

Burlington Care Limited

Southlands

Inspection report

15 Hobman Lane
Hutton Cranswick
Humberside
YO25 9PE

Tel: 01377270271
Website: www.burlingtoncare.com

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Southlands is a care home which provides residential care for up to 48 people. At this inspection there were 40 people living at the service.

People's experience of using this service: People and their relatives told us the service was safe but did not feel there was enough staff to meet their needs. People spent long periods of time sat in communal areas with no staff presence or interactions. Care plans contained appropriate assessments of risk and instructed staff how to reduce the likelihood of harm. Appropriate recruitment checks were completed.

The home environment was clean and tidy which reduced the risk of infection and staff knew how to report any concerns if required. People were supported to receive their medicines at the right time.

People were supported by staff who had induction training and on-going training to ensure staff had the skills, knowledge and support they needed to perform their roles. People and relatives spoke positively about staff. People were provided with food and drink they enjoyed and it was presented in a way to meet people's individual needs.

We observed staff were kind and caring and people were observed to be content and happy in staff presence. People told us they were encouraged to be as independent as possible and staff respected their privacy and dignity.

Care plans were person centred and reviewed on a regular basis. A variety of activities were available to people everyday and people were encouraged to take part. A complaints procedure was in place in an accessible format.

There were ongoing quality checking arrangements in place where action plans were developed to support the continuation of improvements for the benefit of people who lived at the home. Staff told us they felt supported by the management team.

Rating at last inspection: Requires Improvement (Report published January 2018).

Why we inspected: This was a planned inspection based on the rating at last inspection.

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.

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

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 not always safe

Details are in our Safe findings below.

Requires Improvement ●

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 not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Southlands

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 was carried out by two inspectors and an expert by experience (ExE). 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 Southlands is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

It is a condition of the provider's registration that they have a manager registered with CQC. A registered manager is someone who, along with the provider, is legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager had left the service two weeks prior to the inspection.

Notice of inspection: The inspection visit was unannounced.

What we did: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority, and spoke with other professionals who work with the service. We assessed the information providers send to 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.

We spoke with ten people who used the service and two relative. In addition, we spoke with eight members of staff including the nominated individual, regional manager, regional support manager, home support manager, deputy manager and support workers. We reviewed a range of records. This included five people's

care records and medication records. We also looked at three staff files and records relating to the management of the home.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing levels.

- People told us there was not enough staff, comments included "I don't think there are enough staff they are always rushing around", "There are not enough staff" and, "Occasionally there are one or two missing."
- Staff told us they felt stretched and rushed and did not have time to spend with people.
- Deployment of staff within the service meant people did not receive the support they required in a timely manner. People were in communal areas for long periods of time with no staff support or means to call for assistance.
- Rotas showed that staffing levels were inconsistent. Agency staff were used at times in the service to meet shortfalls in staffing.
- The service did not always provide staff with the right mix of skills or experience to support people to remain safe.
- People were not always responded to promptly when in distress due to the lack of staffing in communal areas.
- Safe recruitment procedures ensured people were supported by staff that were of a suitable character were in place.

Assessing risk, safety monitoring and management.

- Records related to managing risks were present or completed. There was information available for staff where people had specific health conditions and how to manage risk associated with them.
- Environment and maintenance checks were completed and adequately maintained.
- Risk assessments for specific health conditions were in place and staff understood individual risks to people's health and wellbeing, and the steps they needed to take to reduce those risks.

Systems and processes.

- People and their relatives told us they felt safe when receiving care and support. Comments included, "I feel safe I have things around me to keep me safe", "I feel safe here this is my home" and, "I have no specific concerns about their safety."
- The service had a safeguarding policy in place and the management team followed internal and external processes to keep people safe.
- Staff understood what action to take to ensure people were safe and protected from harm and abuse.

Using medicines safely.

- Medications were managed safely. Records confirmed people had received their medicines as prescribed.
- Staff responsible for supporting people with medicines completed training and received regular competency checks.

Preventing and controlling infection.

- The service had systems in place to manage the control and prevention of infection.
- Personal protective equipment was available for staff, such as disposable gloves to use to help prevent the spread of infection.

Learning lessons when things go wrong.

- The area manager had a system in place to monitor incidents and understood how to use them as learning opportunities to try and prevent future occurrences.

Is the service effective?

Our findings

Effective – this means 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 plans and risk assessments provided staff with information to meet people's diverse support needs.

Staff skills, knowledge and experience.

- Staff completed a full induction and received regular training to support them to fulfil their role.
- Staff told us they were supported by the management team who completed regular supervisions meetings and competency checks.
- People felt staff were well trained. One person told us, "The staff are trained to look after me."

Supporting people to eat and drink enough with choice in a balanced diet.

- People were supported to maintain a healthy diet. Care plans contained people's food preferences and specific instructions around their diets.
- A variety of snacks and drinks were available for people at all times around the service.
- Meals were presented nicely and adapted equipment was used to maintain people's independence at meal times.
- People were sat waiting a long time in the dining room during mealtimes.

