Advinia Care Homes Limited

# Burrswood Care Home

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Inadequate |

| | |
|---|---|
| Is the service safe? | **Inadequate** |
| Is the service responsive? | **Inadequate** |
| Is the service well-led? | **Inadequate** |

# Summary of findings

## Overall summary

About the service
Burrswood Care Home (known as Burrswood) is a nursing and residential care home providing personal and nursing care to 100 people aged 65 and over at the time of the inspection. The service can support up to 125 people.

Burrswood has four separate units, Dunster (general nursing), Peel (dementia nursing), Crompton (residential) and Kay (dementia residential). Most bedrooms had an ensuite toilet and shower and each unit had their own adapted facilities.

People's experience of using this service and what we found
There was a significant difference in the quality of the care, staffing, care plans and use of electronic medicines system between the two nursing units (Peel and Dunster) and the two residential units (Crompton and Kay).

There was an over reliance on agency care staff and nurses on the nursing units. One nursing unit had not had a consistent unit manager for three years, the other had a new unit manager after having a vacancy for six-months. The agency staff needed guidance as to the support people needed and were unable to write or review people's care plans. This meant the guidance for staff on people's support needs was not written for new admissions or reviewed for people already living at the home.

The residential units had a stable staff team and long-standing unit managers. Staff knew people and their support needs. Care plans were written and reviewed.

People received their medicines as prescribed. However, on the nursing units the electronic medicines system tablet stock levels were not accurate. This was due to agency nurses not being able to use the system correctly when booking medicines in. We were told additional training had been arranged for regular agency nurses. The electronic medicines system was accurately being used on the residential units.

The providers quality assurance system was not being robustly used. The system showed audits were being completed; however, the manager, clinical services manager and Advinia quality manager all said that care plan and medicines audits had not been fully completed in September and October 2021 for the two nursing units (Peel and Dunster). Actions identified from the audits were not being completed. A new home manager had recently been appointed and was in the process of prioritising the actions that needed to be completed.

Staff were safely recruited. The home was clean, infection control procedures were in place and the home was following current government guidelines for staff testing and visitors to the home.

People's advanced wishes for the end of their lives did not contain much detail. A complaints policy was in place. Informal complaints had not been responded to.

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

Rating at last inspection (and update)
The last rating for this service was requires improvement (published 12 January 2021) and there was one breach of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had not been made and we also found additional breaches of regulations.

The service has now deteriorated to inadequate. This service has been rated requires improvement or inadequate for the last four consecutive inspections.

Why we inspected
We received concerns in relation to staffing levels, people's care needs not being met and governance at the home. As a result, we undertook a focused inspection to review the key questions of safe, responsive 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.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.
The overall rating for the service has changed from requires improvement to inadequate. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvement. Please see the safe, responsive and well led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Burrswood Care Home 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 have identified breaches in relation to the lack of guidance for staff in how to meet people's needs, the lack of a robust quality assurance system, the over reliance on agency staff and the long-term lack of unit manager on one unit, the lack of meaningful activities for people to be involved in, the incorrect inventory levels in the medicines system and the lack of detail for people's advanced wishes.

Please see the action we have told the provider to take at the end of this report.
Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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

We always ask the following five questions of services.

**Is the service safe?**

Inadequate

The service was not safe.

Details are in our safe findings below.

**Is the service responsive?**

Inadequate

The service was not responsive.

Details are in our responsive findings below.

**Is the service well-led?**

Inadequate

The service was not well-led.

Details are in our well-Led findings below.

# Burrswood 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
Two inspectors completed the first day of the inspection. One inspector returned for a further two days. An Expert by Experience made telephone calls to people's relatives. 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
Burrswood 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 new manager in post who was in the process of registering with the Care Quality Commission. This means that they will be, along with the provider, legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
The first day of this inspection was unannounced.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We had also completed a Direct

Monitoring Call with the provider in October 2021 when we discussed key areas of the service and the support they provided. We used all of this information to plan our inspection.

During the inspection
We spoke with five people who used the service and eight relatives about their experience of the care provided. We spoke with 15 members of staff including the manager, clinical support manager, residential home manager, unit managers, nurses, senior care workers, care workers, provider quality manager, provider regional support managers and the area director. 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.

We reviewed a range of records. This included nine people's care records and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including quality assurance, complaints and safeguarding were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and additional quality assurance records.

