

Burlington Care Limited

The Elms

## Inspection report

Lowgate  
Sutton Village  
Hull  
Humberside  
HU7 4US

Tel: 01482781087  
Website: [www.burlingtoncare.com](http://www.burlingtoncare.com)

Date of inspection visit:  
27 April 2017  
28 April 2017

Date of publication:  
06 June 2017

## 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

The Elms is located in Sutton on the outskirts of Hull and is registered to provide care and accommodation for a maximum of 37 older people who may be living with dementia. It has good access to local facilities and amenities.

This inspection took place on 27 and 28 April 2017 and was unannounced. The service was last inspected April 2015 and was found to be compliant with the regulations inspected at that time.

At the time of the inspection 37 people were living at the service.

There was a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Processes had not been followed to ensure the safety of the people who used the service and to make sure they were not exposed to staff who may pose a risk to them. You can see what action we have told the provider to take and the end of this report.

People were cared for by staff who understood the importance of protecting them from harm and who'd had training in how to identify and report abuse. Staff were provided in enough numbers to ensure the needs of the people who used the service were met. The service was clean and tidy and there were no malodours. People's medicines were handled and administered safely.

The food provided was wholesome and nutritious. People's food and fluid intake was monitored so they had a healthy well-balanced diet, staff made referrals to other health care professionals if people experienced any dietary issues, for example, the risk of choking or a reduction in their appetites. Systems were in place to protect people who needed support making informed decisions. Meeting had been held to ensure any decisions made on their behalf would be in their best interest. Staff had received training which equipped them to meet the needs of the people who used the service; they were also provided with opportunities to gain further qualifications and experience.

People were supported by staff who were kind, caring and understood their needs. The interaction between staff and people who used the service was open and respectful. People had been involved with the formulation of their care plans and had been involved in meetings about their ongoing care needs.

A choice of activities was provided for people to participate in if they wished. This included in house activities as well as visits to the local community and the use of local facilities. The registered provider had a complaints procedure which was displayed around the service and people could easily access. All complaints were investigated to the complainant's satisfaction. The complaint procedure signposted

complainants to other agencies if they were not happy with the way their complaint had been investigated, for example, the local government ombudsman.

The registered manager was open and approachable and people found them helpful. Staff found the registered manager approachable and felt confident they could go to them for advice and guidance. People who used the service and other stakeholders were asked for their views about how the service was run. Any issues were addressed by the use of time limited action plans. We have written to the registered provider reminding them of their duty to send notifications to the CQC in a timely way concerning any event or incident which happens at the service which affects the wellbeing of the people who use the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

Not all areas of the service were safe

Robust systems were not in place to ensure people who used the service were not exposed to staff who may pose a risk to them.

Staff understood the importance of protecting people from harm.

People's medicines were handled safely.

The premises were clean and free from any mal-odours. Staff followed good practice guidelines with regard to infection control.

### Is the service effective?

**Good** ●

The service remains good.

### Is the service caring?

**Good** ●

The service remains good.

### Is the service responsive?

**Good** ●

The service remains good.

### Is the service well-led?

**Requires Improvement** ●

Not all areas of the service were well-led.

Required notifications had not always been sent to the CQC about incidents which happened at the service which affected the wellbeing of the people who lived there.

The registered manager created an open and inclusive service which took into account people's views and those of other stakeholders about the running of the service.

Meetings were held with people who used the service, their relatives and staff so information could be shared.

Audits were in place to help monitor the service.

# The Elms

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 and 28 April 2017 and was unannounced. The inspection was completed by one adult social care inspector.

The local authority safeguarding and quality teams and the local NHS were contacted as part of the inspection. We also looked at the information we held about the registered provider.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with seven people who used the service and two of their relatives who were visiting during the inspection. We observed how staff interacted with people who used the service and monitored how staff supported people throughout the day, including meal times.

We spoke with six staff including care staff and ancillary staff; we also spoke with the team leader who was deputising in the registered manager's absence and regional managers.

We looked at four care files which belonged to people who used the service. We also looked at other important documentation relating to people who used the service such as incident and accident records and 12 medicine administration records (MARs). We looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty code of practice to ensure that when people were deprived of their liberty or assessed as lacking capacity to make their own decisions, actions were taken in line with the legislation.

We looked at a selection of documentation relating to the management and running of the service. These included three staff recruitment files, training records, staff rotas, supervision records for staff, minutes of meetings with staff and people who used the service, safeguarding records, quality assurance audits,

maintenance of equipment records, cleaning schedules and menus. We also undertook a tour of the building.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe at the service. One person said, "I trust the staff they are always happy and make sure I get what I want." Another said, "I know staff are here all the time so that makes me feel safe." People who used the service told us they received their medicines on time and as prescribed by their GP. Comments included, "They bring me tablets at the same time every morning without fail" and "The staff see to all my tablets but I always get them on time."

Visitors told us they felt their relatives were safe at the service, comments included, "Staff are always on hand to see my mum is okay" and "The building is secure and you have to be let in and out by staff." They also felt there was enough staff on duty, comments included, "There always seems to be plenty of staff around, I can always find someone if I need them."

