

Valorum Care Limited

Burger Court

Inspection report







131 Barkerend Road
Bradford
West Yorkshire
BD3 9AU

Tel: 01274726826

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Ratings

Overall rating for this service	Inadequate 
Is the service safe?	Inadequate 
Is the service effective?	Inadequate 
Is the service caring?	Requires Improvement 
Is the service responsive?	Inadequate 
Is the service well-led?	Inadequate 

Summary of findings

Overall summary

About the service

Burger Court is a residential care home providing personal care to people aged 18 and over. The service can accommodate 17 people and at the time of our inspection 12 people were using the service.

People's experience of using this service and what we found

There were not enough staff to keep people safe and meet their needs. Risks to people's safety and welfare were not properly identified and managed. The call system had been taken out and there was nothing in place to enable people to summon help in an emergency. The service did not have effective systems in place to protect people from the risk of abuse.

Checks were carried out on new staff, but the provider's recruitment procedures were not followed.

People's medicines were not managed safely, people missed medicines because they were out of stock.

People had access to support from health and social care professionals. However, no one was registered with a dentist.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

People did not experience person-centred care; their needs were not properly assessed before they started using the service and care plans were not up to date.

People were not supported to take part in meaningful and appropriate activities in the home or in the local community.

Improvements had been made to the environment, but people did not have access to Wi-Fi unless they paid for it themselves.

People's dietary needs and preferences were catered for.

There was a lack of effective leadership and staff were not properly trained and supported to carry out their roles.

The provider did not have effective systems in place to assess, monitor and improve the quality and safety of the services provided.

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

Rating at last inspection and update

The last rating for this service was requires improvement, (published 15 March 2019) and there were two breaches of regulations. The provider completed an action plan after the last inspection. At this inspection we found improvements had not been made and the provider was in breach of multiple regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified multiple breaches in relation to safe care and treatment, risks to people's safety and welfare, medicines, staffing, training and support, safeguarding, consent to care and treatment, person-centred care, supporting people to be involved in the local community and monitoring, assessing and improving the service.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

The overall rating for this service is 'Inadequate' and the service therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Inadequate ●

The service was not effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Inadequate ●

The service was not responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

Burger Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by three inspectors over two days. The lead inspector visited on both days, they were accompanied by a different inspector on each occasion.

Service and service type

Burger Court 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 service did not have a registered manager. A new manager had been appointed and the provider told us they had started the process of applying for registration with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced on both days.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used

all this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with eight members of staff including the deputy manager, the regional quality compliance manager, support workers and the maintenance person. The manager was not present during the inspection.

We observed people being supported in the communal rooms and reviewed a range of records. This included four people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection

Due to restrictions put in place to deal with the COVID-19 pandemic we were unable to return to the service for a third day. We asked the provider to send us additional information to enable us to complete the inspection. This information was provided within the requested timescale. We reviewed this information and took it into account when reaching our judgements.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people were not well managed, placing them at risk of harm or injury.
- People had no means of summoning help from staff in an emergency as the call bell system had been removed and no alternative measures had been put in place.
- Risk management plans were not effective as they were not implemented. For example, people had signed up to the house rules and agreed to hand in their lighters and only smoke outside the home. Incident reports showed this was not happening and people had been found smoking in the home, yet no further action had been taken to mitigate these risks.
- Some people's behaviour presented risks to other people and staff and this was identified in risk assessments. However, appropriate actions had not been taken to mitigate these risks and ensure people's safety.
- Internal safety checks were carried out, however robust contingency plans were not in place. For example, the fire alarm system was usually tested once a week however, there was no system in place for this to be done when the maintenance person was on leave.

Risks to people's safety and welfare were not well managed. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection by putting an action plan in place to address these concerns.

