

Bupa Care Homes (GL) Limited

Burley Hall Care Home

Inspection report

Corn Mill Lane
Burley In Wharfedale
Ilkley
West Yorkshire
LS29 7DP

Tel: 01943863363

Date of inspection visit:
29 May 2018
31 May 2018

Date of publication:
02 July 2018

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

This inspection took place on 29 and 31 May 2018 and was unannounced on both days.

Burley 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. The care home can accommodate up to 51 people who require nursing care and people who are living with dementia. At the time of this inspection there were 33 people using the service. The service is split into two units; Wharfedale and Greenholme.

Our last inspection took place on 8, 18 and 31 August 2017 and at that time we found the service was not meeting nine of the regulations we looked at. These related to safe care and treatment, safeguarding service users from abuse and improper treatment, person centred care, dignity and respect, need for consent, meeting nutrition and hydration needs, fit and proper persons employed, staffing and good governance. The service was rated 'Inadequate' and was placed in special measures.

Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. This inspection was therefore carried out to see if any improvements had been made since the last inspection and whether or not the service should be taken out of 'Special Measures.'

During this inspection the service demonstrated to us that improvements had been made and is no longer rated as inadequate overall or in any of the five key questions. Therefore, this service is now out of Special Measures. However, while we concluded improvements had been made they needed to be fully embedded and sustained to make sure people consistently received safe, effective and responsive care and treatment. This is reflected in the overall rating for the service which is now 'Requires Improvement.'

The regional support manager had been managing the service since November 2017 and during that time has made significant improvements and was highly regarded by people who used the service, relatives and staff. They have now returned to their substantive post as a manager has now been appointed.

There was a new manager in post who was going through 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.

Staff were being recruited safely. Duty rotas were organised to provide enough staff to provide care and support. On Wharfedale unit we saw the care staff team were supported seven days a week by a mealtime hostess, however, on Greenholme unit there was no hostess cover at weekends, so care staff had to undertake additional tasks, taking them away from their caring duties.

Staff were receiving appropriate training and they told us the training was good and relevant to their role. Staff were receiving formal supervision where they could discuss their ongoing development needs.

People who used the service and their relatives told us staff were helpful, attentive and caring. We saw people were treated with respect and compassion.

Care plans were up to date and detailed what care and support people wanted and needed. Risk assessments were in place and showed what action had been taken to mitigate any risks which had been identified. People felt safe at the home and appropriate referrals were being made to the safeguarding team when this had been necessary.

People 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.

People's healthcare needs were being met and medicines were being stored and managed safely.

Staff knew about people's dietary needs and preferences. People told us there was a good choice of meals and said the food was very good. There were plenty of drinks and snacks available for people in between meals.

Activities were on offer to keep people occupied both on a group and individual basis. Visitors were made to feel welcome and could have a meal at the home if they wished.

The home was spacious, clean and tidy. People also had free access to the gardens.

The complaints procedure was displayed. Records showed complaints received had been dealt with appropriately.

There were systems and processes in place to monitor the quality of the service.

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 was not always safe.

Staff were recruited safely. There were not always enough staff to provide people with the care and support they needed.

Staff understood how to keep people safe and where risks had been identified, action had been taken to mitigate those risks.

Medicines were managed safely and kept under review.

Is the service effective?

Good 

The service was effective.

Staff were trained and supported to ensure they had the skills and knowledge to meet people's needs.

Meals at the home were good, offering choice and variety. The meal time experience was a calm and relaxed experience for people.

People were supported to access health care services to meet their individual needs.

The legal requirements relating to Deprivation of Liberty Safeguards (DoLS) were being met.

Is the service caring?

Good 

The service was caring.

People using the services told us they liked the staff and found them attentive and kind. We saw staff treated people with kindness and patience and knew people well.

People looked well cared for and their privacy and dignity was respected and maintained.

Is the service responsive?

Good 

The service was responsive.

People's care records were easy to follow, up to date and being reviewed every month.