We looked at the recruitment files of recently recruited staff. We saw these contained references, an application form which covered gaps in employment and experience, a check with the Disclosure and Barring Service (DBS), a job description and terms and conditions of employment. However, we had received some information prior to the inspection which raised concerns that the registered manager had not protected people who used the service from staff who could potentially put them at risk. We spoke with the member of staff involved and they confirmed they had brought the matter to the attention of the registered manager. When we asked to see records of discussions with the member of staff about how this may impact on their work and the people who used the service no evidence could be provided. When we asked to see evidence of the actions which had been taken to safeguard people who used the service no evidence could be provided. Not ensuring people are safe from potential risk of harm is a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Since the inspection we have received information from the registered provider which shows positive action has been taken. To protect the people who used the service the member of staff involved has been suspended and records made of decisions taken.

Staff were able to describe to us how they would protect someone from abuse and what signs may be presented when someone was being subjected to abuse. They said, "We are here to protect the residents and to make sure they are safe", "I would report it straight away they need us to protect them" and "I would go to the manager and to outside agencies if they (the management) didn't do anything, it's our duty to protect people from harm." Staff also told us they had received training in how to identify and report abuse, we saw this was updated regularly. Training records confirmed staff had received training in how to protect people from harm.

The care plans we saw contained risk assessments which were updated on a regular basis or when people's needs changed, for example, following an illness or a stay in hospital. The risk assessments covered areas of daily life which the person may need support with, for example, personal hygiene, mobility and behaviours which may challenge the service and place the person and others at risk. We did see that one person's risk assessment in how to protect them and others safely was not detailed enough and only provided vague instructions for staff to follow. This was rewritten during the inspection and included more detail.

A staffing tool was used to ensure there were sufficient staff on duty to meet people's needs effectively. The staffing levels on the day of the inspection were adequate to meet people's needs and staff told us there were enough staff on duty so they could spend time with the people who used the service.

Systems were in place to ensure medicines were ordered, stored and administered safely. Suitable arrangements were in place for the storage of specific medicines that required cooler temperatures to ensure they remained effective and checks were carried out on a daily basis to ensure the manufactures' guidance was adhered to.

We observed a medicines round and saw people who used the service received them as prescribed. Medicines Administration Records (MARs) were used to record when people had taken their prescribed medicines. The MARs we saw had been completed accurately with minimal omissions. People's abilities to self-administer had been assessed and action had been taken to support people who were able to do so.

Staff had access to personal protective equipment. The service was clean and tidy and free from offensive odours.



## Is the service effective?

### Our findings

People told us they thought the food was good, comments included, "The food here is first class", "You just can't fault it [the food] it's marvellous" and "We always get plenty of choice."

Visitors told us they felt their relatives had an adequate choice of activities, one visitor said, "There are plenty of activities and they encourage mum to participate." Another said, "They brought in a singer, who was good and some exotic animals." Visitors told us they thought their relatives were provided with a good varied diet, comments included, "Mum always get plenty to eat" and "Every time I come I can smell the food, it smells delicious."

The registered manager had systems in place to ensure staff received the training they needed to effectively meet the needs of the people who used the service. They monitored staff training and ensured this was updated when required. The registered provider had identified training which they considered mandatory for staff to complete. This included; fire training, safeguarding vulnerable adults from abuse, health and safety, moving and handling, first aid and dementia training. Staff also had the opportunity to undertake nationally recognised qualifications in care and to expand their knowledge and experience. Specialised training was also provided, this included diabetes and dementia. The registered provider had their own training and development team which provided training for the staff. Staff told us they found the training was relevant their role and equipped them to meet the needs of the people who used the service.

Newly recruited staff underwent a period of induction and this was based on good practise guidelines. Their competency was continually assessed and any areas which they were struggling with the registered manager ensured they got the support they needed to achieve this.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes are 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 were being met. Two people who used the service were subject to a DoLS. We found other applications had been made to the supervisory body by the registered manager and they were awaiting the outcome of these.

Throughout the inspection we saw staff gaining people's consent before care and support was provided. Best interest meetings were held when people lacked the capacity to make informed decisions themselves, which were attended by a range of healthcare professionals and other relevant people who had an interest in the person's care and welfare. Staff had received training in the principles of MCA and the use of DoLS.

People's dietary intake was closely monitored by the staff and healthy eating was promoted. There was a choice at all meal times and drinks and snacks were offered throughout the day. A fortified diet was provided, this ensured as much as possible people were provided with a diet that kept them healthy. Records showed that health care professionals were involved with people's dietary needs and visits were

made when required. We saw staff gently encouraged and assisted people to eat their meal.

We saw people's care plans contained information about their health needs and how staff were to support the person to maintain a healthy lifestyle. Previous and current health issue were documented in people's care plans and health care professional were contacted when support was needed, for example, community nurses and dieticians. People were supported to access their GP when required and regular reviews of their wellbeing were undertaken to ensure people were healthy.

