

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?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Burton Closes Hall Care Home is a residential care home providing accommodation for up to 58 people who require nursing or personal care. This includes both older and younger adults who may be living with dementia and/or a physical disability. At the time of this inspection there were 27 people living at the service, including 17 people receiving nursing care. This included 2 people with learning disabilities, whose primary care needs related to their physical health conditions. The service provides single room accommodation, including some en-suite, over 2 floors within 1 adapted building.

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

Risks to people's safety associated with their environment, health condition and any equipment used for their care, were effectively managed and mitigated. People's medicines were safely managed to ensure people received their medicines when they should.

The provider was meeting key principles for infection prevention, control and cleanliness at the service, including for COVID-19. The provider's safeguarding, emergency contingency planning and staffing measures, helped to ensure people's safety and protect them against the risk of harm or abuse.

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.

We expect health and social care providers to guarantee people with a learning disability, respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting any person with a learning disability and providers must have regard to it. The service was able to demonstrate how they were meeting the underpinning principles of Right support, Right care, Right culture to ensure people's needs could be fully met.

The provider's governance arrangements were now wholly effective, to regularly check the quality and safety of people's care and ensure timely service improvement, when needed.

The service was well managed. Managers and staff understood their individual role and responsibilities for people's care and regulatory requirements were being met. Related communication, reporting and record keeping procedures, helped to ensure this.

There was an open, positive and inclusive culture at the service, where people felt they mattered and staff were supported and motivated to provide people's care in the right way.

The provider worked in partnership with people, relevant authorities, care partners and others with an

interest in people's care at the service. Related consultation and feedback was used to help inform and improve the service, when needed.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published: 12 August 2022) and there were breaches of regulation. The provider completed an action plan following the last inspection; to show what they would do and by when, to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. We checked whether the Warning Notice we previously served, regarding a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, had been met. This report only covers our findings in relation to the Key Questions Safe and Well-led, which contain those requirements.

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.

For those key questions not inspected, we used the ratings awarded at the last full comprehensive inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Burton Closes Hall Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

<b>Is the service safe?</b>	<b>Good</b> ●
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The service was safe.  Details are in our safe findings below.	
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<b>Is the service well-led?</b>	<b>Good</b> ●
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The service was well-led.  Details are in our well-led findings below.	
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# Burton Closes Hall Care Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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 Health and Social Care Act 2008.

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

The inspection team consisted of 2 inspectors.

#### Service and service type

Burton Closes Hall Care Home is a 'care home' with nursing care. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement, dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

## Notice of inspection

This inspection was unannounced.

## What we did before the inspection

We reviewed information we received about the service. We sought feedback from local authority care commissioners who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and any improvements they plan to make. We used all this information to plan our inspection.

## During the inspection

We spoke with 6 people who used the service and 2 relatives; 1 nurse, 3 care staff, including 1 senior, an administrator, a cook, a cleaner and maintenance person. We also spoke with the registered manager and 1 operations manager for the provider.

We observed how staff interacted with people and reviewed a range of records. This included 6 people's care plans, multiple medicines records, complaints, staffing and other management records. This included meeting minutes, equipment maintenance records and audits, along with some of the provider's operational policies for people's care and safety. Following this inspection, we continued to seek clarification from the provider, to validate evidence found.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection, people were at risk from unsafe care and treatment because the registered provider had failed to fully ensure the proper and safe management of people's medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People's medicines were safely managed to ensure people received their medicines when they should.
- Staff responsible for giving people's medicines were trained and competency checked to make sure they were safe to do so. We observed staff giving people's medicines and saw they made appropriate checks and records, to ensure people's medicines were safely given and accounted for.
- Medicines protocols were used in line with nationally recognised guidance when needed for 'as required' medicines, which staff understood to follow. For example, to enable people to receive pain relief medicines when needed, who were not able to request this themselves, because of their health condition, such as dementia.
- The provider's medicines' policy for staff to follow, included safe arrangements for people to manage their own medicines, if they chose and were assessed as safe to do so. There was no person managing their own medicines at the time of this inspection.

### Assessing risk, safety monitoring and management

- Risks to people's safety were effectively identified and managed.
- Staff understood risks to people's safety associated with their health condition, environment and any care equipment used.
- This information was recorded in people's care plans, which were accurately maintained, kept up to date and included any related safety instructions from external health professionals, when needed for people's care. For example, to ensure people's safety in relation to their mobility, skin care and nutrition. Regular management monitoring of people's care plan, helped to consistently ensure this.
- Emergency contingency plans, fire safety measures and health incident procedures were confirmed as in place, which staff understood to follow in any event. Such as, following a utility failure, fire alarm or a person's fall or sudden health deterioration.
- People and relatives felt people's safety needs were being met at the service. Their comments included, "Yes, I am safe and happy here." "Burton Closes Hall Care Home is a safe, therapeutic community."

