Burlington Care Limited

# Bessingby Hall

## Inspection report

Bessingby
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## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |

| | |
|---|---|
| Is the service safe? | **Requires Improvement** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

We undertook an unannounced focused inspection of Bessingby Hall on 10 April 2018. This inspection was carried out following serious concerns raised by the local authority safeguarding team (ERYC) and Clinical Commissioning Group (ERYCCG) with CQC about safeguarding, medicine errors, no lessons learned and staff not following  policies and procedures.. We had already identified some of these areas of concern at our previous two inspections but since then ERYC and ERYCCG had carried out a joint investigation of the service which had led to them to re-assessing the risk level as high.

The team inspected the service against two of the five questions we ask about services: is the service safe and is the service well led. This is because these were the areas of concern and the  service was not meeting some legal requirements. We found continuing breaches of Regulations 12, 13, and 17 of the Health and Social Care Act 2008 (Regulated activities) 2014 at this inspection.

No significant changes were identified in the remaining Key Questions through our on-going monitoring or duringour inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating for this inspection.

Bessingby Hall 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.

Bessingby Hall accommodates up to 65 people providing accommodation and personal care to older people and those with a dementia. However, a change to the services registration conditions by CQC meant that currently they are unable to admit people to the service. There were 29 people living at the service on the day of the inspection but only 27 resident as two people were in hospital.

There was a manager employed at this service. The manager had only recently been recruited and was not registered with CQC. 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.

Staff understood the principles of safeguarding and were confident reporting issues to the manager. They had not always recognised risks to people or acted upon them but we saw improvement in this area.

There were sufficient numbers of staff to meet people's needs.

Records were not always up to date for each person. Care plans did not contain all the relevant information and there were gaps in recording on documents such as food and fluid charts.

There was a quality monitoring system which was been improved by the management team. Audits had been completed for some areas of care and this level of detail should now be reflected across all areas of the service.

The leadership and management of the service had recently changed and staff were positive about the impact of this. However, sufficient time had not elapsed to make sure leadership and management continued to improve.

The rating for Safe has changed from Inadequate to Requires improvement. The overall rating could not be changed because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service had improved to requires improvement. We found that action had been taken to improve safety.

There were sufficient staff to meet people's needs.

Risks had been more clearly identified and were now being acted upon.

Staff understood the principles of safeguarding and were now following the correct processes to ensure any concerns were investigated.

Although there continues to be medicine errors these are greatly reduced and the staff are now more competent in managing medicines.

### Is the service well-led?

**Requires Improvement**

The service was not consistently well led.

Although the leadership and management of the service had changed and some improvements made there were still areas of concern that needed to be addressed.

Quality monitoring was not fully effective. There were still areas for concern.

Records  contained errors or omissions and required updating in some cases.

# Bessingby Hall

**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 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.

We undertook an unannounced focused inspection of Bessingby Hall on 10 April 2018. This inspection was carried out to check that people were safe following serious concerns being raised by East Riding of Yorkshire Council (ERYC) and East Riding of Yorkshire Clinical Commissioning Group (ERYCCG). The team inspected the service against two of the five questions we ask about services: is the service well led, is the service safe? This is because the service was not meeting some legal requirements.

The inspection had been prompted when CQC was informed on the 6 April 2018 of the draft results of a safeguarding review carried out jointly by East Riding of Yorkshire Council (ERYC) and East Yorkshire Clinical Commissioning Group (ERYCCG). On 9 April 2018 the inspector and inspection manager attended a meeting organised by ERYC and ERYCCG and were given more detail around the concerns. We were made aware that care plans were not being followed and/or used appropriately to maintain the health, well-being and safety of residents, staff had not sought medical attention when people had fallen or were unwell in a timely way, there were a high numbers of medicines errors, and poor communication and leadership at the service. CQC were also aware of an on-going police investigation.

We did not inspect the other key questions. The ratings from the previous comprehensive and focused inspections for these Key Questions were included in calculating the overall rating in this inspection.

The inspection team consisted of two adult social care inspectors. Prior to the inspection we had gathered feedback from ERYC and CCG staff. In addition we reviewed all notifications and safeguarding referrals between January 2018 and the date of the inspection and the information from ERYC monitoring visits that had been shared with us. This assisted us in identifying themes we wished to inspect which corresponded with the themes identified by ERYC and ERYCCG. We did not ask the provider to complete a provider information record (PIR) for this inspection.

