

Hill Care Limited

Burton Closes Hall Care Home

Inspection report

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Ratings

Overall rating for this service

Good 

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?

Good 

Overall summary

Burton Closes Hall Care Home provides accommodation for people who require nursing and personal care. It is also registered to provide treatment for disease, disorder or injury and diagnostic and screening services.

This inspection took place on 10 and 12 November 2015. The first day was unannounced.

Our last inspection of 11 and 16 March 2015 found the provider was not meeting four regulations. These were in

relation to safe care and treatment, cleanliness and infection control, the management of complaints and assessing and monitoring the quality of service provision. We issued warning notices in relation to safe care and treatment and cleanliness and infection control. At this inspection we found that the actions we required had been met.

Summary of findings

There was a registered manager at the service at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission 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.

Risk of infection was well managed and risk of people acquiring infections had reduced. Cleanliness of the home had improved and staff followed infection control procedures. Damaged equipment had been replaced. We found there were additional areas that the provider needed to improve to ensure the level of cleanliness was maintained such as ensuring cleaning schedules included dust removal.

The service was following the guidance in people's risk assessments and care plans and the risk of unsafe care was reduced. People's records were up to date and indicated that the required interventions had been undertaken. The records had also been updated to reflect changes in people's care needs. Referrals to external health professionals were made in a timely manner.

Systems to monitor the quality of the service had improved. Identified issues were resolved in a timely manner and the provider had obtained feedback about the quality of the service from people, their relatives, external health professionals and staff.

The management team provided good leadership and staff morale had improved as a result of training, guidance and support, the acknowledgement of hard work and good practice and giving people responsibility for their roles.

Although there appeared to be sufficient staff available to meet people's needs, there were specific periods of time in the communal areas where staff were not available. We were therefore not assured that there was always someone available to assist people in a timely manner.

Complaints were mostly well managed and there had been improvements since our previous inspection in March 2015. The provider had looked into repeated complaints about one person's care and welfare but despite written responses outlining what action would be taken, some of the issues raised continued. The complainant therefore remained dissatisfied with the provider's response. Responses to other complaints had reached a satisfactory conclusion.

People told us the care staff were caring and kind and that their privacy and dignity was maintained when personal care was provided. People were involved in the planning of their care and support.

People told us they enjoyed their food and we saw they were assisted to eat in a sensitive manner.

Consent to care and support had been sought and staff acted in accordance with people's wishes.

People were able to take part in hobbies and interests of their choice.

Summary of findings

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 consistently safe.

Staff were not always deployed effectively to ensure people were assisted in a timely manner.

The cleanliness of the home had improved but there were areas requiring further improvement. Staff followed infection control procedures.

Staff followed the guidance in people's risk assessments and care plans.

Medicines were managed safely.

People were safeguarded from abuse because staff knew what action to take if they suspected abuse was occurring. Recruitment procedures ensured suitable people were employed.

Requires improvement



Is the service effective?

The service was effective.

People's health needs were addressed. People received the support they required in relation to eating and drinking.

Staff had completed sufficient relevant training to meet the needs of people using the service.

Consent to care and support had been sought and staff acted in accordance with people's wishes. Principles of the Mental Capacity Act 2005 were known and understood.

Good



Is the service caring?

The service was caring.

People were treated with kindness and compassion.

Staff were aware of people's choices, likes and dislikes and this enabled people to be involved in their care and support.

Good



Is the service responsive?

The service was responsive.

Concerns and complaints were mostly well managed.

People were encouraged to express their views and had been supported to participate in activities that they enjoyed

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

Systems in place to monitor the quality of the service were effective.

There was an open culture at the service and staff told us they would not hesitate to raise any concerns.

Staff were clear about their roles and responsibilities.

Burton Closes Hall Care Home

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 provider is 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 10 November and 12 November 2015 and the first day was unannounced. The inspection team was comprised of two inspectors and a specialist advisor in infection control and complex needs.

We looked at all of the key information we held about the service, this included notifications. Notifications are changes, events or incidents that providers must tell us about.

