

Hill Care Limited

Burton Closes Hall Care Home

Inspection report

Haddon Road
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Date of inspection visit:
24 April 2019

Date of publication:
28 May 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Burton Closes Hall is a care home that provides personal care and nursing for up to 58 people. The accommodation is established over two buildings. However, the provider has taken the decision to only use one building. This building is set over two floors. There are communal spaces on the ground floor and access to a secure outside space. There are bedrooms on both floors with bathing facilities. At the time of the inspection there were 26 people using the service.

People's experience of using this service:

The provider had completed audits to support the quality of the home, however some areas had not been addressed swiftly to reduce the impact on the person. Other areas which had been identified had not been followed up to ensure any changes were embedded. People's views had been obtained, however no action had been taken to consider how to address any required outcomes or how to share the information.

People using the service were not always supported to have meaningful activities in relation to their hobbies or interests. The environment did not provide orientation guidance for people living with dementia or information in different formats.

There were enough staff to support people's personal needs, however there were not always enough staff to support the opportunities for interactions or required paperwork.

There was a choice of meals and dietary requirements were catered for. However, the provider recognised that further work was required in this area to make the meal times a more social experience.

Staff had been recruited appropriately to ensure they were suitable to work with people. There was an established group of staff who knew people well. This enabled them to provide care which was personal and supported people's daily choices and preferences.

People's dignity was maintained, and consent obtained before care was provided. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People's health care was supported with established partnerships from a range of professionals. Information about people's care was only shared with those relevant or at the persons permission. Relatives were made welcome at the home.

Any risks had been assessed and measures put in place to reduce the risks. Medicines was managed safely and in line with current guidance. People were protected from the risk of harm with staff having training in

safeguarding and understanding the importance of reporting any concerns.

Staff had received training for their roles, which enabled them to develop their skills in providing care which was in line with current guidelines to ensure safety and good practice. Lessons had been learnt from events.

Care plans were detailed and reflected the individual's needs to support their care, this included any religious or cultural needs. There were regular services provided from the local religious denominations.

There was a complaints policy which was used to address any concerns raised. The providers rating was displayed on their website and within the home as required. We had received notifications of events and incidents and this enabled us to reflect on the action the provider is taking to ensure people's ongoing safety.

Rating at last inspection: Requires Improvement (Published June 2018)

Why we inspected: The inspection was prompted in part by notifications and concerns raised by relatives and health and social care professionals. At this inspection we found the service continues to be 'Requires Improvement.'

Enforcement: We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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

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

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 was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive

Details are in our Responsive findings below

Is the service well-led?

Requires Improvement ●

The service was not always well-led

Details are in our Well-led findings below

Burton Closes Hall Care 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was prompted in part by notifications and concerns raised by relatives and health and social care professionals.

Inspection team:

The inspection was completed by one inspector, an assistant inspector and an expert by experience. 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:

Burton Closes Hall is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager, who was currently progressing their registration 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:

We reviewed information we had received about the service since the last inspection, to support the planning of this inspection. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority, clinical commissioning group (CCG) and other professionals who work with the service. The provider was given the opportunity to provide us with updates throughout the inspection.

We used a range of different methods to help us understand people's experiences. During the inspection we spoke with nine people and six relatives to ask about their experience of the care provided. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas.

We spoke with three members of care staff, the senior care staff, a nurse, one member of the domestic team, the cook and the manager. During the inspection we spoke with a GP and three visiting health and social care professionals.

We reviewed a range of records. This included five people's care and medicine records. We also reviewed the process used for staff recruitment, various records in relation to training and supervision, records relating to the management of the home, and a number of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

At the last inspection we asked the provider to take action to make improvements in ensuring enough staff to support people's needs. We reported on these in our last report. During this inspection we found that the provider had made the required improvements.