Inadequate

# 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 focused inspection this key question was rated as requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

Staffing and recruitment

● There was a reliance on agency nurses and care staff on the two nursing units (Dunster and Peel). This had affected staff morale on these units, with staff having to explain and guide agency staff as to the support people needed. The rotas showed staff numbers were deployed, but due to the number of agency staff being required, they were not meeting people's needs. One member of care staff said, "We're always running on agency who often haven't been before. The agency staff are constantly coming to you to ask what to do. When we have our own staff in it is more manageable."

● Dunster nursing unit had not had a stable unit manager for a period of three years. Unit managers had been recruited but had not stayed in post for more than a few months at most. A new unit manager had recently been appointed for Peel nursing unit after a six-month vacancy. This meant there had not been consistent support for these units as the clinical support manager and residential manager had been covering these roles as well as their own.

● Feedback from relatives for Dunster unit was that their relatives did not get the support they needed, for example with personal care, as the staff were so busy, and the agency staff did not know people's needs. One relative said, "The agency staff are not qualified and can't speak English. [Name] is incontinent and her needs are not addressed. I visited on Saturday and once I had got into the entrance there was no staff visible. I could hear people calling out 'can you help me'" and another told us, "[Name] always looks dishevelled and unclean, breakfast down his clothing, unshaven, teeth not cleaned. I have spoken to the management but there has been no improvement, I am so disappointed to see him in this state."

● We were told staffing levels had been increased on the nursing units by the area director after the last registered manager left.

● We were told there was not always a nurse on duty for the nursing units mainly due to agency nurses not arriving at the home. On the first day of our inspection this occurred and the clinical support manager was the designated nurse for one unit. However, due to their other work commitments they spent very little time on the unit themselves.

The lack of sufficient suitably qualified staff for the nursing units was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

● The residential units (Crompton and Kay) had a more stable staff team, including unit managers, and consequently had better morale. There was currently a lack of senior night staff for one unit which was impacting on the day seniors as they had to administer all medicines prior to completing their shift, which took them away from other duties. We were told this was currently manageable and new staff were in the process of being recruited.

● Feedback from relatives was positive for these units. One relative said, "[Name] is really happy. She loves her carers and feels very safe. I have no complaints. There are plenty of staff and all her needs are met."
● Staff were safely recruited, with all pre-employment checks completed prior to new staff starting work.

Assessing risk, safety monitoring and management
● For the two nursing units, guidance was not provided for staff to manage the identified risks and reduce the risk of avoidable harm. For example, one person had moved in over two weeks prior to our inspection with leg wounds. The assessment for the risk of developing pressure sores was rated as high, but no skin integrity or re-positioning care plan was in place to manage this risk.
● Some people living with dementia may become anxious and agitated. One person had moved to the home four days prior to our inspection. The assessment information from the Clinical Commissioning Group (CCG) stated they 'may become agitated and need three staff to support them.' There was no behaviour assessment or corresponding positive behaviour plan in place to guide staff how to support this person. There had been two incidents involving this person since they had moved to the service.
● On the two nursing units, risk assessments and the guidance to manage the known risks were not reviewed each month. Senior carers and nurses told us they did not have the time to complete the assessments for new people moving to the service and review existing people's risk assessments. This was due to the number of agency nurses and senior care staff being deployed on the nursing units who were not able to write or review the risk assessments. This meant they all fell to the permanent nurses and care staff, who did not have the time to complete these as well as complete their other duties.

This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

● The risk assessments and associated guidance was in place and reviewed for the residential units.
● Equipment within the home was regularly checked by members of staff and was serviced in line with national guidance.

Using medicines safely
● A new electronic medicines' system (Emar) had been introduced at the home. We found people received their medicines as prescribed.
● However, the stock inventories we checked on the nursing units were not correct. For example, one person had 21 tablets in stock but the Emar inventory was minus seven.
● Two members of the provider's quality team spent three days on one unit correcting the inventories. We were told the issue was how medicines were booked into the system when they were delivered. The agency nurses were not completing this correctly as they were not fully conversant with the Emar system. The Advinia quality manager told us additional training had been arranged for the regular agency nursing staff.
● One person was having their medicines administered covertly by crushing them. The tablets labels stated they had to be taken whole. Crushing a tablet may change its efficacy. Advice had not been gained from the pharmacy that the medicines could safely be crushed.
● Care staff applied topical creams when prescribed. However, on Dunster nursing unit we were told they were no longer recording when they had done this as the electronic care planning system 'icon' had been removed. Staff on other units told us they were recording when they applied the topical creams.

