

## Burlington Care Limited

# The Elms

### Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

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

The Elms is a residential care home providing personal care to 30 people aged 65 and over at the time of the inspection. The service can support up to 37 people, some of whom may be living with dementia.

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

There was a concern the initial assessment for two people was not as thorough as it should be, and they had been admitted to the home when they may have needed a more specialist service. Some people had not consistently received their medicines as prescribed, which had the potential to impact on their treatment.

There was a new manager in post, who had started to implement the provider's quality monitoring system. However, for several months the system had not been wholly effective in identifying the issues we found during the inspection or shortfalls had not been addressed in a timely way. When reviewing incidents that had occurred in the service before the new manager took up their post, we found several had not been reported to the Care Quality Commission (CQC). It is important we know about these incidents, so we can check what action has been taken.

Staff received training and induction. There were gaps in staff supervision and appraisal. However, these had been identified and we have been assured an action plan will address the shortfalls. We have made a recommendation about keeping the supervision and appraisal under review to ensure staff receive support and guidance.

The provider had been quick to respond to a safeguarding incident when they became aware of it and took appropriate action. Staff had received training in how to safeguard people from abuse and knew how to report incidents.

The provider had a safe system of staff recruitment. There had been a need for the use of agency staff recently, which, although not an ideal situation, had ensured there were always enough staff on duty.

People's health and nutritional needs were met. Staff ensured people received care and treatment from health professionals when required. People who used the service liked the meals provided.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff ensured relatives were welcome to visit at any time and provided activities daily, so people could choose to participate if they wished. Staff were described as friendly, kind and caring.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was requires improvement (published 17 May 2018).

At this inspection, enough improvement had not been made and the provider was now in breach of regulations. This service has been rated requires improvement for the last two consecutive inspections.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified breaches at this inspection in relation to assessing people's needs in a thorough way, management of medicines, monitoring and improving quality, and ensuring CQC is notified of incidents affecting people's welfare. Please see the action we have told the provider to take at the end of this report.

Since the last inspection we recognised that the provider had failed to notify us of incidents that affected the safety and welfare of people. This was a breach of regulation and we issued a fixed penalty notice. The provider accepted a fixed penalty and paid this in full.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### 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** ●

# The Elms

## 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 team consisted of one inspector, an assistant inspector and an Expert by Experience. 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

The Elms is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with CQC, although the process of registration had started. When registration is completed, it 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.

#### 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 and professionals who work with the service. 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. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service and three relatives about their experience of the care provided. We spoke with seven members of staff including the manager, a senior care worker, care workers, an agency care worker, the activity coordinator and the chef. We also spoke with the provider's nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# 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 remained the same. This meant 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.

### Using medicines safely

- Systems to ensure the safe management and supply of medicines were not always followed. This placed people at risk of harm.
- Although people told us they had no concerns about how they received their medicines, not everyone who used the service had received their medicines as prescribed. For five people this was due to errors by staff. On three other occasions, people did not receive their medicines due to stock management issues.
- Staff did not always have full guidance in how to administer medicines when they were prescribed, 'when required'. There was a concern that a hole punch, used to secure the medication administration records in a file, had obliterated the names of the medicines and the dosage. This increased the risk of mistakes being made.

The failure to ensure the proper and safe management of medicines was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When medicines errors had been made, the manager had acted appropriately and sought medical advice.

### Systems and processes to safeguard people from the risk of abuse

- Staff had received training and knew what to do if they became aware of allegations of abuse.
- When aware of any allegations, the manager and provider's representative acted to safeguard people who used the service.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People had risk assessments in place, which helped staff support people and minimise risk.
- The registered manager collated information about accidents and incidents to look at strategies to reduce them.
- People told us they generally felt safe in the service and staff supported them well. There were comments from two people regarding incidents between specific people who used the service, which had been noisy and upsetting. The manager had acted to address these incidents and prevent a reoccurrence.

### Staffing and recruitment

- There were enough staff to meet the needs of people who used the service. When staff shortages occurred, the provider used an agency to ensure there were always enough staff on duty.
- People told us staff responded quickly to call bells. Comments included, "They come fairly quickly; there's

no problem" and "It's not long [for call bells to be answered], and I'm never rushed." A relative said, "You see the odd wait, staff are very busy."

