

Burlington Care Limited

Bessingby Hall

Inspection report

Bessingby
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Ratings

| | |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service effective? | Good ● |
| Is the service caring? | Good ● |
| Is the service responsive? | Good ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

About the service: Bessingby Hall is a care home. The service accommodates 65 people in one adapted building. 26 people were receiving personal care across two separate units, each of which had separate adapted facilities. One of the units specialises in providing care to people living with dementia.

People's experience of using this service:

A new registered manager had recently been employed. This had led to further improvements to those started by an interim management team. The registered manager provided a consistent presence which gave people and staff confidence in the service.

Staff were up to date with training which gave them confidence in their abilities and led to more positive outcomes for people who used the service.

Recruitment of staff now followed the company policy reassuring people that staff were suitable to work in this environment.

Quality monitoring had been improved giving a much better overview of what was happening at the service day to day. Improved systems meant the senior leadership team could access information immediately. As a result any identified issues can be dealt with immediately and should lessen any impact on people who use the service and staff.

Where staff noted a concern they quickly involved healthcare professionals. This included support to manage people's healthcare conditions and any areas of risk.

Staff were aware of people's life history and preferences. They used this information to develop positive relationships and deliver person centred care.

People told us they felt well cared for by staff who treated them with respect and dignity. They felt that communication had improved and were pleased with the support they received.

Rating at last inspection: Requires Improvement (Published November 2018)

Why we inspected: The last comprehensive inspection took place in October and November 2017 where we found breaches of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. The breaches were in Regulations 12 (Safe care and treatment, 13 (Safeguarding service users from abuse and improper treatment), 14 Meeting nutritional and hydration needs), 17 Good governance and 19 Fit and proper persons employed.

Following that inspection, we asked the provider to complete an action plan to show what they would do

and by when to improve the key questions safe, effective, caring responsive and well led to at least good.

To check that improvements outlined in the action plan were being made and check people were safe we had carried out three focused inspections in February, April, and September 2018. At the focused inspections all the breaches found at the comprehensive inspection of October/ November 2017 had been met and so there were no outstanding breaches when we carried out this inspection.

At this inspection we were able to check whether or not the improvements had been sustained and we found that they had.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well led findings below.

Good ●

Bessingby Hall

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team: The inspection team was made up of two adult social care inspectors, one bank inspector and an expert by experience; An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was older people and dementia.

Service and service type: Bessingby Hall is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

This inspection was unannounced.

What we did:

We reviewed information we had received about the service since the last inspection. This included notifications about incidents. We sought feedback from health and social care professionals. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with seven people who used the service and five relatives to ask about their experience of the care provided. 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 spoke with five members of staff including a cook, care workers, a senior care worker and the deputy manager. We also spoke with the registered manager and a director during the inspection.

We reviewed five people's care records and medication records. We also looked at three staff recruitment and training files. We reviewed other records relating to the running of the service such as meeting minutes, quality assurance documents and servicing and maintenance records.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

- People and their relatives told us the service was safe. Comments included, "The staff check on me regularly so I feel safe here"; "I have a sensor mat so the staff know if I am in my room or not, if it goes off they come and check" and, "There are always staff in the lounge (on the dementia unit) so people who used the service are never left alone."
- The provider had a safeguarding policy in place which they followed. Safeguarding concerns had been reported to the local authority and acted upon. These had reduced considerably during the last 12 months.
- Staff could explain what action to take to ensure people were safe and protected from harm and abuse and they had received recent training.

Assessing risk, safety monitoring and management

- Regular safety checks took place to help ensure the premises and equipment were safe. Fire risk assessments and emergency plans were in place for staff to follow, including personal emergency evacuation plans for each person. Servicing and maintenance of equipment was up to date.
- Care plans contained appropriate assessments of risk to people and provided instructions to staff to reduce the likelihood of harm to people when being supported.

Staffing and recruitment

- Recruitment checks were conducted prior to staff starting work, to ensure they were suitable to work with vulnerable people. Staff were asked to declare any cautions or convictions annually. Some recruitment checks had been repeated to ensure the provider had all the available information they required.
- There were sufficient staff on duty to support the needs of the people living at the service and keep them safe.