Staffing and recruitment

- ☐ Staffing levels at the home were sufficient to ensure that people's needs could be met. One relative said, "There always seems to be enough staff, I come every lunch time and there's always plenty of staff around." A person told us, "If I press my call bell a staff member will come pretty quickly. They're never far away."
- ☐ Since our last inspection there had been a reduction in the use of agency care staff. One relative said, "It's much better now because I know all the staff and I don't have to deal with people who I don't know." The provider still used some agency nurses, however those used had been attending the home for over a year and knew people really well.
- ☐ We saw the staff numbers were determined by a dependency tool which reflected people's needs. This was reviewed monthly or when people's needs changed.
- ☐ All the staff we spoke with felt there was enough staff to complete the care aspects of their role. Some concerns were raised in relation to activities and paperwork and we have reflected on these in the 'Responsive' section of this report.
- ☐ The registered provider had a process for ensuring that staff were recruited safely. Records showed that pre-employment checks were undertaken prior to staff commencing employment. Staff had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions.

Systems and processes to safeguard people from the risk of abuse

- ☐ People were protected from the risk of abuse. On relative said, "I wouldn't leave [name] here unless I was absolutely sure it was a safe place to be. I know all the staff and I know they'll keep them safe."
- ☐ There was a policy which clearly described how to keep people safe from the risk of harm. Staff we spoke with were aware of the policy and were provided with regular training to ensure that they could recognise the signs of abuse and report concerns confidently.

Assessing risk, safety monitoring and management: Learning lessons when things go wrong

- ☐ Risk assessments were in place which covered individual needs and the home environment. The risk assessments in place were detailed and provided guidance for staff.
- ☐ Risks to people were managed safely. We saw staff using equipment appropriately when they supported people to move from armchairs to wheelchairs. Staff used safe techniques when assisting people to rise onto their walking frames and guide people, so they were able to maintain their independence.

- People were well protected from environmental risks. People had evacuation plans in place. Staff had received fire safety training and fire practice tests had been carried out. Equipment to evacuate people was accessible for staff on corridors and near stairways. Maintenance was carried out and regulated by an established maintenance person.
- Staff we spoke with were knowledgeable about behaviour plans to support some people who could cause harm to themselves or others. We saw these plans had reduced incidents for these people.
- We saw lessons had been learnt in relation to the recording of incidents. Staff had raised concerns about managing a person due to their behaviour. However, due to there being no incidents recorded the nature of the behaviour was not evident. Guidance and support was provided from the manager so that all incidents were recorded. These recordings provide information to health care professionals and enable them to provide guidance on how to manage these situations and this has improved outcomes for the person.

Using medicines safely

- Medicines was managed safely. We saw that people received their medicine in line with their prescribed needs. When people had reacted incorrectly to their medicine immediate action was sought from health care professionals for advice and guidance.
- Checks were completed on the temperature of the room, medicine administration records and the stock. This ensured policy guidance for medicine management was being followed
- People had their medicines administered safely by competent and experienced staff, who had received training and ongoing competency checks.

Preventing and controlling infection

- People were protected from the spread of infection. We saw staff used protective equipment like gloves and aprons when they provided personal care or when serving meals.
- The kitchen and food preparation area was well maintained There was a five-star rating from the food standards agency, which is the highest possible rating. The food standards agency is responsible for protecting public health in relation to the safe handling of food.

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

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 when they moved into the home, and this detail shared with the staff. Regular reviews were carried out to reflect any changes or ongoing needs.
- ☐ This provided the basis for the care plan and supported required guidance to be obtained to support specific health care conditions.

Staff support: induction, training, skills and experience

- ☐ Staff had received training for their role. The provider had introduced some on line training, however the majority of the training was provided face to face which staff told us they preferred.
- ☐ One staff member told us how they had recently completed their moving and handling training. They said, "It was useful as we discussed about enabling people to shuffle forward before standing, which has come in handy as a new technique."
- ☐ We saw that new staff had a detailed induction plan. This included mandatory training and shadowing experienced staff.

