

Burlington Care Limited

The Elms

Inspection report

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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

The Elms is a residential care home providing accommodation and personal care for up to 28 people aged 65 and over at the time of the inspection. It accommodates people in one adapted premises with shared facilities. The service can support up to 37 people.

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

Staff did not consistently apply good infection control practices and some areas of the home and equipment were not clean. Not all agency staff had received an induction before they started working at the service and there were times when staff were unavailable to support people. Staff did not always keep up to date records. The provider's systems for ensuring the safety and quality of the home fell short in these areas. People told us they felt safe and staff were knowledgeable about risks to people and followed risk assessments, which they regularly reviewed.

People received their medicines appropriately and were protected from the risk of abuse. There were systems and processes in place to learn from safety-related incidents.

There was a warm atmosphere in the home and staff worked closely with other healthcare professionals to meet people's needs.

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.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 24 October 2018). The service remains rated requires improvement. This service has been rated requires improvement or inadequate for the last five consecutive inspections.

Why we inspected

We received concerns in relation to safeguarding. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. 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 remained the same. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Elms 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 will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to infection prevention and control and governance at this inspection.

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 ●

The Elms

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

This inspection was carried out by one inspector.

Service and service type

The Elms 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 CQC. 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 safeguarding team. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke to three people who used the service about their experience of the care provided. We spoke to 13 members of staff including the registered manager, regional manager, quality assurance manager, team

leader, senior care assistant, administrator, three care assistants, two domestic staff members, cook and catering assistant. We also spoke to a visiting healthcare professional.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision.

After the inspection

The provider sent us a variety of records relating to the management of the service, including policies and procedures and quality assurance records, which we looked at remotely.

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.

Preventing and controlling infection

- Staff did not consistently apply good infection control practices.
- Not all staff used PPE correctly. Some staff did not wear PPE when required or follow the correct technique for putting on and taking off PPE.
- Some areas of the home and equipment were not clean. Records for cleaning some areas of the home highlighted this had not been done regularly.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate infection prevention and control was effectively managed. This 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.

The provider responded immediately during and after the inspection. Action was taken to clean the home and equipment and managers confirmed they would review staff training and carry out additional spot checks and observations.

Assessing risk, safety monitoring and management

- Staff did not consistently record when they had repositioned people at risk of developing pressure ulcers. Staff told us they did not always have time to record care at the point of delivery and/or have access to the electronic devices used to do this.

We recommend the provider reviews their systems and processes for maintaining up to date and accurate care records and updates their practices accordingly.

- People told us they felt safe in the care of staff at The Elms. Staff were knowledgeable about the risks to people who used the service and followed risk assessments which they regularly reviewed.
- The provider had a policy and procedure in place for managing the risk of falls and had taken a balanced approach to minimising risks, whilst promoting people's independence.
- There was information on display for staff about what signs and symptoms to look out for should people become unwell, such as infection and, about how to protect people in hot weather.

Staffing and recruitment

- Not all agency staff had received an appropriate induction before working at the service to ensure they

could care for people safely.

- Staff were sometimes absent from communal areas at times when people needed support. Such as, when people required support with their mobility or to resolve conflict between people using the service.

We recommend the provider reviews their systems and process for the deployment of staff and the use of agency staff and updates their practices accordingly.

- The registered manager adopted a systematic approach to determining staffing levels based on people's individual needs.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to protect people from the risk of abuse. Information was displayed for people and staff about how to raise any concerns. The registered manager followed appropriate safeguarding procedures, to report any concerns to the local authority safeguarding team for investigation.
- The provider recognised staff performance relating to unsafe care and responded appropriately.

Using medicines safely

- Staff administered people's medicines on time and as prescribed.
- The provider had a policy and procedure in place for the safe management of medicines, which included guidance for people who administered their own medicines.
- There were systems and processes in place to identify medicines errors which the registered manager discussed with staff to improve safety.
- The provider had assessed the risks to people using flammable paraffin-containing creams and put measures in place to reduce risks.

Learning lessons when things go wrong

- The registered manager investigated accidents and incidents to prevent reoccurrence and there was a policy and procedure in place to support this.

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; Continuous learning and improving care

At the last inspection, the provider had failed to operate effective systems and processes to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider's audits had identified gaps in cleaning, however, planned actions to address this had not worked. Areas of the home and some pieces of equipment were not clean.
- There was a lack of oversight of staff practice when the registered manager was not in the service. Staff did not always apply good infection control practices.
- Staff did not always maintain up to date care records.
- There was a lack of oversight regarding the employment of agency staff members. Not all agency staff members had received an induction to ensure they could care for people safely.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to ensure compliance. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. The provider reviewed their electronic system to make it easier for staff to maintain records and provided us with evidence of this. The registered manager told us they would review systems for staff supervision and the employment of agency staff.

- The provider had invited external agencies into the service to audit areas of the home, such as the management of medicines, and had acted on their feedback.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There was a warm and friendly atmosphere in the service. Staff treated people with dignity and respected their individual needs and preferences.
- People had access to healthcare services and staff followed the advice of professionals to achieve good outcomes for people.
- Residents had been invited to meet with staff to talk about the running of the service and any areas for improvement. Areas discussed included, the staff team, meals, housekeeping and activities.
- Senior care assistants had attended staff meetings to discuss staff practices.
- The provider maintained an up to date website and regularly published news and information about the service to keep people's family and friends up to date.

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

- Managers demonstrated transparency and understood their responsibilities to be open and honest with people and their families when something goes wrong.

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 Systems were either not in place or robust enough to demonstrate infection prevention and control was effectively managed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were either not in place or robust enough to quality and safety effectively managed.