Using medicines safely

- Staff completed medication training and competencies had been checked. We observed one staff member administer medicines and we spoke with them about the management of medicines. They told us they had had received medicines training and two competency checks within 16 months; one by the company trainer and one by the registered manager.
- We observed good management and security of medicines. Storage facilities were kept locked and only trained members of staff had access to the medicines.

Preventing and controlling infection

- The service had systems in place to control and prevent infection. The infection control and prevention nurse had made several visits over the previous 12 months. At their most recent visit in September 2018 although they had identified some cleaning issues the service had made substantial improvements. We saw

that the service was clean and tidy.

- Staff were observed using good infection control and prevention practices such as hand washing and wearing personal protective equipment such as gloves.

Learning lessons when things go wrong

- Following events over the last two years when things had gone wrong at the service the registered manager now had a system in place to report, record and monitor incidents. They now used these as learning opportunities to try and prevent future occurrences. They discussed incidents at daily meetings with staff and encouraged staff to discuss how re-occurrence could be prevented.
- Risk assessments and care plans were reviewed following incidents and updated.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment, and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care needs were assessed and care plans reviewed regularly.
- Where appropriate there was guidance for staff within people's files which reflected good practice guidance. An example of this was advice from the speech and language therapists when people required textured diets.

Staff skills, knowledge and experience

- Staff were competent, knowledgeable, and skilled. They carried out their roles effectively. One person who used the service told us, "The staff are very professional" and a relative told us, "Staff have the right skills and they are learning all the time."
- Staff had completed an induction and had received for supervision and appraisal. The registered manager and deputy carried out staff supervision

Supporting people to eat and drink enough with choice in a balanced diet Eating, drinking, balanced diet

- People had choice of food and drink throughout the day; food was well presented and people told us they enjoyed it. One person told us, "Excellent food, one of the best things about being here."
- Where people were at risk of poor nutrition and dehydration staff used risk assessment tools and followed the guidance within the tool involving professionals where required.
- Where people required their food to be prepared differently because of medical need or problems with swallowing this was catered for.
- People were well supported by staff at meal times particularly where people required encouragement to eat their food. One person needed a puréed diet and had to be sat at a 45-degree angle to eat their meal. Staff were aware of this and the person received the correct meal and support.

Staff working with other agencies to provide consistent, effective, timely care.

- Where people required support from healthcare professionals this was arranged and the staff followed any guidance provided. Information about the person was shared with other agencies if they needed to access other services such as hospitals.
- There was a record of all visits by professionals in each person's care record. We saw that some people received regular support from district nursing staff

Adapting service, design, decoration to meet people's needs

- The registered manager used an evidence based tool which helped them understand if the service was dementia friendly. Although some work had been done particularly with access to outside space, the

registered manager knew more needed to be done. Support for people living with dementia to orientate themselves and find their way around the premises was successful.

- The premises had sufficient amenities such as bathrooms and communal areas to ensure people were supported.
- Technology and equipment was used effectively to meet people's care and support needs. For example, people used sensor mats to alert staff that they needed support.

Ensuring consent to care and treatment in line with law and guidance

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff ensured people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- Information was provided in a way that suited people's needs, with family, friends and advocates involved where appropriate.
- Where people were deprived of their liberty, the registered manager worked with the local authority to seek authorisation to ensure this was lawful.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- We observed staff being kind and caring. They spoke to people in a pleasant, friendly manner. Staff showed us, through their conversations with people and in their answers to our questions, how well they knew people. They were calm, patient and spoke to people in a respectful manner.
- People were observed to be happy and comfortable in the presence of staff. We heard one person laughing and joking with staff.
- People and their relatives commented, "They [staff] are very nice people" and "The staff are very good to me." Relatives told us, "They are so gentle with [Relative]. They keep him covered up, they are so bothered about protecting his dignity" and, "The care here is unbelievable. All the staff are lovely I can't fault them."
- Each person was asked about their life history to assist staff in understanding how to meet their needs effectively. Some people had a 'This is Me' document completed which gave a more detailed history. This enabled staff to respond to people as individuals.
- People's relatives were welcomed into the home with no restrictions on the times they could visit.

