

Burdon Grange Care Home Limited

Burdon Grange Care Home

Inspection report

Burdon Lane
Highampton
Beaworthy
Devon
EX21 5LX

Tel: 01409231551

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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

Burdon Grange Care Home is a nursing home in one adapted building that provides accommodation for people who require nursing and personal care. There is also a separate flat that provides accommodation for two people. The service is registered to accommodate up to 31 people who have complex physical and nursing needs. At the time of our inspection there were 26 people using the service.

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

Not all risks in relation to the management of medicines were managed safely and we found omissions in some clinical records that may expose people to risk. Some medicines were not being stored safely and variable dose medication was not accurately recorded. The providers current policy was not comprehensive in some areas.

The current governance systems in operation had not identified the areas of concern we found during the inspection. Whilst it was not evident this had resulted in impact or harm to people, people were at risk of not receiving care in line with their assessed needs.

Not all staff were positive about the leadership of the service. Some staff told us they felt communication from the registered manager could be improved and that this would make a positive difference to the people they supported and increase team cohesion.

People were well supported by staff that were caring and treated them with dignity and respect. Staff knew people well and understood their needs. We received positive feedback from people and their relatives during the inspection.

Risks of abuse to people were minimised. Staff had received safeguarding training and the service had appropriate safeguarding systems and processes. Staff understood safeguarding reporting processes. There were effective systems that ensured the service and environment were safe. Health and safety checks, together with effective checks of the environment were completed.

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. There were systems in place that ensured people who were deprived of their liberty were done so with the appropriate legal authority.

People were supported by staff who had the skills and knowledge to meet their needs, however some staff told us they would like a more comprehensive continual training package. There was no effective system to monitor staff supervision and appraisal and not all staff were positive about the support they received.

There was a system to investigate and respond to peoples' concerns and complaints. People and their

relatives commented positively about the registered manager and the quality of care their family member received. No concerns were raised about the quality of care provided.

The service continually looked to learn and improve care provision for people. They were involved in trials of new systems and methods to improve peoples' lives. The service worked well with other professionals and we received very positive feedback from healthcare professionals we contacted about both the care provided and the standard of leadership at the service.

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 Outstanding (published 14 March 2020).

Why we inspected

The inspection was prompted in part by notification of a specific incident as a result of which two people using the service died and another was seriously injured. This incident is subject to a criminal investigation. As a result, this inspection did not examine the circumstances of the incident. The information CQC received about the incident indicated concerns about the management and assessment of risk. This inspection examined those risks.

We also looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment and good governance.

You can see what action we have asked the provider to take at the end of this full report.

The overall rating for the service has changed from Outstanding to Requires Improvement based on the findings of this inspection.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Requires Improvement ●

Is the service caring?

The service was caring.

Good ●

Is the service responsive?

The service was responsive.

Good ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

Burdon Grange Care Home

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two Inspectors, a member of our medicines optimisation team and a specialist nurse adviser.

Service and service type

Burdon Grange Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Burdon Grange is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short period notice of the inspection because of recent tragic events involving people using the service. This had impacted on the health and well-being of both people using the service and staff. We

wanted to ensure our visit was communicated to the provider to allow them to advise people and staff we would be attending and in what capacity.

What we did before the inspection

We used the information the provider sent us in the Provider Information Return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We also reviewed additional information we held about the service, this included previous inspection reports and statutory notifications. A statutory notification contains information about certain incidents and events the provider is required to notify us about by law.

During the inspection

We spoke with seven members of staff which included the registered manager, clinical staff, care staff, activities staff and administrative staff. We also spoke with the Nominated Individual who was also the registered provider of the service. We spoke with seven people who lived at the service and observed interactions between people and staff.

We met with four people's relatives and spoke with one visiting professional. We reviewed a range of records, including peoples' care records, staff recruitment files, records relating to safety checks including fire safety, complaints records and accident and incident records. We also reviewed medicines records and records relating to monitoring and quality assurance.