There were activities on offer to keep people occupied.

A complaints procedure was in place and any complaints were taken seriously and investigated.

Is the service well-led?

The service was not yet consistently well-led.

A manager was in place that was relatively new to the service.

Effective quality assurance systems were in place to assess, monitor and improve the quality of the service. We found improvements had been made to the service by the regional support manager. These improvements now need to be sustained and developed over time.

Requires Improvement 

Burley Hall Care Home

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.

This inspection took place on 29 and 31 May 2018 and was carried out by two adult social care inspectors and an expert by experience on the first day and one adult social care inspector on the second day. On both days the inspection was unannounced. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service. This included notifications from the provider and speaking with the local authority contracts and safeguarding teams.

The provider had completed a Provider Information Return (PIR). The PIR is a document which gives the provider the opportunity to tell us about the service. 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.

We spent time observing care in the lounges and dining rooms and used the Short Observational Framework for Inspections (SOFI), which is a way of observing care to help us understand the experience of people using the service who could not express their views to us. We looked around some areas of the building including bedrooms, bathrooms and communal areas. We also spent time looking at records, which included five people's care records, two staff recruitment files and records relating to the management of the service.

We spoke with four people who used the service, seven relatives, seven care workers, two unit managers, three nurses, the chef, one activities co-ordinator, one mealtime hostess, one GP, the manager and regional support manager.

Is the service safe?

Our findings

When we inspected the service in August 2017 we found the service was in breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we found there were not always sufficient numbers of staff on duty to meet people's needs. On both days of inspection there were enough staff on duty to meet people's needs. However, we were concerned these staffing levels were not consistently maintained.

Staff told us there were times when there was not enough staff on duty. One said, "Sometimes we are short staffed but we manage. We do get really good support from the regional support manager but sometimes we are rushed." Another said, "The rotas have the right amount of staff on, but, we can't control sickness and things like that. Like today we have two off sick." The unit manager told us, "Sickness has been an issue and currently we are working to address this." One relative said, "I've never had any worries with [Name] but, especially at weekends, they seem short of staff. I heard a lady calling and it takes time for staff to respond." Another relative told us, "Sometimes, extremely short of staff. Weekends are a big feature of it. During the week, it can be short."

We found staffing levels were not consistent. For example, on Greenholme unit the nurse and care staff team were supported by a mealtime hostess and activities co-ordinator during the week, but not at weekends. We saw both of these members of staff played an active role in providing general supervision and support to people who used the service.

This was discussed with the regional support manager and manager, who said it would be possible to have a weekend mealtime hostess for this unit. The manager told us staffing levels would be kept under review as people's needs changed or when new people were admitted to the home.

The care team were supported by housekeepers, chefs, mealtime hostesses and two activities co-ordinators.

When we inspected the service in August 2017 we found the service was in breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because safeguarding procedures had not always been followed. On this inspection we found improvements had been made.

People were kept safe from abuse and improper treatment. People who used the service told us they felt safe. One person said, "Oh yes; it's like a family." A relative told us, "Oh, [Name] is safe; the staff are great."

Staff had completed safeguarding training and said they would not hesitate to report concerns to a senior member of staff, the manager, the safeguarding team or CQC. The manager had made appropriate referrals to the safeguarding team when this had been needed. This meant staff understood and followed the correct processes to keep people safe.

People were protected from any financial abuse. The manager held some money for safekeeping on behalf

of people who used the service. Records of monies held were kept and receipts for any purchases were obtained.

When we inspected the service in August 2017 we found the service was in breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff had started working at the service before all of the necessary checks had been completed.

On this inspection we found improvements had been made. Records confirmed safe recruitment procedures were being followed. This ensured only staff suitable to work in the caring profession were employed.

When we inspected the service in August 2017 we found the service was in breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because medicines were not always being managed safely.

On this inspection we found improvements had been made and medicines were being stored, managed and administered safely.