We spoke with twelve people who used the service and four of their relatives. We looked at seven people's care and support plans. We reviewed other records relating to the support people received and how the service was managed. This included some of the provider's checks of the quality and safety of people's care and support, staff training and recruitment records. We spoke with the management team, including the registered manager, and six staff from the nursing, care and catering team. We also spoke with health and social care professionals.

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

Is the service safe?

Our findings

Our previous three inspections in October 2013, July 2014 and March 2015 found that the service was not managing the control of infection. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At our last inspection in March 2015 we issued a warning notice to ensure the provider took action to remedy this. We received an action plan in August 2014 stating how the provider was addressing the issues. At this inspection we found the requirements of this regulation had been met.

We found there was an action plan in place to ensure improvements to the cleanliness of the home were carried out and any actions undertaken were signed and dated when complete. We saw damaged items such as freezer seals and tiles had been repaired and a new kitchenette had been installed. Flooring had been replaced in identified bedrooms and suitable shower chairs had been provided. We saw an ongoing programme to ensure flooring and skirting boards were sealed to prevent contamination. Bathrooms and toilets contained appropriate waste bins. We saw the sluice room was clean and tidy and corridors were free from clutter. Mattress and cushion checks were being completed at 6 monthly intervals. We spoke with the manager about reviewing this more frequently due to their heavy use and she agreed to do this.

We saw staff following infection control procedures. They were wearing gloves and aprons, washed their hands when necessary, used pedal bins appropriately and were not wearing inappropriate jewellery. The risk of infection was minimised.

We spoke with the manager about further improvements such as ensuring cleaning schedules included high level dusting and improving the repairs to damaged wood and laminate on furniture. The manager agreed to look into these areas to ensure the level of cleanliness was maintained.

Our previous two inspections in July 2014 and March 2015 found people were not always receiving the health care they needed. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and we asked the provider to take action

to remedy this. We received an action plan in August 2014 stating how the provider was addressing the issues. At this inspection we found that the requirements of this regulation had been met.

People told us they were involved in planning their care, including risk assessments, and were encouraged to be independent. We found people had clear care plans and risk assessments and that these were being followed. The risk assessments covered health and safety areas applicable to individual needs. They were reviewed monthly to ensure the information was up to date and reflected current needs. When people's needs changed we saw that their care plans and risk assessments had been changed accordingly. We saw on one person's care plan that a medical recommendation for the recording of seizures was being followed. In another we found the monitoring of risk of pressure ulcers was also up to date and accurate. Records we saw confirmed that prompt action was taken where a change in people's skin was noticed and this was also confirmed by an external health professional we spoke with. They told us that early referrals were correctly made where there were concerns. This meant people's care was provided safely.

Most people who were able to talk to us told us there were enough staff to meet their needs. However, one person told us "Staff don't have time to sit and talk to people". A relative told us "I think it is understaffed, it takes a long time to answer buzzers". They said their relative was getting up much later than they were used to.

We discussed staffing requirements with the manager. She told us the number of staff on duty was calculated according to people's needs. We looked at the calculation tool used, which showed the number of staff required. This corresponded with the rotas for 2 -16 November 2015. We saw the number of staff on duty consistently confirmed the daily numbers we saw during our inspection.

All the staff also told us staffing numbers were adequate to meet people's needs. However, we saw there were extended periods of time during the morning, up to 15 minutes, when there were no staff in two of the lounges, which meant there was no one available to ensure people's safety or respond to requests for assistance. There were no easily accessible call bells or other equipment, such as

Is the service safe?

pressure mats to alert staff. We saw one person was unsteady when they were moving around. We therefore could not be certain that staff were deployed effectively to ensure there was sufficient supervision for people's safety.

Medicines management had improved since our previous inspection in March 2015. We found medicines were now managed safely. People who were able to tell us said they were satisfied with the way their medicines were managed. One person said "They are pretty good" when describing how staff dealt with their 'as required' medicines.