This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Preventing and controlling infection

● The home was clean throughout, with cleaning schedules in place. Staff were observed using appropriate PPE and were taking part in weekly COVID-19 testing. People living at the home completed a test every month.
● Current government guidelines were being followed for any visitors to the service. All visitors had to have a COVID-19 test prior to visiting the home.
● People moving to Burrswood had a COVID-19 test prior to moving and government guidelines were followed for isolating after first moving in.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong
● Staff had completed training in safeguarding vulnerable adults and explained how they would report any concerns directly to the nurse or senior carer.
● An electronic safeguarding and incident reporting system was in place. The manager reviewed all incidents. The system generated actions and observations to be completed depending on the type of incident being reported. Where an investigation into the incident was carried out, the learning outcomes were recorded.
● The system also prompted referrals to be made to the local authority safeguarding team where this was required.

Inadequate

# Is the service responsive?

## Our findings

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

This key question was not inspected at the last focused inspection published January 2021. At the last comprehensive inspection published in April 2020 this key question was rated as requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant services were not planned or delivered in ways that met people's needs.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- For the nursing units (Peel and Dunster), people's care and support plans were not regularly reviewed. Care and support plans had not been written for people who had recently moved to Burrswood. This meant care staff did not have the information they needed to meet people's care needs. A senior carer said, "We do the resident of the day (when a person's care plans are reviewed) but we've got behind due to the turnover of service users and having to write the new care plans for them" and "Most people need two staff to support them. With four staff they can support two residents and there's no one else to answer the buzzers. I often end up doing this but I've also got care plans to do."
- The electronic care planning system was not being used to prompt and record the support people required. For example, the planned care for re-positioning and welfare checks were not entered on to the system to prompt staff to complete and record these were being completed.
- On the nursing units continence assessments were not being completed in a timely way as the senior carers and nurses said they did not have the time to do them. One senior said, "The issue is the three-day continence assessment which is needed before they can get a prescription. We can be too busy to do them; there's 10 to assess at the moment. We have enough continence pads as the home provides them if needed."

This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- For the residential units (Crompton and Kay) the care and support plans were in place and reviewed monthly. One relative said, "I have read and discussed [Name's] care plan. They (the staff) ring me when they need to."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Communication plans were used to identify people's communication needs and how staff could support them to communicate more effectively, including gestures where applicable. However, as identified above

these were not always written or reviewed in a timely way on the two nursing units.
● At a previous inspection in February 2020 we were told photograph food menus were being introduced to assist people choose what they wanted to eat. These were sent to the inspector following the inspection.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At the last focused inspection, we only looked at the safe and well led key questions. The lack of activities for people to take part in was reported within the well led key questions. At this inspection improvements had not been made.

● There continued to be a lack of activities for people to be involved with. This is an ongoing issue that CQC first reported on in our inspection in December 2018.
● There was one full time activity officer and one part time to arrange activities for 100 people across four units. A plan of activities across the week was in place. However, many people were living with dementia or nursed in bed and needed one to one activities as they were not able to take part in group activities. One person said, "There are activities sometimes. I like the bingo but we don't do it as much as we used to."
● Staff on the residential units said they tried to organise activities in the afternoons when it was a bit quieter, however this was not always possible.

The lack of activities being arranged and engagement with people was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Relatives were able to visit the home following the governments COVID-19 guidance. Visitors needed a lateral flow tests and wear appropriate PPE.

Improving care quality in response to complaints or concerns
● A complaints system was in place. Formal complaints had been investigated and responded to.
● Two relatives told us they had raised concerns previously with the home, but improvements had not been made. These informal complaints had not been recorded or addressed to the satisfaction of those raising the concern. One relative said, "I have complained in the past, but didn't get a response."

End of life care and support
● Advanced care plans were found to be brief and generic; stating that the person's family would be involved in any decisions about the person's end of life wishes and people wanted to be comfortable.
● One person was noted as needing palliative care but did not have a 'death and dying' care plan in place. This meant care staff did not have guidance for supporting this person with their end of life care.