Using medicines safely

- People's medicines were not always managed safely.
- People did not always receive their medicines as prescribed as ordering systems were not effective and supplies had run out. For example, one person was prescribed a steroid inhaler to be administered twice a day but had not received this for four days.
- Competency checks to ensure staff were following safe working practices were not carried out consistently.
- Temperature checks of the medicines storage room and medicines fridge were not carried out consistently.

People's medicines were not managed safely. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection by putting an action plan in place to ensure people's medicines were managed safely.

Learning lessons when things go wrong

- Accidents and incidents were recorded; however, analysis was limited and there was little evidence to show any learning from events or action taken to improve safety. For example, one person had repeatedly self-harmed using the same method but there was no evidence action had been taken to reduce the risk of recurrence.

Lessons were not learned when things went wrong. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Recruitment

- At our last inspection the provider had failed to ensure recruitment procedures were consistently followed, an effective dependency tool was in place and safe staffing levels were maintained. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made and the provider was still in breach of Regulation 17.

- Recruitment checks were completed, however there were discrepancies and gaps in the staff records. For example, there were different start dates recorded in the staff files and on the training matrix. Gaps in employment were not always fully explored and checks on proof of identity were not always recorded.
- Some audits of staff files had been undertaken but these were not effective. For example, sections where there was no information were left blank and audit dates were not recorded.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to ensure accurate and complete staff records were maintained. This placed people at risk of harm. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing

- There were not enough staff to meet people needs and keep them safe.
- Care staff carried out cleaning, cooking and laundry tasks as well as providing support to people as no ancillary staff were employed in the home.
- Care records showed some people required one-to-one support and close observation. Staffing levels made this unachievable as there were usually only two staff on duty at night and three during the day.
- One person told us staff did not have time to support people with activities or to sit and talk with them.

Sufficient numbers of staff were not deployed to keep people safe and meet their needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection by putting an action plan in place to address these concerns.

Systems and processes to safeguard people from the risk of abuse

- People were not protected from abuse and possible harm.
- Appropriate action had not always been taken to keep people safe or prevent re-occurrences. For

example, appropriate action had not been taken to protect people from unwanted and inappropriate sexual behaviours.

Effective systems were not in place to safeguard people. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Incidents of abuse were recorded and referred to the local authority safeguarding team.

Preventing and controlling infection

At our last inspection the provider had failed to ensure the premises were clean and well maintained. This was a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of Regulation 15.

- The home had been refurbished since our last inspection. It was clean and free of unpleasant odours.
- The service had achieved a score of 4 (good) for food safety standards when it was inspected by the local authority in January 2020.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to inadequate. This meant there were widespread and significant shortfalls in people's care, support and outcomes.

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 when this is in their best interests and legally authorised under the MCA.

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

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was not working within the principles of the MCA.
- Two people had DoLS in place which were due to expire in March 2020, however, there were no records to show applications had been made to renew the DoLS authorisations. None of the staff or management team were able to tell us if applications had been made.
- One person's records stated they lacked capacity to consent to care and treatment. There was no evidence a DoLS application had been made.
- Two people's records contained conflicting information about their capacity to consent to care and treatment.

Consent to care was not carried out in line with the principles of the Mental Capacity Act 2005. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, we received confirmation from the provider that applications had been made to renew the DoLS authorisations.

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

- People's needs were not adequately assessed before they started using the service.
- Pre-admission assessment forms were not consistently completed, some were partially completed, some were blank.
- Where information was obtained from other agencies before admission this was not fully reflected in people's care plans.

This created a risk people would not receive appropriate care to meet their needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Staff were not properly trained and supported to carry out their roles effectively.
- The training matrix did not include information about training related to the needs of people who used the service. Some staff files contained certificates which showed staff had completed on-line training on subjects such as mental health awareness and conflict management. However, there was no evidence this was followed up to check or reinforce their understanding. In addition, staff were completing multiple on-line training courses in one day.
- Two staff files contained no record of induction training.
- There was no structured approach to supervision and/or appraisals. One staff file contained no record of supervision. In another case a staff member had shared concerns about their health and wellbeing in supervision, but this had not been followed up.

