

Burlington Care Limited

Bessingby Hall

Inspection report

Bessingby
Bridlington
Humberside
YO16 4UH

Tel: 01262601362
Website: www.burlingtoncare.com

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

We undertook this focused inspection on 19 September 2018 to check that Bessingby Hall had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bessingby Hall on our website at www.cqc.org.uk

This inspection was carried out to check that people were safe following inspections in October and November 2017, January 2018 and April 2018 where there had been serious concerns identified by the Care Quality Commission (CQC), 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 had not been meeting some legal requirements.

CQC had taken urgent action to prevent the provider from admitting people to the service following our comprehensive inspection of October/November 2017. A second condition had also been placed on the providers registration preventing them from providing nursing care at Bessingby Hall. This inspection was to review if the service was sufficiently safe to allow the provider to admit people once again and to ensure people were safe.

Bessingby Hall is a care home that provides accommodation and personal care for up to 65 older people who have physical disabilities and/or are living with a dementia related condition. It is a detached property set out over two floors within its own grounds. There is a separate unit for up to 22 people living with dementia. There were 27 people living at the service when we inspected.

There was a manager employed at this service who was in the process of registering 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. They had been registered with CQC since May 2016.

Risks to people had been identified and there was guidance for staff to follow when managing the risks. Accidents were recorded and analysed.

Staff recruitment was robust. There were sufficient numbers of knowledgeable staff on duty to meet people's needs effectively.

Servicing and maintenance of the environment had been carried out in a timely manner.

There was effective oversight of the service and an improvement in the quality of the service. The quality assurance system was effective in identifying areas which required improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were recruited safely. Background checks were completed and an annual statement made by staff.

Risks to people's health and welfare were identified and recorded with guidance for staff on how to manage those risks.

Medicines were managed safely.

Is the service well-led?

Good ●

The service was well led.

The management team was settled and a new manager had been employed by the service. They were going through the registration process with CQC. Staff feedback about managers was positive and staff felt supported.

There was an effective quality monitoring system in place which identified areas for improvement. This was further supported by regional team and quality team visits to the service when any required actions were fed back to the manager.

The culture of the service was described in a positive way and staff enjoyed working at the service.

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.

There is an ongoing police investigation relating to this service so we have not reported on those matters.

We undertook an unannounced focused inspection of Bessingby Hall on 19 September 2018.

The inspection team consisted of one adult social care inspector. Prior to the inspection we had been meeting and receiving feedback from ERYC. We reviewed all the notifications we had received from the provider. Notifications are a legal requirement and keep us informed of significant events at the service. We did not ask the provider to complete a provider information record (PIR) for this inspection. This is 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.

During the inspection we spoke with the manager, the operations director, one team leader and three care workers. We also spoke with two people who used the service and one relative. Where people were unable to communicate 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 checked the environment for cleanliness and safety and observed medicines being administered. We checked on how medicines were managed within the service and observed what happened at lunchtime. We also reviewed care plans and records for people. These included risk assessments and food and fluid charts.

Is the service safe?

Our findings

At our last comprehensive inspection in October and November 2017 we had some serious concerns about the safety of people and found multiple breaches of Regulations. We carried out a focused inspection in February 2018 which raised further concerns about the skills of nursing staff. In March 2018 nursing care ceased at the service. At this inspection we found that the new management team had put processes in place to maintain people's safety and we found no breaches of regulation. The rating for safe was requires improvement and has now improved to good. The overall rating remains requires improvement.

People told us they felt safe at the service and our observations confirmed this. They made comments such as, "I felt safe with staff here" and "They look after me." We observed some people who were living with dementia in a lounge area and saw that there was a member of staff allocated to that area to provide support and supervision. A relative told us, "My [Name of relative] is safe here." Staff told us, "We have a handover and read notes to know what risks are and what to do. We have nutritional risk charts which is useful at mealtimes. It is updated regularly."

We found that staff had been recruited safely and the manager was following the company policy when recruiting staff. We had found at previous inspections that some staff had started work before appropriate checks and safeguards had been carried out. At this inspection we checked all the recruitment files which were not complete at our last inspection and found that the provider had completed DBS checks to assure themselves of people's suitability to work at the service. DBS checks provide information about people's background and help employers make safer recruitment decisions. They are designed to prevent unsuitable people from working with adults or children who may be vulnerable. They had also made sure that every member of staff completed a declaration stating whether they had any criminal record over the last twelve months. We saw that a person had recently been recruited and checks were being carried out prior to them starting work.

There were sufficient staff on duty to meet people's needs. We observed that staff were not rushed, although there were reduced numbers of people living at the service. A relative told us, "Staff are more organised. [Name of relative] is nursed in bed but is always clean and well cared for." Staff told us, "The twelve hour shifts we work provide continuity for people and staff, especially for those people in the Harrington Suite (a unit for people living with dementia)" and "People get regular baths, we have more time to talk to people. We don't have as many people to reposition and so have more time so not rushing."

Safeguarding policies were in place for the service and these had been followed by staff which ensured that staff undertook the correct management of any allegations of abuse. Staff had received training in safeguarding and there was a 'cascade safeguarding trainer' at the service. The safeguarding team at ERYC had requested that all incidents that occurred at the service were reported even if it was not a safeguarding issue. This information gave the management team a clearer picture of where incidents were occurring and why. There had been a high number of notifications relating to management of medicines which had led the managers to focus on this area, which now showed improvement. The NHS pharmacist had recently visited and found only a few minor areas for improvement which had also been identified on the managers audit.