Following our site visit we spoke with an additional 10 staff members. We contacted five healthcare professionals to seek their views on the service and received feedback from four of them. We also received further clarification and documentation from the service to validate evidence found.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. 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.

Assessing risk, safety monitoring and management

- Whilst we found that people were cared for at the service, we found incomplete or sub-optimal records relating to the management of identified risk. This meant there was a risk to people.
- For example, where people used a catheter, there was insufficient information relating to the management of the catheter in relation to safe management of the equipment.
- Where people may require the use of suction equipment, care plans lacked guidance as to the specific use of the equipment to ensure it was used safely when required.
- One person in the service was assessed as requiring a specific piece of equipment as part of their oral care provision. The use of this item required a specific risk assessment to be undertaken which had not been completed.
- We found that within care records for people who were at risk of seizures, there was no specific care plan around seizure management detailing the type of seizure people may experience or the signs and symptoms that may indicate a seizure may happen.
- Records in relation to diabetes management required further detail, for example peoples' blood sugar parameters and when and how to use hypoglycaemic reversing agents.
- We found records used in the event of an emergency evacuation were not reviewed frequently, and one record was inaccurate and no longer reflected the person's current needs.
- A healthcare professional we spoke with told us that a recent contact with the service highlighted that documentation did not always contain the detail required.

Whilst we did not find significant impact to people, sub-optimal records relating to the delivery of care presented a risk to some people. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff we spoke with knew the level of support people required to reduce or mitigate identified risks.
- A healthcare professional we spoke with told us they felt people received safe care at the service. They commented, "The staff are happy, accessible, knowledgeable, and dedicated. I am confident in the information that I am given."
- The service environment and equipment was maintained, and records were kept of regular health and safety checks. This included checks in relation to water temperatures, legionella and mobility equipment.

Using medicines safely

- Arrangements were not in place to ensure the safe storage of medicines.

- Medicines that had a reduced expiry after opening were not always dated to indicate when they had been opened or when they would expire.
- Variable dose recording did not always record the actual dose administered. For people prescribed variable doses, there was no clear plan to indicate how the decision to administer was taken. This meant it was not always clear what medication people had received.
- For people prescribed rescue medicines there was no plan of care in place to indicate how or when these were to be administered, nor was there information about any required escalation.
- Medicines audits that were completed did not comprehensively review the overall safe management of medicines in the service but focussed only on the completion of individual medication administration records.
- Medicines policies were not current and did not reflect how the service was delivering medicines.

Whilst we did not find significant impact to people, current medicines practice presented a risk to some people. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Adequate staffing levels were maintained to meet peoples' needs, however some staff told us that additional staffing was needed at times to ensure care delivery was consistently good.
- People and their relatives did not raise any significant concerns around staffing levels, however feedback from staff was not consistent and we were unable to clearly determine if staffing levels were consistently safe or sufficient to meet peoples' needs.
- One person we spoke with told us, "Most days it's ok. Some days, through sickness, they are short but always pull together as a team. [It] never effects the care we get."
- The registered manager explained the minimum staffing levels they aimed to achieve. They told us there were no staff vacancies.
- We reviewed the rotas for the previous four week period. The way staff attendance was manually recorded and the amendments that were made to the rota did not make it possible to accurately conclude what had been worked.
- Staff comments included, "Yes, staffing does impact on the residents. They don't get the quality time with the carers. I don't think management are doing enough and I think they could advertise more than they do." Another told us, "We are short of staff on certain shifts but it is better than it was. It has improved staff-wise and the team spirit is good."
- Positive staff comments included, "We always get cover when needed and as staff we always go above and beyond to make the residents' lives easier. No, I don't think it does impact on residents as we always get cover."
- Staff had been recruited safely. Relevant pre-employment checks had been carried out including criminal record checks and references from previous employers. We identified in one staff file a full employment history check had not been completed and this was highlighted to the registered manager for action to be taken.