During the inspection we spoke with the manager, the deputy operations director, two team leaders (day and night), four care workers, the activities co-ordinator and the cook. We also spoke with a healthcare professional who was visiting people at the service. We walked around the building and checked each bedroom to ensure people were in bed as it was early morning, observed medicines being administered and checked on how medicines were managed within the service and observed what happened at lunchtime. We also reviewed care plans and records for five people. These included risk assessments and food and fluid charts.

Requires Improvement

# Is the service safe?

## Our findings

We received information from ERYC and ERCCG which raised serious concerns about people's safety at Bessingby Hall. We met with ERYC and ERYCCG representatives on 9 April 2018 who gave us details of the result of a joint investigation they had completed which had highlighted a number of themes; People not effectively safeguarded because of the number of medicine errors and in emergency situations medical attention not sought in a timely manner, lack of risk management, lack of staff knowledge and skill, poor record keeping and poor leadership.

This inspection was carried out in response to those concerns looking at people's safety. At our previous inspection on 26 October and 6 November 2017 we had identified that staff recruitment was not robust. This had not changed at our inspection in February 2018. At this inspection we saw that recruitment had been reviewed by the deputy operations director and improvements were being made. Because the improvements had not been completed and we saw some gaps in employment for a person that had not been explored this remains a continued breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At the last inspection we had identified that people were not safeguarded. At this inspection improvements had been made in several areas. Allthough there had been a high number of alerts we could see the provider was making some improvements and that the alerts were decreasing in number. Appropriate safeguarding policies were in place for the service but these had not always ensured that staff undertook the correct management of any allegations of abuse. Staff had received training in safeguarding adults and were able to tell us about different types of abuse and what they would do if they witnessed abuse. Visiting professionals had, in many cases, recommended that alerts were made to the local authority showing a lack of understanding of what abuse was and what process they should follow. More recently this had improved and staff were actively encouraged to report any concerns and were doing so. One staff told us, "It is important we take the correct steps to prevent them happening (incidents of abuse) by making sure people are kept safe, medicines are correct, people have a good diet and fluids and make sure this is maintained. I would report any concerns to the manager or safeguarding (ERYC)."

At the last inspection there had sometimes been a lack of recognition when some people were at risk. Staff had not always sought medical attention for people in a timely manner resulting in poor outcomes for people. ERYC and ERYCCG confirmed that incidents had continued. For example, for one person staff had called 111 when they complained of chest pains. This should have resulted in 999 being called as this was a potential medical emergency. The provider had placed notices around the service to ensure staff knew what to do in the case of an accident or incident. However, when we interviewed staff and asked how they would react to the same scenario not everyone said they would call 999. The information was not fully understood by staff. We reported our concerns to the deputy operations director who immediately arranged to speak with staff and add to the morning meeting agenda.

This was a continued breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Recruitment had  not always been safe and this had been identified at our last inspection. At this inspection we looked at the recruitment records for four care workers. Their disclosure and barring service checks (DBS) checks had been reviewed and re-applied for as they had not been collected according to the company policy originally. To ensure there were no issues about which the provider should be aware this had been repeated.  The DBS allows employers to check people's background in order to assist them in making recruitment decisions which keep people safe. In addition gaps in employment for one person not been explored by the provider to make sure the appointment of this person was safe. The provider had acted upon the findings of CQC and ERYC and lessons had been learned from them.  The provider was reviewing recruitment procedures and starting to put measures in place to assist in making people safe. These were not all completed and will be reviewed at our next comprehensive inspection. There remains a continued breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014 as we need to see that the planned measures have been implemented fully for all new staff.

There were sufficient numbers of staff to meet people's needs. The staff were able to answer questions and showed knowledge about people's needs. One staff told us that in order to be able to administer medicines they had received training and had to have three checks of their competency.. Records we saw confirmed these had been completed.

Medicines were administered safely on the day of inspection. We looked at ten medicine administration records (MARs). We were aware of a high number of medicine errors that had been reported to ERYC. ERYC had asked the provider to report all incidents to the safeguarding team so that they could be monitored. The provider had put systems in place to try and minimise the risk to people but errors were still being reported.

We observed two people who were at risk of choking been given their medicines safely. When one person said they were not quite ready for their medicines the care worker told me that when they were given they would record the time to ensure enough time had elapsed between doses demonstrating their understanding of the importance of timing of medicines. The medicine administration record folder held reminder sheets about who had to have time specific medicines, medicine before food and medicines that were given weekly.