Systems and processes to safeguard people from the risk of abuse

- People were protected against the risk of harm or abuse within the service.
- Staff were trained and knew how to recognise and report the witnessed or suspected abuse of any person receiving care at the service.
- Information on how to recognise and report abuse was visibly displayed for people and visitors, which they understood.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.'

Staffing and recruitment

- Staff were safely recruited and effectively deployed, trained and supported.
- Required pre-employment checks were obtained before staff began to provide people's care at the service.
- We observed people's care was effectively organised for their safety, with sufficient staff numbers and skill mix to help ensure this. Following a successful staff recruitment and training drive since our last inspection; effective team working and a reduced use of agency staff, from 80% to 10% was achieved. When needed, the same named agency staff were deployed to promote continuity for people's care at the service.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

The provider followed current government guidance concerned with visiting in care homes. People's rights to family life and to receive visitors were being met.

Learning lessons when things go wrong

- Management monitoring and analysis of any health incidents, helped to inform or improve people's care



and prevent any further reoccurrence when needed for their safety.

- Following a recent post incident management review, the provider had introduced a nationally recognised 'early warning' health deterioration and escalation tool, which staff knew to follow. This helped to ensure people's timely referral to external health professionals when needed for their safety.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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 our last inspection the provider's governance arrangements did not consistently ensure effective risk management, service improvement and related decision making, when needed for the quality and safety of people's care. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we checked if the provider had met the requirements of the warning notice, we previously served regarding the breach of Regulation 17. Enough improvement had been made and the provider was no longer in breach of Regulation 17.

- The provider operated effective governance and oversight arrangements for the quality and safety of people's care and to ensure timely service improvement, when needed.
- We found improvements in the provider's arrangements for people's medicines and nutrition; staffing and environmental safety, including emergency contingency planning and infection prevention and control measures. And, to consistently ensure the Mental Capacity Act (MCA) 2005 was being followed for people's care.
- Risk management strategies were identified and consistently followed, in accordance with the provider's quality assurance and auditing policy.
- Improvements were demonstrated, with regard to management communication, decision making and accountability for people's care, including related record keeping.
- There was a registered manager for the service. Both they and staff we spoke with, understood their role and responsibilities for people's care. Staffing systems, including supervision, performance monitoring and appraisal helped to ensure this.
- Staff were motivated, happy in their role and positive regarding service improvements made since our last inspection. Their feedback included, "Communication, training, management and support is much better, in fact it's really good." "We have clear procedures in place for care; it's organised and safe; we know what we are doing, why and what's expected."

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

- There was a relaxed, welcoming and friendly atmosphere at the service. Staff were kind, caring and interacted with people in a supportive, respectful manner. Staff had good relationships with people, knew them well and regularly provided care in an individualised way.
- People and relatives views were sought to help inform and improve people's care when needed. Mealtime experience and arrangements for social and recreational activities had been subject to review since our last inspection, in response to people's changing needs and requests, which people were happy about.
- People's equality characteristics were assessed and considered to inform their care. For example, in relation to people's secondary care needs within the service, such as any individual learning disability or mental health needs. Relevant guidance regarding people's health conditions was provided for staff to follow alongside people's individual care plans. Nationally required key learning disability training along with additional bespoke training was also assured.
- Staff knew how to communicate with people in the way they understood. This included the individual use of relevant information technology equipment, when needed.
- People, relatives and staff were positive regarding the culture, management and care outcomes at the service. A staff member said, "I can't fault [registered manager] - always listens and is really respectful and supportive; there's good teamwork." Another told us, "[Registered manager] is brilliant, the home ethos is much more inclusive; It's all about the residents, what important to them, how to communicate and what helps with any emotional distress."
- One person recently bereaved, said, "I have staff who help me talk through things, it's really helping me a lot." A relative told us, "I would like to put on record our wholehearted endorsement of the care [person] has received; the consultant neurologist is amazed at [person's] progress; Since coming the Burton Closes Hall Care Home, they can now speak again, play Scrabble and fill in the crossword, manoeuvre out of an armchair and walk a few yards with their walking frame."

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 provider understood their duty of candour. They had sent us written notifications when required to do so, following any important incidents when they happened at the service.
- Related management records we looked at, showed appropriate action was taken to ensure the quality and safety of people's care. This included any remedial measures when needed, to help prevent any reoccurrence.

Working in partnership with others

- The provider worked in partnership with relevant authorities, educational providers and external health and social care partners. This included for information sharing purposes regarding people's care and treatment.