Systems and processes to safeguard people from the risk of abuse

- People felt safe in the service and we received positive feedback from people and their relatives about the staff at the service.
- The service had policies in relation to safeguarding and staff told us they could access them.
- Comments we received included, "I'm happy with everything here". A relative we spoke with told us, "[They] couldn't have a better place."
- People were supported by staff that knew how to raise and report safeguarding concerns. One staff

member said, "I would go straight to [registered manager] and [provider] and would feel confident and comfortable enough to go to them. We do have a whistleblowing policy – I have read it and the information is available if we need it."

- We found examples of where concerns had been reported to the local authority's safeguarding teams.

Learning lessons when things go wrong

- Accidents and incidents were recorded by staff into an accident book.
- The registered manager told us they had an overview in relation to the identification of patterns or trends of accidents or incidents which was based on review of the accident book.
- There were provider level audits in place that monitored the accident and incident records completed by staff.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to see visitors in line with current UK Government guidance. A number of people in the service had a nominated 'essential caregiver' who was able to visit when required.
- Risk assessments had been completed where relevant. This included when people received visitors when they were assessed as being at or close to the end of their lives.
- Peoples' families told us they were supported to visit in a safe way and felt welcome when visiting.

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 our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- People and their relatives felt well supported by staff at the service, however improvements were needed in relation to training, supervision and appraisal.
- There was a training record in place that monitored training completed by staff that was deemed as key by the provider. This evidenced when staff were due updates.
- Records did not evidence that all clinical or care staff had completed training specific to all of the needs of people at the service. Some people had conditions such as Cerebral Palsy, Epilepsy and Multiple Sclerosis. This type of training would support staff to understand the conditions of people they supported better.
- We received mixed feedback from staff about some training. Some felt there was sufficient where others wanted more training provided.
- There was an induction in place to support new staff employed at the service. This included an initial training programme and environmental familiarisation.
- There was no record maintained to demonstrate oversight of when clinical and care staff received supervision or appraisal. The feedback we received was very mixed about the support they received through supervision and appraisal.
- One staff member told us, "I've had two supervisions in two years, you can't blame Covid for everything." Another said, "No, not regularly [receive supervision], I believe I have had one supervision since I have been there [over one year] and no staff meetings." Other staff were more positive about their supervision stating they recall having them about every six months.

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

- People were assessed prior to moving into the service to ensure their needs could be met and that the environment was suitable for them.
- The assessment process enabled a care plan to be completed on admission or shortly after that gave guidance for staff on how to meet peoples' needs.
- Healthcare professional feedback in relation to the admission process undertaken by the service was very positive. One commented, "The staff and leadership team at Burdon Grange ask for training and information/guidance prior to any discharge to ensure that the care team staff are adequately trained and competent to care for this complex client group."
- Nationally recognised tools in relation to peoples' care and treatment were used within care plans.

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

- There were nutritional care plans in place for people to aid in meeting their nutritional and hydration needs.
- The registered manager informed us that nobody was currently having their food or fluid intake specifically monitored due to clinical concerns.
- Peoples' individual needs were met by the service and we saw during periods when people were dining they were well supported by staff.
- Where people required clinical support to meet their nutritional needs, for example via a liquid feed delivered directly to the stomach known as a Percutaneous Endoscopic Gastrostomy (PEG), their needs were met.
- There was evidence within care records that appropriate professionals had been consulted in relation to nutrition and hydration where required.

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

- The service was set over two floors with stairway access and a suitable passenger lift providing access to and from the first floor.
- We observed peoples' needs were met by the design and layout of the service. Where they were able, people could independently move around service using mobility aids.
- There were a number of different communal areas people had access to internally and we saw they were consistently used. Externally, there were extensive grounds people could enjoy.
- Peoples' rooms were personalised and adapted to them. Feedback was positive with one relative telling us, "The room really meets their needs."