This demonstrated that the service was learning lessons and making improvements.

Medicines were managed safely. We observed a care worker administering medicines which they did safely. They carried the keys during their shift and handed them over to the incoming staff which minimised number of staff having access to medicines. The care worker was aware of each person's needs in relation to eating and drinking and this information was kept with the medicines trolley. For example, one person had some difficulty swallowing and required a drink which contained a thickening agent to make it safe for them. The care worker checked the document for each person prior to administration to ensure they could take their medicine safely with a drink.

Medicines were received, stored and returned according to the providers policy and in line with current best practice. We checked the Controlled Drugs (CD's) and found they were stored in a separate locked cupboard. The medicines were recorded in a register and this was accurately completed. We carried out a stock audit for two people and found that the stock aligned with the recorded entries in the CD register.

Risks to individuals had not always been adequately assessed and risk management plans were not always in place at the October and February inspections. At this inspection we found improvements. We saw a risk assessment in place for one person who had an indwelling catheter with instructions for staff on how to minimise the risk of infections. Care plans were updated when any changes occurred and were reflective of people's current needs. The records showed what staff had done when one person's needs had changed. They had lost weight which prompted staff to request a doctor's referral to the dietician who prescribed supplements. The persons weight had initially increased but recently they had lost weight again and staff had called the doctor immediately.

Records told us how staff should protect people from the risk of cross infection and we saw they always washed their hands before and after providing personal care. They had access to protective aprons and gloves and alcohol hand gel was available. During the morning the lounge was odorous but staff told us this was being dealt with by the cleaning staff. We checked later and the odour had gone.

Is the service well-led?

Our findings

Bessingby Hall is one of twenty-five services run by BRAND Burlington. The rating for well led was requires improvement and has now improved to good. The overall rating for the service remains requires improvement. At our inspections of October and November 2017 and February 2018 we had serious concerns about the management of the service and the standard of oversight by the provider. Since those inspections the provider has introduced a new management team to oversee their services and the registered manager has left the service. We found some improvements in the way the service was managed in April and at this inspection we could see those improvements have been sustained and the service continues to improve.

A new manager had been employed who was in the process of applying to CQC for their registration. They were supported by a regional manager who was overseeing the service and an operations director who was present at this inspection. We found the management team confident and positive.

Feedback was good with everyone telling us the service had improved. People spoke highly of the manager saying that they were approachable and that they listened. One staff told us, "It is so much better now. [Name of manager] is great; so supportive. They have worked so hard to make improvements and it has improved" and another said, "There is a massive difference between April and now. We now have a brilliant manager. They will help where needed and we can go to the office anytime now; the doors open. We can go and speak to them if we have any concerns about residents." A relative told us when asked about the manager, "They are very good. She has bent over backwards for us." We saw that the manager and people who used the service knew each other. The manager stopped to chat whenever they saw anyone asking how they were and if they needed anything which made people feel that they mattered.

There had been a high number of safeguarding alerts made to the local authority in the last year and the manager had been working with the local authority and other professionals to make improvements at the service. Since April they have reduced. Professionals from the local authority and CCG had been visiting the service regularly, to give support, check people were safe and report on how the service was doing. The local authority visits are now less frequent. The manager had used an action plan agreed with the local authority and supplied regularly to CQC. This showed the improvements that have been made at the service. Although some areas still required some additional work the improvements at the service were significant which has had a positive impact on people who used the service and staff. Accidents and Incidents were recorded with any actions taken by staff. These were analysed monthly to identify trends or themes.

Staff told us they felt supported by both the manager and the provider. They said, "Directors visit if there is a problem. They are approachable. Previous issues made my confidence in director's wane but I know what to do and would speak out now if that happened again. My confidence in them has grown. I have full confidence in all the managers."

The managers had introduced 'resident of the day' system. This meant that every aspect of one person's care and support was looked at each day. Every person was reviewed in this way each month. This gave

them the opportunity to give their views on the care they received.

One staff described the culture of the service as, "Calm, nice to come in the morning; nice place now" and two other staff told us they, "Loved coming to work now."

There was a quality assurance system in place. This took the form of audits, checks and collection of feedback. The manager told us there were very few audits completed when they arrived. They now complete audits of medicines; weekly and monthly, care plans and infection control. They also walk around the service to check the environment every day but they had not so far recorded this. They have now decided to do so. Maintenance and servicing checks were completed either in house or by the appropriate professionals. Any actions needed were added to an improvement plan which had to be updated weekly and a copy sent to the regional manager for review. This ensured that there was good oversight of the work the manager was doing. They told us, "We need to continue to improve. We have learned how important it is to know when things go wrong. The improvements we have made now would immediately show us that something was sliding. We check every day and would know immediately." To ensure that improvements continued the regional team carried out visits and reported on their findings with any actions fed back to the manager.

Record keeping had not been consistent at previous inspections and there was missing information on turn and food and fluid charts. We saw that although there were some minor discrepancies recording had improved and there were multiple entries in daily notes each day and night. The manager told us, "Staff now record in daily notes three times a day and twice during the night if appropriate to ensure good records. I have tackled staff use of language to improve recording by discussing in staff meetings. I come early each morning so I can see night staff and make sure they understand what is expected. It has been a challenge but I have enjoyed it and can see light at the end of the tunnel."

The registered provider had ensured that they were meeting Regulations by making notifications to CQC as appropriate. The provider had taken on board learning from events over the last year and had put systems in place to ensure that they were not repeated.