Where one person required thickener in their drink in order to swallow their medicines safely the care worker explained the amount to be added. The measurements for each drinking vessel were kept at the front of the medicines folder so that staff could be sure they administered the correct amount.. We saw that 'when required' medicines were prescribed there was a protocol giving specific instructions to staff about administration. We noted only one recording error during our review of medicines but could clearly see that the medicine had been given and recorded elsewhere.

The care worker who was administering medicines in the residential unit told us they had just completed the competency checks required and this was their first time alone although we noticed a shift leader was on hand for any queries and to observe. They told us they had received training in medicine administration. They told us they felt competent but able to ask for assistance if needed.

Anticipatory medicines were in place for one person. These are medicine for people receiving palliative care and are used to treat symptoms which can occur at the end of life. These were recorded on the MAR as well as a separate record to be signed by the district nurse if administered.

The ordering, receipt and return of medicines was explained fully to us by the staff administering medicines. We saw the associated paperwork was in place. The medicine room was untidy but there had been a delivery of medicines and the old containers were awaiting collection. In addition some supplements were

waiting to be stored. The care worker and team leader were planning to sort out all returns and complete storage that day.

We reviewed people's care plans and saw that for one person although a change of dosage of their pain patch had been prescribed and this was written in their health notes and in the controlled drugs (CD) book it had not been added to their pain or end of life care plan. This could have resulted in confusion for staff and a poor outcome for the person although this had not been the case. Where there were discrepancies such as this a form had been added to the front of the MAR for staff to complete before reporting to a manager. There were two queries recorded.

We checked the CD storage and recording. The management of these medicines is guided by the Misuse of Drugs legislation and requires special storage and recording arrangements. These had been completed and CDs were also written on MARs. These were administered by a district nurse in this setting and they had separate administration sheets to sign.

We looked at people's care plans to identify where there were risks particularly around eating and drinking and skin care. We saw that there were a number of people at risk of choking. These people were clearly identified on a nutritional risk overview. This was reviewed and changed daily if necessary. The document was available to staff who were providing food and drink and those administering medicines. It showed what type of diet a person was eating, what stage fluids they should receive, whether or not they had a food and fluid chart, any allergies, any specific conditions affected by foods such as diabetes and whether they were at risk of choking. When food or drink had been given the staff member doing so signed the document.

This assisted staff in focusing on those people who were at risk and required additional care to be provided. Staff used the sheet to guide them throughout the breakfast and lunch period in both units and when administering medicines. This reduced the risks to people so that people were receiving their food and drink more safely than had previously been the case . We checked food and fluid charts and whilst they were seen to be in place they would benefit from some improvements. For example, the forms did not contain details of the type of diet the person needed. We were aware this was identified on the nutrition risk overview but would serve as a reminder for staff. In addition fluid charts had been completed incorrectly when calculating fluid intake. The totals were not always added correctly and would benefit from checks by a manager or senior member of staff to ensure this did not impact on people's wellbeing. The omissions we saw would not have had a major impact on a persons wellbeing but care was needed to check these documents were correct to ensure the best outcomes for people.

We also saw that a monthly nutrition audit had been started. This looked at people's weight gain and loss using a malnutrition risk tool and checked that there was a care plan and risk assessment in place. It also identified where referrals to other professionals had been made or were needed. This helped staff to identify quickly where professional input was required to ensure people's health and well being was maintained.

We spoke with an activities person who was assisting someone to eat. They explained that the person was at high risk of choking and then told us what first aid they would perform if the person choked. They said, "I would administer first aid by asking [Name of person ] to cough; if that did not work I would do back slaps and make sure someone had called 999."

We saw that a pressure ulcer report was kept. This recorded that there had been two people being treated with pressure ulcers by the district nurse, identified equipment in place and the treatment being given. Positional charts were in place for these people.

There had been an allegation by a whistle blower that records had been removed from the service. However, they had been unable to identify what records had been removed and we did not see that any records were missing from the records we looked at. ERYC and Humberside police were aware of the allegations.

We made the registered provider and the management team aware of the concerns we had during the course of our inspection and at the end of the inspection.

This was a continued breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The deputy operations director told us that lessons had been learned from recent events. They were currently working full time at the service with a new manager to ensure improvements were made. They recognised that care plans and risk assessments needed updating. They told us that they had updated all personal emergency evacuation plans (PEEPs) as a priority and records we reviewed were correct. They also told us that MCA and DOLs was an area recognised as requiring better staff understanding and had plans to review and update these in care plans. They told us that there was an up to date action plan that they were currently following in order to make the required improvements.

We saw one person sat near the reception area was calling out for reassurance; both staff and managers were very attentive and knew the persons needs well. Staff sat next to them at eye level to provide reassurance to them when needed. The deputy was seen hugging this person which had a positive impact on them. These actions gave people confidence in the staff.