This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Inadequate

# 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 focused inspection this key question was rated as requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The computerised quality assurance system scheduled audits, including care plans, medicines, infection control and health and safety for each unit. However, this system was not being used robustly. The system showed that audits had been completed; however, the manager, clinical services manager and Advinia quality manager all said that care plan audits had not been fully completed in September and October 2021 for the two nursing units (Peel and Dunster). The care plan audits we saw for the nursing units showed a low level of compliance. We were also told the medicines audits were not always being robustly carried out. Actions identified from the audits were not being completed.
- The manager, clinical services manager and area managers knew care plans were not being written for new admissions or reviewed for people living in the nursing units. However, new admissions were still being accepted into these units meaning more care plans had to be written. As detailed in the safe section, agency nurses and seniors were not able to write or update the care plans resulting in the permanent staff not having sufficient time to do them all. Additional resources had not been made available to resolve this issue.
- The manager and the Advinia quality manager told us they were not aware of the issues with the medicine's inventories detailed in the safe domain. This meant the medicines audits were not being robustly completed to identify these shortfalls.
- There had been long standing managerial vacancies at Burrswood. This included the unit manager for Dunster and regular changes in registered managers. The current manager was the third manager in two years. This meant the clinical support manager and residential home manager had covered for these vacancies, taking them away from their own roles and leading to tasks not being completed.
- The area director and regional support managers had supported the home whilst a new home manager was recruited, being present at the home each day. However, this did not resolve the practical issues of the lack of suitably qualified staff to write the required care plans and manage the medicines system.

The failures to complete audits, action known issues and ensure suitable day to day management support was available was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The new manager was an experienced manager and recognised the management team needed support to understand their roles within the home.
- A weekly clinical meeting was used to monitor key issues, for example falls, weights loss and wound

management. A monthly report was created which the manager reviewed to ensure all incident reports had been completed and referrals to other professionals had been made where needed.

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

● Staff morale was low on the nursing units due to the ongoing use of agency staff. This affected the provision of care and support people received. The manager was aware of this and was in the process of recruiting additional care staff.

● We were told that the nursing unit audits had not been completed as it was known they would show shortfalls and the result would be a lot of actions for staff to complete. This highlighted a negative culture within parts of the home. We discussed this with the manager and quality manager who said they would want all audits to be completed so appropriate actions plans could be put in place.

● The manager was using meet and greet sessions to encourage members of staff to come to speak with them. They were also planning to hold staff meetings and a virtual relatives meeting.

● The provider issued annual surveys for relatives and staff. The responses were collated centrally, and a report sent to the manager. A staff survey had been completed in July 2021, with variable feedback about staff support and morale.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The manager was experienced in managing care homes and understood their legal responsibilities.

● The CQC and local authority were notified appropriately of any incidents at the service.

● The management team had improved their response times when the local authority safeguarding team requested additional information from the home.

Working in partnership with others

● Burrswood worked with a range of other professionals, including district nurses and GPs. The manager said the GPs were visiting the home when requested. A relative told us, "The carers are very good at communicating with the GP, health services, chiropodist and always ring me to inform me about [Name's] medical needs."

● The home was working with the local authority commissioning and safeguarding teams.

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<br><br>Treatment of disease, disorder or injury | Regulation 9 HSCA RA Regulations 2014 Person-centred care<br><br>Care plans and people's planned care was not written in a timely way or regularly reviewed on the nursing units. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br><br>Treatment of disease, disorder or injury | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>On the nursing units guidance for managing identified risks was not written for people moving to the home in a timely way or regularly reviewed.<br><br>The medicines inventory levels on the electronic medicines system were inaccurate. Topical creams were not always recorded when they had been applied. |

This section is primarily information for the provider

# Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br><br>Treatment of disease, disorder or injury | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>Quality assurance systems were not being robustly used. Care plan and medicines audits had not always been completed. Where issues had been identified, actions had not been completed in the set timescales.<br><br>Long standing staffing vacancies at the home (care staff, nurses and unit managers) had not been addressed.<br><br>Not enough activity staff were employed to provide social activities for people living in the home ,especially those being care for in bed or living with dementia who needed more one to one activity support. |

**The enforcement action we took:**

Warning Notice issued

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br><br>Treatment of disease, disorder or injury | Regulation 18 HSCA RA Regulations 2014 Staffing<br><br>There was a lack of sufficient suitably qualified staff for the nursing units and an over reliance on agency care staff and nurses. |

**The enforcement action we took:**

Warning notice issued