- The provider had a safe recruitment system, which ensured employment checks were in place before staff started work in the service.

#### Preventing and controlling infection

- The service was clean and tidy. There were cleaning schedules for domestic staff to follow.
- Staff had personal protective equipment such as gloves and hand gel to help prevent the spread of infection.



# 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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- There was a concern that pre-admission assessments of two people who experienced anxious and distressed behaviour and were non-compliant with care support, had not been thorough. This had resulted in two admissions to the service of people who had complex dementia care needs. This had impacted on other people who lived there by causing anxiety and distress at times. It also meant the people had to move to other more appropriate services.
- Health professionals said staff initially carried out their instructions diligently, but this often lapsed when they revisited, and they had to remind staff again. They also reported visiting people and noting other people's dressings needed changing, which had not been mentioned to them. The manager and provider's nominated individual told us they would address this with staff.
- There had been some staff who had used moving and handling techniques contrary to their training and people's individual assessments and care plans. This potentially placed people at risk of harm. The manager and provider's nominated individual have taken action to ensure safe moving and handling techniques are always used.

Failure to thoroughly assess people's needs before admission, follow professionals advice and move and handle people in line with their assessed needs was a breach of regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Systems in place to ensure staff received training, supervision and appraisal were not always used effectively. Seven staff had not received any supervision in 2018 and no member of staff had received formal supervision between March and December 2018. There had been no staff appraisals in 2018.
- The manager had started to address the supervision and appraisal shortfalls.

We recommend the supervision and appraisal system is kept under review to ensure staff receive support and guidance.

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

- People's health care needs were met, and records showed they had access to a range of health care professionals. One person said, "I have asked to see a doctor and a chiropodist visits me."
- Health care professionals told us staff usually contacted them in a timely way when they had concerns

about people's health.

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

- People's nutritional needs were met. Menus provided choices and alternatives at each meal.
- Staff monitored people's weight and the manager recorded specific actions taken to counter weight loss. Dieticians and speech and language therapists were contacted when staff had concerns about people's nutritional needs.
- People told us they liked the meals. Comments included, "Lunches are excellent; the casseroles are my favourite. I can ask for a drink or snack anytime" and "I have no complaints; we have different things and there is certainly enough." A relative told us "She eats well and has put weight on."

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 provider acted within the MCA when people had been assessed as lacking capacity to make their own decisions. Mental capacity assessments had been completed, best interest meetings held and applications made for DoLS. The manager monitored DoLS and had records of when they required review.
- Staff were aware of their responsibilities in gaining consent before carrying out care tasks. People we spoke with all confirmed staff asked for their consent before assisting them.

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

- The environment was suitable for people's needs. There was a range of equipment to meet people's general and individual needs. For example, moving and handling equipment, pressure relieving items, profiling beds and falls prevention aids.
- There were pictorial signs to help people find their way around the service.
- There was various communal areas, quiet spaces and an internal courtyard with seating for people to access.

# 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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives felt that staff were kind and caring. Positive comments about how staff supported them included, "The staff are good and kind, I can't fault them" and "The staff are all very pleasant and do what they can do, none are snappy." Relatives said, "The staff are very friendly. I admire them" and "The home is very good, and the carers are all very kind. I would recommend it here."
- Staff had built up positive relationships with people and knew them well. Staff were happy, approachable, friendly and caring towards people.
- Staff were aware of people's diverse needs. The manager stated, "We recognise that people are different and ensure that their likes and dislikes and personal beliefs and preferences are included into the care planning process. This is so their needs can be met in a way which is meaningful to that individual."

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

- People had been involved in their assessments and contributed to the planning of their care. They had informed staff of their likes and dislikes, social histories and preferences such as times of rising and retiring to bed.
- Reviews of people's care plan took place. This enabled people and their relatives to discuss how the plan was working and whether any changes were required.
- Staff were attentive to people during the day and especially at mealtimes. They supported people to make decisions about where to sit during the day and what to eat at mealtimes.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity. Comments included, "I am comfy with them when they bathe me" and "All the ladies like a female to take them to toilet and we get that."
- Staff gave appropriate descriptions of how they supported people during personal care to maintain privacy and dignity.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

- Most people's care plans contained good information to guide staff in the delivery of care. However, two of the care plans we looked at required improvement to ensure staff had full information to deliver care and support to people in a consistent way. The manager addressed this straight away.
- The permanent staff we spoke with had a good understanding of people's needs and how to deliver individualised care.
- People told us staff ensured they made their own decisions. They said, "I make my own decisions" and "I can go for a walk if I want."