## Is the service caring?

### Our findings

People who used the service told us they found the staff kind and caring, one person told us, "The staff here are very kind, we all get along really well and we have good laugh" and "I just have to ask and they [the staff] will do it for me, they are so kind." People who used the service told us staff treated them with respect, comments included, "They always make sure I'm decent before they come in my room" and "They [the staff] knock on my door and wait until I say come in."

We saw people who used the service and the staff had positive and respectful relationships. Staff were aware of people's needs and the support they required to lead a fulfilling life. There was lots of laughter and good humoured banter around the service and people clearly enjoyed the staff's and each other's company.

Care plans we looked at clearly showed the people who used the service had been involved with their formulation. Meetings had been held where the person's care needs had been discussed and their input was recorded. Staff were also heard to ask people what they would like to do and how they would like to be supported.

Staff could describe to us how they would uphold someone's dignity. They said "We always wait to be invited in before we go into someone's room" and "I always make sure people are covered over when I help them with personal care." The staff also told us they asked people what they would like to do and provided options, for example, when to get up, what activities they would like to undertake or how they would like to spend their day.

From speaking with staff we could see that people were receiving care and support which reflected their diverse needs in respect of the seven protected characteristics of the Equality Act 2010 that applied to people living there which included age, disability, gender, marital status, race, religion and sexual orientation. This information was appropriately documented in people's care plans. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this.

People's wishes for end of life care had been recorded in their care plans. Staff told us they had recently supported people with end of life care and while this was emotionally demanding they found it rewarding.

## Is the service responsive?

### Our findings

People who used the service told us they could participate in activities. One person said, "We have singers that come in and sing to us, they are very good" and "We go out and about to the shops and the seaside in the nicer weather." People told us they knew they could raise concerns and who these should be directed to, comments included, "I don't have any complaints but I would speak to [registered manager's name] or one of the other staff if I did."

Visitors knew how to raise concerns and complaints, comments included, "I know we can go the manager and the complaints procedure was given to us when mum was admitted, but I don't really have any concerns the care here is first class."

We saw that before people were offered a place within the service a comprehensive assessment was completed to ensure their needs could be met. The assessment was then used to develop a number of personalised care plans such as, sense and communication, choices decisions and lifestyle, healthier happier life, safety, moving around, washing and dressing, eating and drinking, breathing and circulation and future decisions. Each care plan had a corresponding risk assessment to ensure people were supported consistently and effectively according to their needs and preferences.

The service employed a dedicated activities co-ordinator. They worked closely with people who used the service and made sure everyone could be involved; this included one to one activities with those who were living with dementia, group activities such as bingo and listening to music and reminiscence sessions. They told us they had an adequate budget and could purchase items to be used for activities if they wished.

The registered provider had a complaints procedure which people could access if they felt they needed to make a complaint. This was displayed around the service and was provided to people as part of the service user guide. The registered manager told us they could supply the complaint procedure in other formats which were appropriate for people's needs, such as in another language or large print. Staff us they would read and explain the procedure to those people who had difficulty understanding it, so they could complain if they wished.

## Is the service well-led?

### Our findings

People who used the service told us they found the registered manager approachable and could express their views about how the service was run. Comments included, "I can go to the manager she listens to what you have to say" and "We have had meetings and they ask us what we think of the place, I think its fine."

Visitors told us they had been involved in meetings about the way the service was run and found the registered manager approachable.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. We found that the registered manager had not sent in the required notifications about incidents which affected the people who used the service particularly with regard to safeguarding incidents. This is a breach of regulation 18 of the Registration Regulations 2009. On this occasion we have sent the registered provider a letter reminding them of their duty to submit notifications to us so we can keep a record of the incidents which occur at the service and any actions taken. On this occasion we have sent the registered provider a letter. Since the inspection we have received the required notifications.

The registered manager undertook meetings with the people who used the service on a regular basis. These had been minuted; these showed the topics under discussion included meals and activities and any other changes people would like to see happen. The service provided was directed by the people who used it and they had their input in to the way it was run.

All the staff we spoke with told us they found the registered manager approachable and they were visible around the service. Comments included, "You can go to the manager and she will listen to you", "The manager is very approachable" and "I don't feel as though there are any silly questions, they [the registered manager] keeps us well informed."

The registered manager had systems in place which sought the views and opinions of the people who used the service and those who have an interest in their welfare, for example, relatives and health care professionals. These were usually in the form of surveys but meetings were also held with people who used the service and their relatives. Meetings were held with the staff and minutes taken showed information was shared about any changes or new ways of working.

The registered provider had a quality monitoring system in place which ensured the smooth running of the service, this included audits which the registered manager had to undertake on a regular basis. Independent audits were also undertaken by regional managers. Time limited action plans were put in place to address any issues.

The registered manager had developed good working relationships with local health and social care

professionals. Those we spoke with confirmed the service was well-led and staff were knowledgeable about people's needs and followed their guidance.

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  Robust systems had not been followed to ensure service users were not exposed to staff who posed a risk to them.