Medicines were stored at the correct temperatures to ensure they were safe to use. Records were kept of medicines received into the home and when they were administered to people. The medication administration record (MAR) charts we looked at were completed accurately and any reasons for people not having their medicines were recorded. We saw 'as required' medicines had clear instructions for their use.

People who were able to talk with us confirmed they felt safe using the service and when being assisted with personal care. One person said "I feel safe" and a relative

said of their family member "They're safe here". There were clear procedures in place, which staff understood to follow in the event of them either witnessing or suspecting the abuse of any person using the service. They were able to describe what to do in the event of any incident occurring and knew which external agencies to contact if they felt the matter was not being referred to the appropriate authority. Staff also told us they received safeguarding training, which was up to date, and had access to the provider's policies and procedures for further guidance. Records confirmed training was up to date.

The provider had satisfactory systems in place to ensure suitable people were employed at the service. All pre-employment checks, including references and Disclosure and Barring Service (DBS) checks were obtained before staff commenced working in the service. Staff we spoke with confirmed that they did not commence work before their DBS check arrived. The DBS helps employers ensure that people they recruit are suitable to work with vulnerable people who use care and support services. People were cared for by staff that had been robustly recruited to ensure they were suitable for the role.

Is the service effective?

Our findings

Our previous two inspections in July 2014 and March 2015 found the provider was not always effective in maintaining people's health and welfare. This was a breach of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the requirements of this regulation had been met.

People told us they saw a doctor or nurse when required. A relative told us how their family member had improved and described this as "Brilliant, the difference in her is fantastic". Another relative told us their family member had improved and described the care as "Brilliant".

Care plans were regularly reviewed and detailed any support provided from outside health care professionals. This included chiropodists, specialist nurses and speech and language therapists. One health professional told us, "I am impressed that staff have worked hard to improve things". They confirmed staff followed instructions that they wrote in people's care plans. Another health professional told us they had made recommendations, including a communication book, to aid communication between health care professionals and staff. They told us that staff "Seem to take things on board" and generally followed instructions about health care. We were confident that people's health care needs were addressed effectively.

Staff had the necessary skills and knowledge to effectively support people. Staff we spoke with confirmed they had regular supervision and support to carry out their duties. A staff member told us, "I like working here, they are strict which is important". Staff also demonstrated a thorough and detailed knowledge of people's individual needs, preferences and choices.

Staff we spoke with told us they had access to information and training to understand the needs of people using the service. One staff member described the access to training as good and said they had received training in dementia. Training records we saw showed most staff were up to date with health and safety training and that they also undertook training in areas relevant to people using the service. Staff therefore were able to provide effective care based on the support and training they received.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We found the provider had followed the requirements in the DoLS by submitting applications to a 'Supervisory Body' for authority to restrict people's liberty where they thought it was in their best interests. The applications had not been assessed by the Local Authority at the time of our inspection.

We saw in the records we looked at that best interests decisions had been made and documented for people who lacked capacity, for example in relation to finance and medication. One person had a Lasting Power of Attorney and a copy of this was in their record. This indicated that consents to care and treatment had been sought as outlined in the Mental Capacity Act 2005. However, we found one record relating to resuscitation was completed incorrectly. We discussed this with the appropriate health professional and they agreed to make the necessary changes.

Staff understood the principles of the MCA and DoLS. People were supported to make choices and asked for their consent whenever they were able. We saw staff asking for people's consent to care or support throughout our inspection. We saw that records relating to consent were signed, dated and their purpose was clear. Staff were able to describe what they would do if they felt someone's liberty was being restricted. They told us they had received training in this area and records we saw confirmed this. This meant people's legal and human rights were upheld.

People were supported to maintain good nutrition. We saw that staff offered people a choice of drinks with their meal and staff gave them the assistance and support they needed to eat. We asked people about the food provided. Most people said it was good and we saw people enjoying their lunchtime meal. One person said it was "Wonderful"

Is the service effective?

although another said it “Could be more adventurous”. One relative said their family member was “Eating well”. There was a choice available and people told us they were offered alternatives if they did not like what was on the menu. We saw people were offered a variety of foods with drinks between meals.