Staff were not adequately trained and supported for their roles. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The training matrix sent to us by the provider showed most staff were up to date with training on safe working practices and equality and diversity.

Following the inspection, the provider told us they were arranging training on positive behaviour support (PBS) for staff.

Supporting people to eat and drink enough to maintain a balanced diet

- Before the inspection we received concerns about the lack of provision of Halal food.
- Halal food was provided, there was separate storage for Halal food and a separate menu. One staff member told us there was adequate provision of all food.
- Two people told us the food was good and said there was always a choice. One person told us they had followed a vegetarian diet for a while and said the service had catered for this.
- People's weights were checked monthly; the records showed no cause for concern about people's weights.
- Staff told us people could have things that were not on the menu or could purchase ingredients to cook, they said the service paid for this.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support

- Records showed people had access to health and social care professionals such as GPs, psychiatrists, community psychiatric nurses and podiatrists.
- Some oral health assessments had been completed and identified the need for people to see a dentist, but this had not been followed up. None of the people whose records we reviewed were registered with a dentist. The quality manager told us the home manager had identified this as an area that needed to be addressed.

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

- People told us they liked their rooms.
- There was a games room which contained a pool table and a computer. People told us the computer was very old and did not provide access to the internet. People told us they were not provided with Wi-Fi access. One person said they had to pay for their own internet access. The providers website stated access to Wi-Fi among the facilities provided at the home. The quality manager told us they would deal with this.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- People were not always treated with respect.
- Most of the interactions we observed were respectful. However, we observed some interactions which were not respectful. For example, one person asked for medicine for pain relief and was told they would have to wait 10 minutes. The staff member in question then carried on talking to another member of staff about an administration issue. The person didn't have to wait for their medicines because a third member of staff who was nearby intervened and took the person to get their medicines.
- In the PIR the provider told us "The race, age, gender, disability, sexual orientation and religious beliefs of all people who use the service are considered and implemented in all aspects of their care." People's cultural and religious dietary requirements were met, and we did not see any evidence of discrimination.

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

- People were not always supported to express their views and be involved in making decisions about their care.
- The provider sent us copies of four surveys completed by people who used the service in February and April 2019. They did not provide any information to show what action had been taken in response to people's feedback.
- The provider told us meetings took place with people to discuss activities and menus. However, they did not provide any copies of meeting notes. Evidence of people's involvement in developing and reviewing their care and support plans was limited.

Respecting and promoting people's privacy, dignity and independence

- Support was not always delivered in a way which promoted people's dignity and independence.
- We heard staff speaking to people in a paternalist way, for example using phrases such as "you are not allowed" when telling someone they could not have their cigarettes.
- The service had a separate kitchen where people could cook their own meals with support from staff.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to inadequate. This meant services were not planned or delivered in ways that met people's needs.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People did not receive person-centred care. People's care records were not up to date and did not reflect their individual care needs or preferences. For example, one person's oral assessment showed they required an oral care plan and dental examination, neither had been put in place.
- Another person's care plans had not been updated to reflect changes that had occurred since September 2019.
- Staff were not always aware of people's needs or how to meet them. For example, one person had a skin condition however staff were not clear what the condition was or how it was being treated.
- There was a lack of clear guidance for staff about how to support people who presented with behaviour that challenged others. Positive behaviour plans were blank.

Person centred care was not delivered. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were not supported by staff to pursue their interests or take part in activities they enjoyed.
- People's activities consisted mostly of watching TV, going to shops and playing pool. Activity planners were not consistently completed. People told us staff had no time to spend with them in activities or conversations. One person said, "It's not good for my mental health having too much time to sit around and think about things." People's views were echoed by staff who told us they had no time to support people to follow their interests or develop new skills.
- None of the people who used the service were supported to take part in work or educational activities.

People were not supported to take part in meaningful activities within the home or the wider community. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider told us none of the people living at Burger Court required support to meet their communication needs. They said they would provide appropriate support should the need arise.