Supporting people to express their views and be involved in making decisions about their care

- We saw that people had signed consents in care records. Staff sought people's consent before giving them any support and asked what they wanted to happen.
- Staff welcomed the use of advocates and knew how to access advocates if needed. Advocates represent the interests of people who may find it difficult to be heard or speak out for themselves. Where people had a DoLS in place an advocate or representative had been allocated by the local authority.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected their privacy and dignity. We saw that staff were careful to knock on doors before entering rooms and close doors when assisting people.
- Staff were sensitive to people's needs taking account of their preferences and encouraging them to be as independent as possible.
- People were encouraged to spend time as they wanted and were supported in doing so by the staff where necessary.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that services met people's needs

People's needs were met through good organisation and delivery.

Personalised care

- Staff used the information people had given them about their preferences to give care and support in the way people chose. For example, one person was taken outside by staff for a cigarette in line with their care plan and wishes.
- People's needs had been identified and these were regularly reviewed. Where people had protected characteristics, adjustments had been made. For example, where people had a disability the provider worked with them to manage their needs and adjusted their ways of working so people were not disadvantaged in any way.
- There was a programme of planned activities in groups and individually. One person who used the service told us, "I try and join in; they do movement and things" and another said, "One staff goes to the shops with me or out for a drive." A relative told us, "My [relative] loves to play dominoes so they get him to do that."

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure in place and this was displayed around the service.
- We could not see all actions that had been undertaken for one complaint but saw the registered manager had referred the complaint to another department within the service. The registered manager told us the complaint had been resolved. We discussed the importance of completing records to ensure everyone was aware of the actions taken.
- People and relatives knew how to make complaints should they need to. They told us they believed they would be listened to.

End of life care and support

- People were supported to make decisions about their preferences for end of life care, and staff worked with the appropriate professionals when necessary. In one person's end of life care plan staff had noted the contact details of district nurses and Macmillan nurses and had recorded any contact with them.
- Staff followed good practice for end of life care. We saw where a person was identified as being at the end of their life all decisions were reflective of this.
- The service had anticipatory or 'just in case' medicines on the premises to ensure people's symptoms could be managed as they arose and there was no delay in treatment.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Staff told us that they felt listened to. One staff member told us, "It makes such a difference having a good manager. The residents are so much happier, we are happier and the place feels happy."
- Leaders and managers demonstrated a commitment to providing high-quality care through improved engagement with everyone using the service and other professionals.
- The registered manager was new to the service. They had worked hard to implement new systems and processes to make further improvements to those already begun by the interim management team. The senior leadership team had now settled into their roles and were actively involved in the running and development of the service which had not happened in the past.
- The provider had recently introduced an electronic care system which staff had started to use. The registered manager was supportive of this and could use reports from this system to check areas of people's care and support. This gave them additional tools to check the quality of the support provided

Engaging and involving people using the service, the public and staff

- Leaders and managers encouraged feedback at residents and relative's meetings and through an open-door approach with people who visited the service. Relatives told us, "If I go down and mention something it is sorted out"; "They are much better now at keeping me updated. Communication has improved"; "What comes across all the time is the care and attention to detail " and, "The manager is always available."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and staff were all clear about their roles and responsibilities. The registered manager was accountable for staff and took their responsibility seriously. They held staff to account if their performance was not of the required standard. They were supervised and supported by a regional manager.
- The registered manager understood the need for robust quality assurance tools. They collected information about the quality of the service through audits, feedback and observation. Information was fed back to a regional manager in a monthly report. They used this information to update a risk management system which could be accessed by members of the senior leadership team. This gave a better overview of the service.

Continuous learning and improving care

- There was a culture of continually improving and staff were involved in discussions on where improvements were needed and how any improvements could be achieved.

- Learning had taken place following the serious concerns identified previously. The senior leadership team had improved their quality monitoring which meant better outcomes for people.

Working in partnership with others

- The service had good links with the local community and people used local amenities regularly.
- Staff worked with health and social care professionals and sought advice where needed. Professionals fed back to us that the service had made substantial improvements and they were satisfied it was managed more effectively.