Whilst only a short time had passed since the joint investigation by ERYC and ERYCCG and since our last inspection it was clear that improvements were being made and lessons had been learned. Checks and monitoring was on-going by the local authority to ensure these improvements continued. In addition safeguarding plans were being devised for each person to ensure that everyone was aware of each persons specific needs. This provided people with some degree of protection and helped to ensure their safety.

Requires Improvement

# Is the service well-led?

## Our findings

Bessingby Hall is one of thirteen services provided by Burlington Care Limited. At the last inspection they were rated 'Requires Improvement'. We had attended regular meetings about this service with ERYC and ERYCCG as well as the provider to ensure improvements at the service. Recently the ERYC and ERYCCG conducted a safeguarding enquiry into the organisation which had raised further concerns.

There was a recently appointed manager at the service who was not registered with CQC. In addition a senior manager was working full time at the service to support improvements and changes. The staff told us that this team felt more stable and they could see improvements. One care worker told us, "I feel that I could approach either manager with concerns. We are supported more now."

There had previously been ineffective leadership and management oversight which had been evidenced by the lack of professional practice in all areas of the service. This was not now the case. We saw good relationships were being formed between the managers and staff and managers were involved in all aspects of running the service. We spoke to a visiting healthcare professional who told us, "Staff are helpful and raise concerns where appropriate." This showed a change from previous visits when healthcare professionals had voiced concerns about staff practice.

One care worker told us, "I noticed with the increased inspections and losing the nursing at Bessingby we now have more time for clients. Things have improved. We work as a team and communicate more" Other staff commented on the practical hands on guidance and leadership provided by the new management team. The staff told us that they had confidence in their judgements and that concerns would be addressed immediately. This showed a change of attitude to what we had previously seen and identified that a cultural shift was taking place. Staff were much more positive about the organisation and managers at this inspection and had a kind and caring attitude towards people. We saw this had a positive impact on people who used the service with lots of laughing and chatter throughout the day. There was more engagement between staff and people.

The new management team had highlighted some of the issues and provided a voice for staff who felt able to raise suggestions to improve the service – areas highlighted as areas of concern had been discussed and further guidance was provided for staff to access throughout the home.

Staff skills and knowledge needed to be brought up to date. We saw that although great improvements in training provided was been made this needed to continue to ensure a skilled workforce. The management team had recently changed and the service was currently been led by two experienced managers who had experience of older peoples care and dementia. Their experience was apparent as they had quickly built up relationships with staff and people and were tackling the actions required professionally and systematically to ensure people's safety..

The provider's had attended multi-disciplinary meetings to discuss the failings at the service and had voiced their commitment to improving the service. This multi-agency approach had led to a better understanding

of their responsibilities and where they were accountable. They had made efforts to improve the leadership team with the employment of an operations director and their deputy who oversaw activity across this service and others. This had gradually had an impact on the way in which their services were run and they were working towards better quality assurance systems. They had introduced a system which collated data giving clear reports which the management team could use to improve areas of the service.

We saw that audits had been completed for certain areas of the service relating to peoples care needs. This was having a positive effect on people's health and wellbeing although time was needed to see if those improvements would be sustained. There was an action plan in place to identify areas for improvement and show the response to the actions. These more specific audits would benefit other areas of the service.

Record keeping required improvement. Care plans were still being updated and charts used for specific areas such as food and fluids were not always correctly completed. There were omissions in some records. There had been some improvements since the last inspection and the management team were aware of where improvement was needed and were working towards completing that work.

We concluded that although changes were now being made in the service the provider had a repeated breach of Regulation 17 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014.

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 | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>Care and treatment was not always provided in a safe way for service users. The provider was not always doing all that is reasonably practicable to mitigate risks to people's health and safety. |

**The enforcement action we took:**

NOD to vary provider condition.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment<br><br>People had not always been protected from abuse and improper treatment in accordance with this regulation.because systems and processes had not been established and operated effectively to prevent abuse of service users. |

**The enforcement action we took:**

NOD to vary provider condition

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed<br><br>Recruitment procedures had not been established and operated effectively to ensure that persons employed met the required conditions: persons employed for the purposes of carrying on a regulated activity must— a.be of good character, have the qualifications, competence, skills and experience which are necessary for the work to be performed by them, and be able by reason of their health, after reasonable adjustments are made, of properly performing tasks which are intrinsic to the work for which they are employed. |

**The enforcement action we took:**

NOD to vary provider condition