferences in respect of end of life care.
- One relative told us, "[Family member] passed away during the pandemic but I was kept well informed and supported throughout. My [relative] was able to be by their side and stop with [family member]. The staff gave 100%."
- Another relative said, '[Family member] has had to receive end of life care and the home and staff are brilliant. I could not ask for more. [Family member] has improved greatly from the care they have received.'

# 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: Continuous learning and improving care

- There had been a lack of consistent management and leadership since the registered manager left in June 2020. The current manager started in December 2020 and has applied for registration with the Commission.
- The service experienced a severe COVID-19 outbreak earlier this year which had a significant impact on everyone living and working in the service.
- People and relatives spoke positively about the manager and noted the improvements they had made. Comments included; "Things have improved greatly in the last few months" and "The new manager is very approachable. Our problems are listened to and acted on."
- Staff said the manager was approachable and listened to their views. Comments included; '[Manager's] good, firm but fair, getting things sorted' and "Since [manager's] come on board we're starting to get the home to where it should be. It feels like we're coming out the other side after Covid."
- Staff were clear about their roles and understood their responsibilities.
- Effective communication systems ensured staff were kept informed of any issues and actions required and also provided them with an opportunity to raise any matters.
- Quality assurance systems were in place. Regular audits were carried out by the management team and provider reviewing all aspects of service provision. Overall the audit process was thorough, identifying issues and actions to be taken. However, medicines audits needed to improve as issues we identified at the inspection had not been picked up or addressed.
- The provider and manager were keen to make improvements and proactive when issues came to light at the inspection.

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 manager understood the requirements of the regulations to make notifications and to comply with duty of candour responsibilities when things had gone wrong.

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

- People, relatives and staff said the service provided good care.
- Some relatives felt there had been a lack of communication at the start of the COVID-19 pandemic, but all

were satisfied with communication now. One relative said, "The manager has been effective in sorting out calls. Things have improved lately."

- We saw cards and letters thanking staff. One said, "We can't sing your praises highly enough, especially through the last year."

#### Working in partnership with others

- The service worked closely with other agencies. Care records had good evidence to show other professionals were involved in people's care.
- We saw a letter from the GP surgery thanking staff for the efficient way they prepared for the COVID-19 vaccination sessions which it said had made the GP's job easier.
- The manager and staff understood the importance and benefits of working alongside other professionals.



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  Effective systems were not in place to ensure medicines were managed safely and properly. Regulation 12 (1)(2)(g)