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

- The feedback we received from healthcare professionals who worked with the service was very positive.
- One professional told us, "I feel that Burdon Grange Care Home can be highly recommended as a suitable interim setting for our patients." Another commented, "I look forward to attending Burdon Grange."
- Staff we spoke with were able to recognise and respond to identified changes in peoples' needs. This was evidenced through peoples' care records.
- People were supported to see appropriate health and social care professionals when they needed, to meet their healthcare needs. For example, their GP and various other specialist clinicians.
- People at the service had the benefit of permanently employed Occupational Therapists and Physiotherapists being on site.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Before people received any care and treatment they were asked for their consent and staff acted in accordance with their wishes.
- At the time of our inspection, some people had an authorised DoLS. Where applicable, applications to deprive people of their liberty had been made. These applications were currently pending progression by the relevant local authority.
- Where restrictive practices were in place, we found capacity assessment and best interest decision processes had been followed prior to the implementation of certain practices.
- The service ensured that as part of the pre-admission process they identified if people had an appointed Lasting Power of Attorney (LPA) in place to make certain decisions on their behalf if they did not have capacity to do so.
- Where an LPA was in place, the service had ensured they had a copy of the relevant record on file and consulted the relevant people when needed.

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 our last inspection we rated this key question Outstanding. At this inspection the rating has changed to Good. 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 received care from staff who developed positive and caring relationships with them. We observed staff had a good relationship with people.
- We spoke with people at the service who were mainly positive about the care they received. One person told us, "I'm happy here and staff look after me well." Another person told us, "I am happy with everything here." Another comment was, "I really appreciate what we have here."
- One person we spoke with gave mixed feedback about their care. They told us they felt their care varied on different days and was not consistent. They commented, "[The staff are] some days caring some days not."
- Without exception, all of the feedback received from relatives was very positive. One commented, "[We are] Very lucky to have [relative] here." Another commented, "It's the small things that make a big difference. The staff know [relative] like the back of their hand." Another said, "[Relative] wouldn't be alive today if it wasn't for them."
- In addition, all of the healthcare professional feedback we received was positive. One said, "The staff are happy, accessible, knowledgeable, and dedicated. There is always an uplifted, joyful vibe in the air. I see a genuine affection and relationship between staff and residents." Another commented, "I have found Burdon Grange staff to be caring to patient's needs and interests and endeavour to engage the patients in a variety of activities that they may have previously enjoyed prior to their injury."

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

- People's views were regularly sought through day to day interactions, and we observed staff communicating with people in a very positive manner. People appeared comfortable and relaxed in the presence of staff.
- Where we could, we spoke with people about involvement in their care and they were positive. One person commented, "You can't beat this place. Staff are always friendly. Some days I need more help than others and staff always ask but also let me be independent. [They] encourage us to be independent."
- Throughout the inspection people were involved in choice about how they spent their day and time at the service. Choices were offered to people in relation to if they wished to do an activity, go outside, or do something of their choice."
- Staff were attentive to people during the inspection, ensuring they had things they needed and asking if they required anything.
- Staff feedback was positive about how they supported and empowered people. One said, "We just treat people with compassion, you treat people with empathy and so it is just about being there for them and we are always talking to them and helping with things and their needs." Another staff member told us, "We try

and support people to do what they liked to do before [moving to Burdon Grange] like going shopping and going out on trips and we have one person who likes drawing and colouring all the time and one person who likes to play with dolls so we just do whatever they want to do and when we have set trips we ask people if they want to go. Just trying to keep to their normal lives as much as possible."