End of life care and support

- The service was not providing end of life care at the time of our inspection.

Improving care quality in response to complaints or concerns

- The complaints procedure was displayed in the entrance area.
- The provider had a complaints policy and complaints were recorded. Two complaints had been recorded since the last inspection. Records showed these had been resolved.
- The service kept a record of compliments, so they knew what they were doing well. A relative had commented favourably about the new colour scheme. A health care professional had complimented the staff on supporting a person to become more independent.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

At our last inspection the provider had failed to ensure effective systems were operated to assess, monitor and improve the quality and safety of the services provided. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had not been made and the provider remained in breach of Regulation 17.

- There was a lack of clear and effective leadership.
- The management team who were present during the inspection did not have a good understanding of risks to the health and safety of people who used the service and staff.
- There was no registered manager in post. The previous registered manager left the service in July 2019. An interim manager was then appointed but they left. Another manager was appointed in November 2019. They were not present during the inspection. The provider told us they had started the process of applying for CQC registration. We have not received this application. A regional quality compliance manager employed by the provider has applied to be the registered manager of Burger Court. This was not the regional quality compliance manager who was present during the inspection.
- Audits which had been completed had not been effective. They had not identified the issues we found during the inspection. These included concerns about risk management, medicines management, staffing, recruitment, staff training and support, safeguarding, the assessment and delivery of care, compliance with the principles of the Mental Capacity Act 2005 and supporting people to live meaningful lives.

Effective systems were not in place to assess, monitor and improve the quality and safety of the services provided and ensure compliance with the relevant regulations. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: Continuous learning and improving care

- People using the service did not consistently experience good outcomes.
- The service did not promote a culture of continuous improvement and learning. Staff surveys completed in January 2020 showed most staff expressed dissatisfaction with the support they received to develop their skills and knowledge. There was no evidence the provider had done anything to address these concerns. We

found staff were not adequately trained and supported for their roles.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The Commission was informed of incidents in the home as required by law.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider told us they engaged with people who used the service individually, in house meetings and by way of surveys. This was not well documented, and we saw no evidence of actions taken in response to feedback from people.
- The provider told us regular staff meetings were held. However, there was limited documented evidence of this. Before and during the inspection staff told us, they did not have confidence in the senior management team.

Working in partnership with others

- In their PIR the provider told us the service had a good relationship and close links with local authorities, mental health teams and professionals such as psychiatry.
- The regional quality compliance manager told us the service was working towards engaging with the local community by inviting groups into the home and looking at potential opportunities to undertake work placements and develop new interests and hobbies.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect The provider had failed to ensure people were supported to take part in appropriate social activities in the home and wider community. (2)(b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had failed to ensure they were working within the principles of the MCA 2005. (3)
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 The provider had failed to ensure service users were protected from abuse and improper treatment. 13(1)

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 9 HSCA RA Regulations 2014 Person-centred care The provider had failed to ensure the delivery of person-centred care. (1)

The enforcement action we took:

Warning notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure medicines were managed safely. (1) (2) (g) The provider had failed to ensure they were doing all that was reasonably practicable to mitigate risks to the health and safety of service users. (1) (2) (b)

The enforcement action we took:

Warning notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure systems and processes were operated effectively to ensure compliance with the relevant regulations. (1) The provider had failed to ensure effective systems were operated to assess, monitor and improve the quality and safety of services provided (1)(2)(a) The provider had failed to ensure accurate and completed records were maintained in relation to persons employed in the carrying on of the regulated activity (1)(2)(d)

The enforcement action we took:

Warning notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had failed to ensure sufficient numbers of suitably qualified, skilled and experienced staff were deployed to keep people safe and meet their needs. (1)</p> <p>The provider had failed to ensure staff received appropriate training and support to carry out their roles. (2)(a)</p>

The enforcement action we took:

Warning notice.