Medicines were stored in locked trolleys, cabinets or fridge. The nurses or senior care workers took responsibility for administering medicines and we saw them doing this with patience and kindness.

We looked at a sample of medicine administration records (MARs) and found these were well completed. This showed people were receiving their medicines as prescribed.

Where individuals had medicines prescribed on an 'as required' basis, we found there were protocols in place to guide staff as to when, what dosage and how often to give these medicines. Some people were prescribed medicines, which had to be taken at a particular time. We saw there were suitable arrangements in place to enable this to happen.

People had separate MARs in place for certain topical medications such as creams. The MARs included a body map of where the cream should be applied. The MARs were kept separately and were completed by staff when creams or lotions were applied.

We saw a range of checks were undertaken on the premises and equipment to help keep people safe. These included checks on the fire, electrical and gas systems.

The service had a residents register in place which was used in the event of the fire alarm being activated. The register was colour coded for each person in relation to mobility level. Red non-ambulant, amber ambulant with assistance and green fully ambulant.

The home was clean, tidy and mainly odour free. We identified one bedroom which was malodorous. We asked the manager about this and they told us new flooring was on order for this room. We saw staff had access to personal protective equipment, such as gloves and aprons and were using these appropriately.

The service had been awarded a five star rating for food hygiene by the Foods Standards Agency. This is the highest award that can be made and demonstrated food was prepared and stored hygienically.

Accidents and incidents were recorded and analysed to see if any themes or trends could be identified.

Records showed what action had been taken following any accident or incident to reduce or eliminate the likelihood of it happening again. For example, using falls alarm mats which activate the emergency call bell system when people start to move. This enabled staff to respond quickly to offer assistance.

Is the service effective?

Our findings

When we inspected the service in August 2017 we found the service was in breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because conditions on a Deprivation of Liberty Safeguards (DoLS) authorisation had not been met.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The service was acting within the Mental Capacity Act. People's capacity to consent to their care and support arrangements was assessed.

Where people lacked capacity and it had been assessed that the accumulation of restrictions amounted to a deprivation of liberty, appropriate DoLS applications had been made. There was one authorised DoLS in place, which had no conditions attached to it. A number of applications were awaiting assessment by the local authority.

People were asked consent before care and support was provided. Where people lacked capacity best interest decisions had been made involving families and healthcare professionals. For example, the best interest process had been followed for one person who was being supported to take their medicines covertly (hidden).

Relative's had been sent a letter to find out who had any Lasting Power of Attorney (LPA) in place. This information was available in a central file. A LPA is a legal document that allows someone to make decisions for you, or act on your behalf, if you're no longer able to or if you no longer want to make your own decisions. LPAs can be put in place for property and financial affairs or health and welfare. The manager understood if relatives did not have an LPA for health and welfare the 'best interest' process needed to be followed to make decisions about care and treatment.

When we inspected the service in August 2017 we found the service was in breach of regulation 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people were losing weight and were not being referred to the GP or dieticians for advice.

On this inspection we found improvements had been made. People's weights were being closely monitored and those who were nutritionally at risk were being seen by appropriate health care professionals.

Where people needed their food and fluid intake monitored, we saw staff kept records. Senior care staff checked the records at the end of every shift to make sure people had received the food and fluid required. One staff member told us, "I am a nutrition champion, I do check to ensure weights have been completed along with the charts." When people needed to have their weight checked on a weekly basis we saw this had been done.

People's nutrition and hydration needs were met. People who used the service told us meals were good.

We spoke with the chef who knew about each individual's likes, dislikes and any specific dietary requirements. They explained all meals were cooked using fresh ingredients.

There were choices available for every meal and a range of hot and cold meals which could be ordered at any time. There were plenty of drinks on offer and snacks throughout the day and night.

People's healthcare needs were being met. In the five care files we looked at we saw where staff had been concerned or had noted a change in people's health they had made referrals to relevant health care professionals. For example; GPs, psychiatrists, district nurses, dieticians, opticians and dentists. We spoke with a visiting GP who told us staff made appropriate referrals and followed any advice they were given.