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

- ☐ People we spoke with told us they had enough to eat and drink during the day. They were served hot or cold drinks of their choice with breakfast and lunch. There was also a refreshment trolley round mid - morning and mid- afternoon.
- ☐ We observed the midday meal and people received a choice of the meal. When people had limited memory to retain information they were offered a visual choice of the meal on offer.
- ☐ People's weights had been monitored and when required referrals had been made to health care staff for guidance on the meal texture to support people to eat without the risk of choking or to support their calorie intake.

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

- ☐ Relationships had been developed with health and social care professionals.
- ☐ We saw that when required people had been referred to health care professionals and any guidance was recorded and shared with the staff during handover.
- ☐ There was a weekly visit from the local GP, who had supported the home for over ten years. During our inspection they had been called to visit a person who was presenting as unwell. We spoke with the GP who told us, "Staff here are very good at contacting us for support or just for reassurance." They added, "Staff follow the guidance and complete communication records well, this enables me to review the person more

effectively."

- People were familiar with the GP. We observed the GP walked around the home and chatted freely to people about their health needs. Staff engaged in the conversation and there was an obvious open path of communication. This meant people received care which was timely and appropriate for their changing health needs.
- People and relatives felt that their health care was well managed. Family members we spoke with told us that staff would call for a doctor for their relative if they were unwell. One family member told us about a fall their relative had which resulted in a short period in hospital. When the person returned, the staff used a sensor mat in their bedroom so that staff were alerted if the person was to fall.
- Another relative said, "The district nurses come in to help with [name's] nursing needs and they are always really helpful."

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

- The home is a listed building and has many architectural features which reflect the home's history. Many people enjoyed this aspect of the home and the views from the large windows.
- People could personalise their own bedrooms and display personal belongings. One person told us, "I love my room. I've got a fantastic view and I chose the yellow colour for one of my walls, it's really cheerful." Other people shared the aspects about their room which they enjoyed.
- There was an outside courtyard which had seating and some raised flower beds.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- People's capacity had been assessed and records showed that where people may be lacking the capacity to make particular decisions, a two-stage assessment of their capacity was carried out. We saw these assessments were decision specific which ensured that all decisions would be made based on the person's understanding of each area. For example, medicines, consent to care or the use of equipment.
- Staff asked consent before carrying out care tasks. They explained to people what they proposed to do when moving them in their wheelchair or when using equipment.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

At the last inspection we asked the provider to take action to make improvements in how they support people's dignity. We reported on these in our last report. During this inspection we found that the provider had made the required improvements.

Respecting and promoting people's privacy, dignity and independence

- ☐ People were treated with respect and staff knew how to maintain people's confidentiality.
- ☐ One person told us, "I like to look good and the staff help me get dressed in my favourite clothes and jewellery every day." A relative shared with us, "[Name] is always clean and well-dressed when I come. I do think the staff show respect and help them to look how they used to."
- ☐ People were supported to be as independent as possible with their mobility and with eating and drinking. We observed the staff standing close by and watching people rise from their armchairs onto their walking frames and then offer to walk behind them at the person's own pace. One person told us, "Staff let me do what I can for myself." Other people were provided with equipment to support them to remain independent with their meals and drinks.
- ☐ People's care records were treated appropriately. We saw records were kept in a locked cupboard only accessed by the relevant staff members. When the handover was completed, this was done in private to protect the information being shared about people's needs.

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

- ☐ People received care from staff who were kind and respectful. All of the people we spoke with thought the care staff were kind, caring, respectful and polite. One person said, "I like the staff, they are very good to me." Another said, "The carers are all very friendly."
- ☐ We observed staff showing respect for people and taking time to speak with them when they passed them or during any period of support. One relative said, "[Name] likes the staff. [Name] can no longer tell me verbally, but they smile when the staff are around."
- ☐ Some people we spoke with chose to spend their days in their bedrooms and this choice was respected. One person told us, "I like to read and watch the telly and I can do that in my room."

