

Burlington Care Limited

Bessingby Lodge

Inspection report

Brick-kiln Balk
Bessingby
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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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Bessingby Lodge is a residential care home providing personal care to 21 people aged 65 and over at the time of the inspection. The service can support up to 28 people and specialised in dementia care.

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

People did not always receive safe, effective and responsive care. Systems in place to reduce risks to people was not always followed and medicines were not always managed well. People did not receive their medicines as prescribed.

Interactions between staff and the people were not always positive and respectful. People were not always supported to make choices in line with their preferences. Care plans and risk assessments did not always contain information/guidance for staff to follow and provide responsive care to .

Governance systems were not always effective in ensuring high quality care across the service. However, the management team were responsive to feedback and had begun to make changes while we were inspecting. We will assess the impact of this at our next inspection.

Recruitment checks helped ensure new staff were of good character. The premises were kept clean. The provider knew some areas of the service required redecoration. Staff felt supported by the new management team supporting the service.

The service's infection prevention and control policy and procedures, including visiting arrangements, reflected current national guidance. There were ample supplies of Personal Protective Equipment (PPE), which staff used safely.

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 did not support this practice.

Relatives told us their loved one felt at ease with the kind, caring staff and had confidence in their abilities. Staff were confident that new management team would support the service to improve.

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

Rating at last inspection

This service was registered with us on 23 April 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We 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 are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment and the management oversight at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

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.

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 not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well led findings below.

Requires Improvement ●

Bessingby Lodge

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 Health and Social Care Act 2008.

Inspection team

The inspection was completed by two inspectors on the first day and one inspector on the second day. An Expert by Experience also made phone calls to people's relatives to gather feedback on the care provided. 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

Bessingby Lodge 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. Bessingby Lodge is a care home without 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 CQC 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. The registered manager was not present during the inspection.

Notice of inspection

This inspection was unannounced on both days of inspection.

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 (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 used all this information to plan our inspection.

During the inspection

We inspected the safety of the premises, reviewed documentation and carried out observations in communal areas. We spoke with two people who used the service and five members of staff including the regional manager, supporting manager, senior care staff and care staff. We reviewed a range of records. This included two people's care records and three people's medication records. We looked at three 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 also reviewed.

After the inspection we continued to seek clarification from the provider 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.

This is the first inspection of this newly registered service. This key question has been rated 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

- Risks to people were assessed. However, staff did not always follow processes to reduce risks to people. For example, where people needed to be weighed weekly this was not always completed.
- Care plans and risk assessments were in place and provided information to staff on how to manage people's needs and risks. However, these were not always accurate or updated when people's needs changed.
- Environmental risks were not always considered regarding the safety of people.
- Fire safety procedures were not always clear. The service shared a fire protocol with an adjoining service under the provider. Regular fire drills had been completed, but these were unclear about how many staff had participated from Bessingby Lodge.
- Fire safety checks were completed. However, some bedroom doors did not close correctly. This exposed people to risk in the event of a fire. The provider assured us they completed weekly fire door checks and took action to address the problems with door identified..
- People had plans in place in case of an emergency (PEEPs), but these did not always include the required information to safely evacuate people. For example, not all PEEPs had people's mobility needs recorded on them.

The failure to do all that is reasonably practical to assess and mitigate risks and provide safe care and treatment to service users was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Using medicines safely

- Medicines were not managed safely.
- People did not always receive their medication as prescribed. One person had been prescribed medicine to be given on a specific date, this had not been given and was overdue by three days.
- We could not be assured people who were prescribe time specific and topical medicines received these medicines in line with the prescriber's instructions.
- People's allergies were recorded within their care plans and medicines administration records. Processes to reduce the risk of an allergic reaction were not always acknowledged or in place.
- Staff who were responsible for the administration of medicines, lacked knowledge and understanding of best practice in medicines procedures.

Whilst we found no evidence people had been harmed, people had been placed at risk of harm as a result of

the issues we found. This was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider addressed the administration methods for time specific medicine to ensure people received these in line with the prescriber's instruction.
- Support from more experience staff was put in place to improve medicines practices at the service.

Staffing and recruitment

- There were sufficient staff to meet people's needs. The provider used agency staff to cover staffing shortfalls. However, this meant not all staff had in-depth knowledge of people's needs.
- Issues with staff deployment meant they did not always have time to spend with people and people were not always able to do what they wanted. For example, choosing where they wished to spend their time within the service.
- Recruitment processes were safe. Pre-employment checks were performed on staff to ensure they were suitable to work at the service.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm, abuse and discrimination. The service had a safeguarding policy and the management team followed internal and external processes to keep people safe.
- People and their relatives felt the service was safe. Comments included, "They [person's name] are absolutely safe and content – I'm quite impressed with them to be honest" and "[Person's name] is quite comfortable and was kept safe during the pandemic."
- Staff had access to appropriate training and understood how to raise any concerns about poor practice.

Preventing and controlling infection

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

Visiting in care homes

- There were no restrictions upon visiting at the service. Relatives and friends were welcome to visit at any time.

Learning lessons when things go wrong

- Lessons had been learnt and some aspects of service provision had improved as a result of the learning.
- All accidents or incidents were recorded and monitored. Reports were analysed, enabling any safety concerns to be acted upon. However, there was a backlog of accidents and incidents to be reviewed by the management team. This meant lessons learnt might not be identified in a timely manner.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People were offered a choice of meals, however systems in place to support people to make choices were not used effectively, for example picture menus were not always displayed to inform people of meal choices
- On the first day of inspection the mealtime experience was chaotic. People were not supported to eat their meals in an appropriate space or relaxed way. On the second day of inspection the mealtime was more relaxed, and people received the appropriate support.
- People's fluid and nutrition was not always recorded and monitored when their assessments indicated this should be carried out.