Catering staff were able to describe in detail people’s individual diet and nutritional needs. They described how people were involved in creating menus. They were also able to describe how they catered for people with a range of specialist diets. Records we saw confirmed staff had undertaken training in nutrition and this was up to date.

People’s records showed nutritional assessments were in place. There were clear instructions regarding diet and any support needed to assist with eating. Food and fluid charts

were in place for most people. We looked at two for people who were nutritionally at risk. We saw that records had been completed daily and fluid intake totalled. Targets were set for the daily intake for people at risk and we saw that these targets had been met. People’s nutritional needs were therefore met.

People were weighed monthly. Records we saw showed appropriate responses were made where people had lost weight with referrals being made to dieticians and speech and language therapists. We saw that one person had gained weight following the action taken by the service. People therefore received appropriate specialist input regarding their dietary needs that enabled them to maintain a satisfactory weight.

Is the service caring?

Our findings

People told us staff were caring. One person said “I have enjoyed being here, the staff have been really nice and good to me” and another said “They are really kind”. Another person told us “The staff are beautiful” and confirmed that they had the support and care that they preferred and had chosen. A visitor told us they were always made to feel welcome and that staff “Are absolutely excellent”.

We saw people were offered choices in their daily routines. Staff were able to describe how they offered choices to people, for example, regarding meals and what activities and events were on offer. We saw where people were able to refuse options, their choice was respected.

People and their relatives were involved in their care planning. Records we saw showed reviews of people’s care involved family and people important to the person. We saw a statement from a relative stating ‘We are really happy that she has settled in so readily and are delighted that her future will be secure and prolonged’. Where possible people had signed their care plan and one person’s support plan showed relatives had advocated on their behalf. Care planning was inclusive and took account of people’s views and opinions

We observed positive and caring relationships between people using the service and staff. People were treated with respect and approached in a kind and caring way. People were listened to and were comfortable with staff and we saw staff sat with people and engaged them in conversation. People therefore received care and support from staff who were kind and that met their individual needs and preferences.

We saw privacy and dignity being respected when people were receiving care and support during our visit. Staff were able to give us examples of respecting dignity and choice. One staff member told us they respected one person’s choice regarding who provided their personal care. We also found that people were able to state a preference for the gender of their carer. We saw staff always knocked on doors before entering and ensured eye contact when conversing with people. People were asked before tasks were completed e.g. moving from the dining room to the lounge, before, during and after being assisted to move. Staff accepted people’s choices. People’s care was provided in a dignified manner.

Is the service responsive?

Our findings

At our previous inspection in March 2015 we found complaints were not well managed. This was a breach of Regulation 16 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the requirements of this regulation had been met.

People told us they knew how to make a complaint and were confident it would be dealt with in a courteous manner. One person said “I would tell the manager” and a relative said “I know how to make a complaint but I’ve not needed to”.

The manager told us they listened to people and care staff. We also found the service gathered feedback from staff and people and used this to identify improvements, such as changing menus and improving access to events and hobbies.

We saw the complaints procedure was on display. We reviewed complaints that the service had received and investigated. We found most complaints had been investigated openly and the complaints records were comprehensive. These gave a full response to the complainant within the time scale specified. Responses to other complaints had reached a satisfactory conclusion. This meant most people’s concerns were addressed properly and appropriate action taken. However, one complaint that was ongoing at the time of our last inspection in March 2015 had not been resolved to the satisfaction of the complainant. There had been repetitions of the same issue leading to dissatisfaction with the management of their complaint.

Staff told us they tried to be responsive to people’s needs. One staff member told us “We know that people need drinks regularly, we don’t force them but go back hourly to offer them”. They also told us when additional equipment had been requested, this had been provided quickly. We saw a person become distressed and staff responded appropriately by reassuring them and asking if she would

like to have a rest and then assisting them to their bedroom. An external health professional had described staff as “Responsive and caring” in a survey distributed by the home.