The accommodation consisted of two units. Greenholme unit could provide up to 19 places for people living with dementia. The lounge and dining room were on the ground floor, with bedrooms on ground and first floor levels. People had 'memory' boxes outside of their bedrooms which contained items which reflected their particular interests. The manager explained this unit was due to be refurbished and the organisation's dementia care specialist had been involved in planning a more 'dementia friendly' environment.

Wharfedale unit could accommodate up to 32 people who required nursing care. Corridors and doorways allowed easy wheelchair access and both units had access to the gardens.

There had been no recent admissions to the home. This was because of the 'inadequate' rating they had received at the last inspection in August 2017. The manager told us they would be completing assessments before any new admissions were made to ensure the service would be able to meet their needs.

Staff we spoke with told us training opportunities were good and there was plenty of training on offer. One person said, "[Name of regional support manager] is on the ball with training. I've had moving and handling and fire training within the last two weeks." Another person said, "I've had recent training in accountability, wound care, resuscitation and palliative care."

The training matrix showed staff were up to date with training which included infection control, medicines, nutrition and hydration, care of people living with dementia, moving and handling, food safety awareness and safeguarding.

Staff were provided with supervision sessions which gave them the opportunity to discuss their work role, any issues and their professional development. Staff we spoke with told us they felt supported in their roles.

Is the service caring?

Our findings

When we inspected the service in August 2017 we found the service was in breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people's privacy had not always been maintained. On this inspection we found improvements had been made.

Staff spoke with respect to people who used the service and there was regard for people's privacy and dignity. The service had staff who were 'dignity champions.' One staff told us, "I am a dignity champion, I monitor staff and feedback to them if I think approaches can be improved."

We saw staff knocked on people's doors and consulted with people before supporting them with any care tasks. Staff communicated well with people to provide comfort and reassurance. Through our conversations with staff, they were able to explain how they maintain an individual's dignity whilst delivering care. Staff told us they always ensured doors and curtains were closed when delivering personal care. We saw and staff told us they explained to people what was happening at each stage of the process when delivering personal care.

Staff demonstrated they knew people well, their individual likes, dislikes and preferences. For example, staff were able to confidently describe how a person communicated, staff told us, "[Person] can't communicate well, but [person] will point to things, [person] facial expression will tell you what they want. [Person] likes to have staff company just to sit with them." This was clearly documented in the care file.

Staff knew people's favourite activities and how they liked to be communicated with. Information on people's life history was included within people's care plans to aid better staff understanding of the people they were caring for.

The information staff told us about people correlated with what was recorded in people's care records. For example, one person's care records documented that they liked to watch the birds in the garden. The person's activity log documented, "[person] watched the birds in the garden today with staff, and [person] enjoyed this as they smiled the whole time."

Staff listened to people and allowed them to make choices. People had choices and decisions in care plans in place and these included details such as, staff provide [person] with choices and options such as, choosing clothes and food. People's daily notes documented choices that people had been offered and made.

Mealtimes were relaxed and social occasions. Tables were nicely set and staff supported people who required assistance with meals and drinks with patience and kindness.

Visitors were made to feel welcome and staff knew them well.

Staff encouraged people who used the service to be as independent as possible. For example, we saw two

care workers supporting one person to walk. They offered lots of praise and commented on how well the person was walking.

We looked at whether the service complied with the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our observations of care, review of records and discussion with the manager, staff, people and visitors demonstrated that discrimination was not a feature of the service.

Is the service responsive?

Our findings

When we inspected the service in August 2017 we found the service was in breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff were not always responding to people's needs in a timely way and there were not enough activities on offer. On this inspection we found improvements had been made.

People who used the service and relatives told us they had been involved in the care planning process. People's care plans followed a standardised format which made it easy to find relevant information quickly. They contained detailed information about the care and support each individual required from staff. They showed what the person could do for themselves and the level of support they needed from staff and included any particular preferences.