End of life care and support

- People could remain at the service for end of life care. There was no person currently receiving end of life care; the manager described who they would contact for advice and support should this care be needed.
- People had care plans to reflect their end of life wishes.
- A health professional said, "In my experience of caring for patients at end of life within the home, I have only observed and come across good quality care from staff. They contact us in a timely manner should they have concerns."

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.

- People's care plans described any issues regarding communication, for example whether hearing aids or glasses were needed and whether people had difficulty processing information.
- There was signage to help people locate their way around the service and pictorial information regarding menus, activities and items on the notice board.
- We observed staff used different methods to help meet people's communication needs, for example, by providing visual choices at mealtimes.

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

- Relatives confirmed there were no restrictions on the times they could visit people.

- The service had an activity coordinator who had been working at the service for the last six weeks. They had developed a range of activities and ensured people had the opportunity to participate in them.
- People told us the provision of activities had recently improved since the new activity coordinator started working in the service.

#### Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure, which was displayed in the home.
- There was a system for recording any complaints or concerns received.
- People felt able to raise concerns in the knowledge they would be addressed. Comments included, "I would tell one of the nice carers" and "I would tell people in here who I trust or the head carer; I have never had problems." Relatives told us they would speak with the manager if they had any concerns.

# 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 remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The Care Quality Commission (CQC) had not received notifications for several incidents which affected the safety and wellbeing of people who used the service. This is a requirement of the provider's registration and will be addressed outside the inspection process.

Failure to notify the CQC of incidents affecting people who used the service was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- The provider had a quality monitoring system, which consisted of audits, checks and methods to ensure information was communicated to people so they could provide feedback. However, the quality monitoring system had not identified some of the issues found during the inspection or these had not been rectified in a timely way. These included non-notification of incidents, more information required in two people's care plans, medication errors, shortfalls in staff supervision and ensuring staff adhered to moving and handling training.

Failure to operate effective systems and processes to assess, monitor and improve the quality and safety of the service was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There had been a recent change in management and the quality monitoring system had started to improve. Action plans were produced following audits. The audits were seen by senior management, so they could check progress with the manager. The manager told us they would ensure notifications of incidents and the need to send them to CQC would be added to the audit process.
- There was a system to reporting accidents and complaints to senior management, so these could be analysed for lessons learned.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

- Every person we spoke with said they had no problem raising concerns with staff, the manager or senior management.

- The provider had introduced person-centred software to improve the recording of daily care provided to people. They had also introduced 'Resident of the Day' where the person's care plan was reviewed, and they were asked their views about care and meals.
- The provider's representative was clear about being open and honest with people and their families when shortfalls in the service occurred. This had been demonstrated following a recent incident.
- There were positive comments from staff about the manager's approachability. Comments included, "My manager is supportive; I can raise any concerns." Some staff commented that morale had dipped due to recent staff changes, but they remained committed to providing good care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others;

- Meetings and reviews were held so people could engage with staff and management. There was a schedule of meetings for staff.
- Records showed staff engaged with a range of health and social care professionals involved in people's care and treatment. Information printouts were available when people were taken to hospital for emergency treatment or admissions. These provided up to date guidance on people's needs to assist nursing and medical staff.
- A visiting professional described a situation where they felt communication and decision-making could have been improved. This was discussed with the manager and provider's representative during feedback.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider had not ensured the pre-admission assessments were consistently robust to accurately determine service user's complex care needs and whether they could be met within the service. The provider had not always ensured moving and handling practices were appropriate or met the needs of service users.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure the proper and safe management of medication to ensure people received their medicines as prescribed.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to operate effective systems and processes to assess, monitor and improve the quality and safety of the service.</p>



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 18 Registration Regulations 2009 Notifications of other incidents  The provider had failed to notify the Care Quality Commission of incidents that affected the welfare of service users.

### **The enforcement action we took:**

We have issued a fixed penalty notice.