Respecting and promoting people's privacy, dignity and independence

- Peoples' privacy and dignity was respected. We observed positive interactions to support this during the inspection.
- Throughout the inspection visit we saw many positive interactions between people and the staff and management. All the feedback we received was positive.
- Staff were respectful of people and told us how they achieved this. One staff member said, "When we give personal care, we make sure doors are shut and their other half is covered by towels and when going into bedrooms, knocking before you enter and just talking through everything with them."
- People were supported to maintain links with those closest to them. Visitors were welcomed at the service at any time in line with published legislation and guidance. One relative said, "[It's like a big family here - I feel very welcomed." Another said, "My goodness, they [staff team] are amazing and have always been."
- Some people at the service were supported with their independence through the use of technology to aid them to communicate.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Outstanding. At this inspection the rating has changed 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

- Care plans were person centred, individualised and relevant to the person to whom they related.
- Records showed that where possible, people and/or their relatives were supported to be involved in their care plans and review. One relative we spoke with told us, "They have adapted to his changing needs, we have gone through the care plan together."
- Care records had historical information about people to support staff in learning about people. Some staff commented they didn't have the time to read care plans, however others spoke positively of them. One commented, "Yes - all the care plans and risk assessments are clear and if there is something we do not understand or we do not think is quite right we can go in and say to [registered manager] and we discuss it."
- Staff we spoke with knew people well and we observed personalised observations. Staff were able to demonstrate through conversation they understood why the person was living at Burdon Grange and could be responsive to their personalised needs.
- Healthcare professionals we spoke with felt the service was responsive to peoples' needs. One told us how responsive the service was when there was a complex admission to the service during the height of the Covid-19 pandemic and praised how they involved the person. Another professional told us, "I am confident in the information that I am given, and my experience has been of time-appropriate escalation of concerns about residents in a coordinated approach."
- Whilst it was evident the service planned care to meet peoples' needs, records evidencing the delivery of care methods were not always optimal or accurate. This has been reported on in the 'Safe' section of this report.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard (AIS) tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Peoples' individual communication needs were assessed and recorded within their care plans in line with the AIS. This included both verbal and non-verbal prompts.
- We made observations that staff were able to communicate with and understand each person's requests and changing moods as they were aware of peoples' known communication preferences. The information in peoples' care records aided this.
- The service worked with relevant healthcare professionals including speech and language therapists to aid

communication. One professional commented, "Burdon Grange always make every effort to liaise closely with [relevant service] to ensure all necessary information is gleaned before discharge."

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 supported to take part in activities both within the service and externally.
- The service employed permanent activity staff to support people and we saw they were on duty and aiding activities on the day of our inspection. One staff member told us, "I hear about their day when they go shopping or to the market. We want the residents to be happy and I think they are."
- The significant links the service had with the local community were impacted heavily by Covid-19, however these were slowly being grown again as restrictions lifted.
- During the Covid-19 pandemic the service had linked in with the local primary school and initiated a 'pen pal' exchange between people and pupils.
- People at the service usually saw a live performance of a nativity play from the same school, but were unable to see it live due to restrictions. However, using technology the service were able to stream the latest nativity by the school for people to enjoy.
- People at the service were able to support the local church over the Christmas period of 2021 and made decorations for a tree the local community could enjoy.
- A recent community Platinum Jubilee event had been held in the grounds of the service with a large attendance of people, their relatives and staff.

Improving care quality in response to complaints or concerns

- There were opportunities for people to raise any issues, complaints or concerns with staff or the management at the service.
- There was a complaints policy and procedure in operation, and we saw information on how to raise a complaint was also clearly demonstrated in the communal hallway on the ground floor.
- People we spoke with told us that although they had never had to make a complaint, they would feel able to do so if needed. One person when asked about complaints told us, "I can always talk to the staff."
- There was a system in place to receive, investigate and respond to any complaints submitted to the service management.

End of life care and support

- People were supported to have a dignified and pain free death.
- Where required, care plans were produced for people at or near to the end of their lives.
- Relevant healthcare professionals such as a person's GP were communicated with to ensure care and treatment was planned accordingly.
- A relative we spoke with commented positively about how the service has worked with them and relevant healthcare professionals such as the local hospice team to support the person towards the end of their life.

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 our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. The service management and leadership was consistent; however governance systems were not consistently reliable and effective. Some risks were not always identified or managed.