Staff providing consistent, effective, timely care within and across organisations.

- The service and staff worked with community health and social care professionals to ensure effective care for people. A visiting health professional told us, "The staff are very good and listen to what we say."

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

- People had access to a well maintained outside area and told us they enjoyed spending time in the garden watching the wildlife, when it is warmer.
- The environment had a variety of displays to engage and simulate people living at the service. People identified their own rooms with personalised photographs of them doing what they enjoyed.
- Areas of the service required refurbishment. Some carpets were stained, and communal bathrooms flooring required re-sealing.

Supporting people to live healthier lives, access healthcare services and support.

- Records showed people had hospital passports in place. Hospital passports are communication tools to inform other health services and professionals of people's health needs.
- Where people required support from healthcare professionals this was arranged by staff.

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. We checked whether the service was working within the principles of the MCA.

- We found people's capacity to make decisions was assessed and best interest decisions were made with the involvement of appropriate people such as relatives and staff.
- People were supported to make decisions about their care and support needs. A visiting relative told us, "They treat my relative in a respectful way and let them choose. They have freedom to make decisions."

Is the service caring?

Our findings

Caring – this means 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.

- People told us the staff were kind and caring. Comments included, "I am comfy and well looked after" and "They are all nice and friendly."
- Staff were friendly and polite. Interactions between staff and people were natural and people were responded to in an appropriate manner.
- Relatives were happy with the service and the care and support provided.
- Staff did not always have time to sit and talk with people in a meaningful way. One person told us, "You need to be talked to a bit but they [staff] don't have time."
- People formed relationships with each other which staff promoted to maintain.

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

- People's diverse needs, their personalities and what was important to them were well known by staff.
- Regular meetings were held with people and relatives to involve them in planning all areas of care delivery.
- The service positively welcomed the use of advocates. Advocates represent the interests of people who may find it difficult to be heard or speak out for themselves.

Respecting and promoting people's privacy, dignity and independence.

- Care files contained information about people's faith and cultural needs in their social care plan.
- People were treated with dignity and respect. Staff spoke in a polite and caring way and showed patience when supporting people.
- Staff understood the importance of respecting people's privacy and dignity and were able to give specific examples of how they promoted this.
- People were valued by the service. Effective communications between the management team, and staff supported people to be confident to speak about their feelings.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

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

Personalised care.

- Care plans were person centred and were reviewed on a regular basis.
- Staff knew people well and were able to tell us about their individual needs and preferences.
- The service recognised the importance of up to date care records to show people's current needs. A new electronic system for care plans was being implemented and staff updated records of the care people received daily. This was still being embedded with the staff team to ensure timely records were maintained.
- People and their relatives were involved in developing care plans and regular reviews of care and support needs.
- The service employed two activity coordinators who provided a range of group activities and entertainment which was planned with people.
- People were supported to be stimulated and involved in meaningful activities within the service and the local community. People were encouraged to engaged in activities. In addition to activities, the home also had regular visitors come in to see people, such as local school groups, hairdressers, and entertainers.
- People's personal beliefs and backgrounds were respected by staff. We saw that people who practiced a religion or faith, were supported to do so.

Improving care quality in response to complaints or concerns.

- A complaints procedure was in place in the main entrance for people and visitors to access. This was displayed in an accessible format to meet people's diverse needs.
- People were supported to raise concerns. People and their relatives told us they were confident in raising concerns with the staff if they had any issues.
- Where complaints had been made, they were responded to in line with company policy.

End of life care and support.

- Where appropriate, people's end of life care preferences were recorded in their care plan. This provided staff with information to ensure people would receive dignified, comfortable and pain free care at the end of their life if required.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong.

- There was no registered manager at the service, they had left the service two weeks prior to the inspection. The area support manager was intending to take on the position of registered manager.
- The area manager, area support manager and deputy manager completed various audits to assess the quality of care and support to people using their internal auditing process.
- People did not receive timely person-centred care. We observed people waiting for staff to attend to their care needs.
- The deployment and allocation of staff within the service did not meet the safety needs of people.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements.

- The provider and management team understood their legal responsibility to notify the CQC about incidents that affected people's safety and welfare; records showed they had done so accordingly.
- Systems and process in place to oversee the service and governance systems drove improvements in the quality of the service.
- The management team completed comprehensive quality assurance checks. This enabled them to collate information on a regular basis to show how the service was performing.
- Staff told us they felt supported by the management team and felt they were very approachable.

Engaging and involving people using the service, the public and staff. Working in partnership with others.

- People and relatives had completed surveys of their views and their feedback had been used to continuously improve the service.
- Links with outside services and key organisations in the local community were well maintained to promote independence and wellbeing for people.

Continuous learning and improving care.

- Systems were in place to ensure the service was consistently monitored and quality assurance was maintained.
- The management team were committed to continue to make ongoing improvements and were responsive throughout this inspection to the areas where further improvements were required.