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

- ☐ People were encouraged to express their wishes about their care.
- ☐ Information was available to support people with decisions. Currently all the people were supported by a family member, however the manager was aware of how to access independent support.
- ☐ Relatives told us they were able to visit whenever they wished. We saw relatives were made welcome and offered refreshments and seating, so they could be close to their relative during their visit.

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

At the last inspection we asked the provider to take action and make improvements to people by offering a range of activities to reflect their interests. During this inspection we found further improvements were required in relation to the activities and access to information requirements.

- ☐ People's interests had not always been considered to ensure meaningful activities were on offer. One person told us, "There's not a lot going on here. I do like a chat with the staff and I can watch the television but sometimes I can't hear it." Another person talked about things they used to enjoy, then told us, "I don't know what I do in the day really. I just sit here."
- ☐ Staff we spoke with told us, "We have enough staff for the care, but we don't have time to sit and do games or interact with people."
- ☐ No activities were observed during the inspection, with the exception of the television. There were two lounges, however most people used the smaller lounge. This lounge frequently used as a corridor. This meant that people who sat on the other side of the doorway had their view of the television frequently interrupted. One person told us they did not want to sit in the lounge as it was a 'Tight squeeze.' There was another lounge with a television, however this was not promoted and remained empty.
- ☐ The environment was not dementia friendly. There was no space to walk around in the small lounge. The doors were all the same colour and the signage on doors was small reducing the ability for people to recognise their room.
- ☐ There was no appropriate signage to enable people to orientate themselves around the home. This meant the provider was not complying with the Accessible Information Standard. The Accessible Information Standard is a law which aims to make sure people with a disability or sensory loss can access information in a way they can understand.
- ☐ Care plans had been completed and reflected people's care needs and preferences. Family members we spoke with told us they had been involved in drawing up care plans. However, some relatives felt there had not been regular reviews. A staff member told us, "I have time to complete the monthly details, however I have no protected time or spare time to consider bigger changes to people's care plans." We discussed this with the quality lead for the provider during feedback and they agreed to review this area of support for the staff.
- ☐ We saw care staff knew people's personal histories, including previous occupations. We saw care staff knew people's preferences for beverages and knew about their family situations, often speaking with people about their relatives.
- ☐ Staff were responsive to people's needs. One relative said, "I stepped on [name's] sensor mat by accident the other day and set off the call bell and staff came quickly to the room, so that reassured me that they will respond when needed."

- There was an opportunity for people to receive continued support with their chosen religion, from regular church services held at the home.
- The provider had worked with local people and the staff to support a classic car event at the home. This is the second time this event has been at the home and all those we spoke with reflected the positive nature of the occasion. One person reflected on one of the vehicles on display, recoiling memories of taking their driving test in a similar car. The provider told us they wanted to develop other events with the local community in the future.
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End of life care and support

- End of life care and support was provided. Care plans had been completed to reflect the individual's needs. This included any equipment or anticipatory pain relief, to ensure they received dignified and comfortable care which was of their choosing.
- People were supported with the required medical support and this was shared with staff to ensure the person would receive the most up to date needs during this time.
- A family member told us they were pleased that they had been able to write the End of Life plan for their relative.
- We spoke with the end of life coordinator who had visited on the day of the inspection. They told us, "The provider is keen to engage in further training in this area and to develop the care plans." The manager confirmed they would be attending the next available training with the End of Life team.