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

- Staff did not always involve other agencies to provide effective and timely care. Communication with health professionals regarding people's allergies was not always followed up by staff.
- Records showed referrals to health professionals were completed. However, follow-up information was not always recorded and it was not clear if advice given had been effective.

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

- Communal areas did not always provide an engaging and stimulating environment for people to spend their time.
- The provider recognised the home needed redecoration and refurbishment in some areas and had put a plan in place to address this.

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.

- Where people lacked capacity, applications for them to be assessed under the DoLS were submitted. Any conditions relating to their DoLS were clearly recorded .
- Capacity assessments were completed. However, records relating to decisions made in the best interest for people about their care was not always available.

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

- People received an assessment of their needs so their care could be planned. Where people had long-term conditions, best practice guidance was included in their care plans to enable staff in supporting people with their specific conditions.
- People's oral health was considered. The provider had arranged support for people's oral hygiene to be checked by a dentist. People were not always supported to maintain their oral hygiene.

Staff support: induction, training, skills and experience

- Staff felt supported by the new management in place. They told us, "I feel more listened to now and the new management team are making really good changes" and, "It is much better now; I feel really supported by the new management."
- Staff received an induction and ongoing training to support their role. People and their relatives thought the staff were well trained.
- Senior staff had not been fully supported within their role. The provider implemented support for senior care staff from the adjoining service . One senior staff member told us, "With the new management team I feel I have developed my skills and I'm receiving the support I need for my role."

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- Staff did not always promote people's confidentiality. They spoke about people's needs in communal areas where other people were present. This was addressed by the provider during the inspection.
- Staff did not always promote people's independence. People were not always allowed to spend time in areas they wanted to. The provider was addressing this with staff during daily meetings.
- People's basic care needs were not always met. People remained in clothes that they had spilt food down and were not supported to change. We also observed people with dirty fingernails. This had been identified within the providers own audit and was been addressed with staff through daily meetings and supervision.

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

- People were not always treated with dignity and kindness. Some staff spoke abruptly with each other and people.
- Staff did not have time to spend with people and the environment did not always support their well-being. Communal areas felt rushed and chaotic. Signage around the service was minimal and did not guide people to access all areas.
- Relatives felt the staff were caring. Comments included, "They [staff] are all kind and compassionate" and, "They [staff] are lovely to them and me. They [staff] are kind, patient and they persevere with them."

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

- Staff did not always support people in the best way to make decisions. Staff did not always explain information in a manner that gave people time to understand and respond.
- People's wishes, preferences and choices regarding their support, were detailed in their support plans.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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

- People's care plans did not always reflect their needs. Where people became distressed, care plans did not always provide staff with clear guidance on how best to support them.
- In contrast robust care plans were in place, with clear information for staff regarding people's medical conditions, supporting staff to monitor the person's well-being and take appropriate action when necessary.

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

- The service had a range of activities for people to join in. However, People spent a lot of time sitting in communal areas with no stimulation. The activities coordinator was often supporting people with their personal care needs, which removed them at times from providing activities for people .
- People's hobbies and interests were considered in the planning of activities. The activities coordinator was continually looking for new and interesting activities for people to access.

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 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.

- The service met the Accessible Information Standard.
- Systems were in place to identify people's information and communication needs. Care plans recorded the support people needed to access written or verbal information. For example, they noted who needed glasses to read.

Improving care quality in response to complaints or concerns

- There had been no recorded complaints at the service. The provider had a complaints policy in place.
- Feedback from a recent survey showed the provider was responsive to concerns and suggestions made. Action plans were developed from feedback received to help improve the service.

End of life care and support

- The service was able to provide care to people at the end of their life if needed.
- People's wishes for the end of their life had been recorded in their care plans. For example, ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) forms were in place detailing if people

wished to be cared for in the service rather than being admitted to a hospital.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. 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

- There had been a lack of robust oversight to ensure safe care was being provided to people.
- The registered manager was not present during the inspection. The provider told us following the inspection they no longer worked at the service. Management was been provided by a regional manager and a registered manager from the providers adjoining service.
- A range of audits were in place to monitor the quality and safety of the service. However, some of the audits had not been fully completed and lacked information regarding the evidence reviewed and the actions required to make improvements. This meant the registered manager had not always been able to embed and sustain the improvements needed.
- Where audits identified concerns regarding the environment, these were not always actioned to reduce risk and prevent incidents.
- The registered manager had not always used learning in a timely way to improve the service. The provider's action plan had a large number of actions that required completing. Some actions dated back to December 2021.
- Systems and processes for monitoring people's care records were in place, but these were not always fully completed. The provider stated that this had lapsed recently and it would be reinstated immediately.

The systems in place to monitor and improve the quality of the service were not always effective at identifying and sustaining areas for improvement. This was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was responsive to feedback and addressed concerns identified during the inspection.

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

- The provider was aware of some of the issues at the service and was working with staff to improve the culture and people's care experiences.
- Staff felt the new management team listened more and they could see improvements in a short space of time. Staff were confident things would continue to improve with the new management in place.
- The provider was open and honest throughout the inspection. They acknowledged the shortfalls identified during this inspection and stated their intention to embed their processes fully with staff to ensure people

would be safe and protected from harm.

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

- The provider sought feedback from people and their relatives and used the feedback to drive improvements and develop the service.

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 The provider failed to ensure risks to people were mitigated. Management of medicines was not robust.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure systems and processes in place monitored the service effectively to drive improvements.