Care records contained risk assessments relating to activities of daily living such as mobility, eating and drinking, continence and personal care. The risk assessments and care plans had been reviewed monthly and where an issue had been identified, action had been taken to address and minimise any identified risk. For example, we saw some people had specialist pressure relieving equipment in place to reduce the risks of them developing pressure sores.

People's end of life care needs were planned for. We saw end of life care plans had been completed. These detailed any specific requests or wishes. The GP we spoke with told us staff did a 'fantastic job' with palliative care. We saw a recent letter of thanks which stated the following; "Many, Many thanks for all your wonderful loving care you gave [name]. You are all a marvellous example of dedication, humour and pride in your work. We as a family could not have asked for a more wonderful place for [Name] to have stayed in. It was a joy to visit in such a lovely environment. Our undertaker said [Name] had been 'wonderfully prepared' by the staff when he made the collection. You all did your best for [Name] and we are so grateful, they loved you all as we do."

People were being offered a range of activities in the mornings and afternoons. We saw the activities organisers providing both group and individual activities. During our visit we saw people involved in a 'move and groove' session, finger painting and decorating biscuits.

There was an activities timetable on display and one of the activities co-ordinators explained there was a different theme each week for activities. For example, the theme for the week when we visited was The Chelsea Flower Show.

The service had built up links with local primary schools and the Church. Once a month a 'Cuppa, Cake and Company' event was held in the local parish rooms and once a month the same event was held at Burley Hall. This gave people the opportunity to mix with people in the local community and make new friendships.

Complaints were taken seriously and investigated. The complaints procedure was on display and a complaints log was maintained. We saw a recent complaint had been investigated and the complainant had

been happy with the outcome.

The provider had an accessible information policy in place and told us information could be made available in various formats if this was required. For example, in large print or pictorial form.

Is the service well-led?

Our findings

When we inspected the service in August 2017 we found the service was in breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the systems and processes to monitor the quality of the service were not effective. On this inspection we found improvements had been made. This section of the report has been rated as 'requires improvement' as staffing levels need to be reviewed and improvements need to be sustained over time.

Following our inspection in August 2017 the manager left the service. An interim manager was put in place, but they also left. Since November 2017 the regional support manager had been managing the home. They were highly regarded by staff for the positive changes they had made whilst managing the service.

A new manager had been appointed and was in the process of registering with CQC. At the time of this inspection they had only been at the service for a few weeks. The regional support manager had returned to their role of supporting the manager and overseeing the management of Burley Hall. The manager was supported by two unit managers, who were both new to the service.

Whilst some staff told us the new manager was approachable others told us they were not. One care worker said, "[Name of manager] is still settling in. They know the service users and have their finger on the pulse."

There were issues within the staff team which needed to be addressed. For example, one care worker told us they felt work was not shared equally; some staff said the skill mix on shifts was not always right and another commented, "Work needs to be done to bring staff together." Some staff who were working on Greenholme unit felt that Wharfedale unit was being put first. For example, when there was any entertainment this was usually hosted on Wharfedale.

Audits were being completed, which were effective in identifying issues and ensured they were resolved. These included medicine audits, health and safety audits and environmental audits. We saw if any shortfalls in the service were found action had been taken to address any issues.

People's views about the service were sought and acted upon.

Resident and relatives meetings were held and annual satisfaction surveys were sent out to get people's views about the service. In the reception area there was a 'You said, we did' display to tell people what had been done in response to their comments. For example, activity teams to provide more one to one activities.

Staff meetings were held and the minutes of these showed staff were being asked for their views. Practice issues were also discussed together with areas which needed to be improved. The manager was the chair of a registered managers forum where new guidance, best practice and lessons learnt were discussed. This meant they were keeping themselves up to date in these areas.

The regional support manager had worked in partnership with the local authority commissioning team,

safeguarding unit and the clinical commissioning group, to bring about improvements to the service.