Improving care quality in response to complaints or concerns

- People and relatives felt confident in raising any concerns. One person said, "I trust the staff to look after me in every way they can. I think any of them would do their best for me, if I had a concern."
- The provider had a process in place to act on any complaints that had been received. We reviewed the complaints register and found they had been dealt with in line with the provider's complaints policy. Providing the complainant with a letter of explanation with an outcome and any actions they had taken.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

At the last inspection we rated the home as 'Requires improvement' and we asked the provider to take action and make improvements in the governance of the home. During this inspection we found some improvements had been made however, further improvements were required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- ☐ The provider had systems and processes to support regular checks and improvement in the quality of the care, but identified actions were not always carried out.
- ☐ We found that the audit in relation to infection control had not identified some areas of concern. For example, there was a malodour to one person's room. The carpet was soiled and despite continued cleaning the odour remained. It had been identified the carpet needed replacing for more suitable flooring, however this had not been actioned. Another carpet had been replaced with washable flooring, however it had not been sealed to stop the ingress of liquids. This meant the floor was unable to be cleaned effectively to remove the odour and maintain cleaning standards.
- ☐ The medicine audit had been completed and had identified on some occasions the topical cream record had not been completed. Staff confirmed they had applied the cream, however there was no recording of this. This had been addressed in staff meetings, however we observed some topical cream charts which had not been completed. This meant we could not be sure the changes to practice had been embedded.
- ☐ There was an audit to reflect accidents and incidents. We reviewed this information which had been analysed to consider any person at risk or themes and trends. However, the outcome was not always recorded to reflect the action which had been taken, and if it had been effective in reducing the risks.
- ☐ The provider had completed their own quality inspection of the home in February 2019 and reflected that the Accessible Information Standards were not being met. The action plan stated this should be address immediately. However, no plan had been formulated to reflect how this area would be addressed.
- ☐ Staff felt supported by the new manager and had received supervision. However, some staff who provided supervision to other staff felt they did not always have the time required. They told us when they provided supervision it was often rushed or slotted in between tasks, so it was not focused on providing staff with the support they may require.
- ☐ People had been encouraged to feedback their views on the care they received and the meals. Some people told us they had completed a questionnaire; however, they did not know how that had influenced any changes.
- ☐ The meals survey had reflected some concerns in relation to the temperature of the food and the choices.

During the midday meal we heard a family member comment 'not peas again.' One person did not like peas, so their meal was served without, but no alternative vegetables were offered. Another person told us the potato options were often only mash. The manager had not completed an action plan for these areas or identified how they would share the changes they would make.

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This demonstrates a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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- The overall rating for this service is requires Improvement. Providers should be aiming to achieve and sustain a rating of 'Good' or 'Outstanding'. Good care is the minimum that people receiving services should expect and deserve to receive. The service has been rated as 'Requires Improvement' on the previous inspection with concerns raised in safe in previous inspections. The above evidence shows that there was not always effective systems in place to ensure the quality of care was regularly assessed to drive improvements.

This was a breach of Regulation 17(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This regulation requires the provider to give us information about how they plan to improve the quality and safety of services and the experience of people using services.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The provider and manager were working towards the development of a staff team which reflected a clear vision and a strong set of values. The provider had closed the residential part of the home and had amalgamated the staff teams. This had reduced the need for agency care staff and the risks around inconsistent care. Staff we spoke with all reflected this had improved the experience for people. This was also supported by relatives and health and social care professionals we spoke with. A health care professional told us, "The care for people is more consistent and the staff seems happier."
- The new manager felt supported by the provider and had received guidance from other managers and the area support team in making changes within the home.
- The rating from our last inspection was displayed in the home and on the provider's website.
- The manager had sent us notifications when events or incidents had occurred; this is so that we can monitor the action that had been taken.

Continuous learning and improving care; Working in partnership with others

- The provider had worked with the local authority to address concerns raised in their contracts monitoring visits. A social care professional said, "The new manager has worked with us to address the concerns we raised, and the changes are making a positive outcome." They added, "Things are definitely improving here."
- Partnerships had been encouraged and developed. There was a positive response from health care professionals we spoke with. They all reflected the approach which was being taken in ensuring the care was appropriate and relevant to each person.

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider did not have systems in place to ensure consistency of quality monitoring and driving improvements.