People were supported to follow their interests wherever possible and take part in social activities. The home employed an activities co-ordinator for 30 hours per week. Additional hours were available but there was a vacant post. The current activities co-ordinator showed us evidence of the wide range of activities provided. People interested in gardening had enjoyed growing plants and helped to establish a sensory garden in 2015. People were involved in a community tradition of ‘well dressing’, which involved making pictures from natural materials such as flower petals. They had expanded their social contacts in the community by taking part in a local agricultural show. Activities for people living with dementia had been outside when possible during the summer. There had been coffee mornings and other events. We also found people’s religious and spiritual needs were met through a variety of religious organisations who visited the home on a monthly basis.

We saw support was offered to people to be engaged in activities throughout the morning of the inspection. The co-ordinator engaged individually with people to ensure they were part of the process and were not left out. Everyone was involved in some way, including one to one contact. In the afternoon we saw that the three staff on duty opened a reminiscence box that provoked interest and discussion with people. People therefore received a personalised service that responded to their preferences and interests.

Records we saw contained detailed information about people’s health, personal and social care needs. Each person had a social history outlining their lifetime events, achievements and experiences. This provided a basis for engaging with people who were unable to give this information. The information we saw reflected how people would like to receive their care, treatment and support including individual preferences, interests and aspirations. Staff had the correct information to ensure individual needs were responded to.

Is the service well-led?

Our findings

Our previous inspections in March 2015, July 2014 and October 2013 found that the provider's systems to monitor the quality of the service were insufficient. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities Regulations) 2014. We looked to see if improvements had been made. We found the requirements of this regulation had been met.

There were monitoring systems in place, such as evaluation of accidents and falls, and we found the provider was identifying issues and taking action to resolve them. For example, we saw a record indicating a new fly screen had been provided in the kitchen and pressure mats were provided where a risk of falls in bedrooms had been identified. We also found checks on infection control practice and procedures had resulted in improvements to the cleanliness of the home.

We found the provider had gathered people's views on the service. Surveys had been sent in August 2015 and meetings for relatives had occurred in September 2015. These showed people and their families were generally satisfied with the care provided. External health and social care professionals had also responded in a survey and these commented on improvements to the service. One survey said the service "Has improved no end." The provider used people's comments and opinions to assess the quality of the service.

The manager had registered with the Care Quality Commission, as legally required, since our previous inspection in March 2015. They had notified the Commission of important events and incidents affecting the service. Records were stored securely. The provider therefore met their legal obligations.

People we spoke with, their relatives and the staff team thought the manager had made a difference to the service. One person told us "She is an absolute star, 100%" and we saw comments on a survey stating the manager had made improvements. Staff were pleased with the support they received and one said "The manager is very approachable".

All the staff we spoke with knew about the provider's whistleblowing policy and how this could be used to share any concerns confidentially about people's care and treatment in the home.

The manager described the support they received from the provider as good. There was a senior management team in place to support the manager, including senior care staff, qualified nurses and a deputy manager. The manager told us she had worked hard to ensure a stable staff team to maintain consistent care. They had achieved this by arranging training, providing guidance and support, acknowledging hard work and good practice and giving people responsibility for their roles. As a result staff morale had improved and we found staff we spoke with were motivated to provide good care and support to people and wanted to enhance their skills and knowledge. The provider was ensuring good leadership and guidance was available to staff.

Staff were aware of their roles and responsibilities to the people they supported. They spoke to us about the open culture within the service, and said they would have no hesitation in reporting any concerns. They were also confident that they would be listened to, by the manager, and any issues acted upon, in line with the provider's policy.

Records showed that staff supervision took place and gave staff the opportunity to review their understanding of their job role and responsibilities to ensure they were adequately supporting people who used the service. Staff told us this was useful and were positive about their job role. One staff member said "We definitely get listened to". Staff received appropriate guidance to ensure they could meet people's needs.

The manager and deputy manager told us they were continuing to develop better links with the community and were now actively involved in community projects, such as the local agricultural show. The manager also maintained professional contacts with relevant agencies such as the local authority and local medical centres. The provider therefore ensured there was an open culture that was inclusive.