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

- There was a range of audits in operation to monitor the health, safety and welfare of people at the service and additional auditing was undertaken by the provider. However, the current governance arrangements had failed to identify the concerns identified during the inspection relating to some care records and medicines management.
- The current auditing systems had not identified that sub-optimal records in relation to clinical care or inaccurate recording and storage of medicines. Additionally, issues around training and supervision were not recognised together with recruitment process omissions. We also found that despite being part of the audit process, some items in the emergency first aid box were out of date.

Whilst we did not find significant impact to people as a result, sub-optimal records and failures in relation to good medicines management may present a risk to people. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a clear structure at the service and through conversations with staff it was evident they understood their individual roles and responsibilities and who they reported to.
- The provider had clearly displayed the current rating at the service location in line with regulatory requirements.
- The provider had notified CQC in full about any significant events at the service in line with regulatory requirements. We use this information to monitor the service and ensure they respond appropriately to keep people safe.

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

- We received mixed feedback when we asked staff about the leadership and how they felt they were empowered and involved in the running and development of the service.
- Some staff we spoke with were satisfied with their employment, however some felt that the absence of empowerment restricted the development of the service. One staff member told us, "This home could be really amazing. This home is a model for how complex patients should be managed but the current poor communication is resulting in no cohesive team approach." Some staff told us they felt they met with resistance and described the workplace as, "Demotivational."
- Staff comments clearly evidenced staff had different experiences. For example, one said, "Yeah, I think it is

well run, every issue I have had has been dealt with. [registered manager] is lovely; I find her approachable. I would say the communication with staff is good." However other comments included, "I don't think the service is well managed. [registered manager] does not communicate with staff or the residents and if she is on the phone to a relative she does not shut the door so everyone can hear. I can't approach her at all. I talk to one of the nurses."

- Some of the staff we spoke with identified communication as an issue in the service and stated that very limited staff meetings were held and that increasing these would make a positive difference. Staff feedback we received felt that improved communication generally throughout the home would significantly improve the continuity of care.

- We received very positive feedback on the provider who was actively involved in the day to day running and management of the service.

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

- People and their relatives had the opportunity to engage through conversation and more formal feedback through surveys.

- People and their relatives spoke highly of the registered manager and the provider. Comments we received included, "Leadership is very good. Brilliant and [provider] is amazing as well." Another comment around engagement we received was, "[I've] talked to them about a few things and the staff listen and solve any issues."

- A survey of people, their relatives or those acting on their behalf had been completed in 2021. The overall results of the survey were very positive. Comments in the survey included, "I and my family will always be grateful for keeping [relative] safe and happy. Not only through this pandemic but always." Another comment read, "I am pleased and reassured at the wonderful care [relative] receives at Burdon Grange."

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

- There was a Duty of Candour policy in place and the service communicated with people, their relatives or representatives where required. Feedback from a relative included, "They tell me what he has done, though very little now as he's unwell they always keep me informed." Another comment was, "[I am] happy I am kept informed with everything."

Continuous learning and improving care, Working in partnership with others

- The service was continually looking for ways to improve care and increase people's quality of life. Staff we spoke with told us how they were supported with this by the provider.

- The service was currently involved in trialling a new sleep system to improve peoples' quality of life. The provider ensured training and equipment was provided and due to the success of the trial a full roll out would now be completed.

- Healthcare professionals we spoke with spoke very highly of the care provided and the working relationship they had with the service. No concerns were raised.

- Comments from healthcare professionals about the service provider included, "An accessible, approachable, committed leader who is proactive in augmenting the lives of disabled people under their care." The registered manager was described as, "Dedicated, reliable, experienced, and a knowledgeable nurse in all aspects of caring for disabled people. [Registered manager] is professional, approachable, accessible, and thoughtful."

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider had failed to ensure the management of people's care delivery was safe. Medicines management was not consistently safe. Regulation 12(2)(b)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had failed to operate effective governance to identify and manage risks relating to people's care and treatment. Regulation 17(2)(b)