

## Burlington Nursing Home Limited

# Burlington Nursing Home

### Inspection report

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### Ratings

#### Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Burlington Nursing Home accommodates a maximum of 40 people in one adapted building. At the time of this inspection 32 people were living at the home. Most people who lived at the service were living with dementia.

Burlington Nursing Home was located over two floors which are accessible via stairs or lifts. The home had a large communal area and people and families had access to a beautiful garden at the rear of the home.

There had been a history of the service being rated as 'Requires Improvement' and 'Inadequate' for three consecutive inspections. At this inspection we found that the provider had worked hard over the past six months to ensure that standards were improved to a good standard of care for people.

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

At this inspection we found significant improvements had been made to embed change and improve the management, culture, oversight and leadership at Burlington Nursing Home. However, further improvement was required to ensure people's care plans were person-centred and reflective of their needs.

The provider had quality assurance systems in place to monitor the standard of care and drive improvement. People, relatives and staff spoke positively about the culture of the home and said it was well managed. One relative told us, "It's changed completely. It's homely. There's a lot going on, they've worked hard."

People felt safe and told us they enjoyed living at the service. Risks to people had been assessed and staff followed guidance to keep people safe. There were enough staff to meet people's needs. Medicines were managed safely, and staff had been trained in infection prevention and control. Lessons were learned if things went wrong and systems supported people to stay safe and reduce the risks to them, ensuring they were cared for in a person-centred way.

People spoke positively about the staff who supported them and had confidence in their skills and experience. Staff had regular supervision and an annual appraisal. People enjoyed the food and were able to choose what they had to eat and drink. People had access to a range of healthcare professionals and support.

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.

People and relatives told us that staff treated them with kindness and we observed friendly interactions throughout the day. People were encouraged to be involved in daily decisions about their care and support and were treated with dignity and respect.

People received personalised care that was responsive to their needs. Activities were organised according to people's preferences, interests and suggestions. People and relatives told us they felt comfortable to make a complaint and knew how to do this.

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 07 February 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

This was a planned inspection based on the previous rating.

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

### Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

# Burlington Nursing 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.

#### Inspection team

The inspection team consisted of two inspectors 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

Burlington Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This comprehensive inspection was unannounced. The inspection was carried out on 23 July 2019.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed information

from other agencies and statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law.

We used all of this information to plan our inspection.

During the inspection

We observed the support that people received and spoke with people and relatives to gain their feedback about Burlington Nursing Home.

We spoke to eight people and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke to four visiting relatives, the provider and 11 members of staff including; the registered manager, deputy manager, registered nurses, care workers, housekeeping staff, activities coordinator, maintenance person, chef and a representative from an external consultancy company who had been working with the service since August 2018.

We reviewed a range of records. This included six people's care records and multiple 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 reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection the provider had not ensured that new staff were recruited safely. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- At this inspection we found significant improvements had been made to ensure there were safe staffing and recruitment systems and processes in place to keep people safe.
- Staff recruitment files showed that staff were recruited in line with safe practice and equal opportunities protocols.
- Staff recruitment folders included, employment histories and suitable references. Appropriate checks were carried out to ensure that potential staff were safe to work within the health and social care sector. For example, we found details of Disclosure and Barring Service (DBS) for staff and checks with the Nursing and Midwifery Council (NMC) to ensure that nurses pin numbers were valid.
- There were sufficient numbers of staff to keep people safe and staffing rotas confirmed this. People and relatives told us, they thought there were enough staff to support them.
- A dependency tool was used to determine the levels of support for each person, ensuring there was the correct mix of registered nurses and care staff.
- The provider had an established care team, some of whom had worked at the home for many years.
- Agency staff were used to cover staff shortages such as sickness and annual leave.

### Assessing risk, safety monitoring and management

At our last inspection the provider had repeated this breach of Regulation and people could not be assured that they would receive a consistently safe service. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At this inspection we found that significant improvement had been made in managing risks to people. These were identified, monitored and known to staff so they could keep people safe. The electronic care planning system supported staff to update and monitor individual risks to people. Regular electronic reminders meant staff were able to respond to people's risks and needs promptly.
- Care plans detailed people's specific risks and conditions. For example, the type of equipment needed for moving and handling and preventing falls.
- We found guidance for staff in people's care plans to support and manage risks around their catheter care, and the prevention of pressure sores. For example, staff used body maps to pin point areas of concern, guidance included documenting any changes and how staff must report any changes to the nurse in charge.
- Risks associated with the safety of the environment and equipment were identified and managed appropriately.
- Scheduled checks of the premises and equipment helped to ensure that any ongoing maintenance issues were identified and resolved.
- A schedule was used to ensure the home was maintained safely. This included dates for upcoming checks such as lift maintenance, equipment and electrical safety.
- Staff received health and safety training and knew what action to take in the event of a fire.

### Using medicines safely

- At the last inspection we found insufficient detail and guidance for staff to support people who required medication prescribed on an 'as required' basis. At this inspection we found significant improvements had been made to the management of medicines.
- There were protocols and guidance for staff giving medicines which were prescribed 'as required' (PRN). Guidance detailed when medication may be required and signs and symptoms the person may show. On the day of inspection, we observed the nurse using the 'abbey pain' scale to assess if a person required pain relief. For people where the scale is used this is recorded on a chart with their Medicine Administration Record (MAR). After using the pain scale, one person went on to prescribed pain relief as their PRN medication became frequent.
- People received their medicines safely and on time.
- Safe systems were in place for the storage and disposal of medicines, this was checked and recorded by two trained nurses. Medicine expiry dates were checked weekly and a monthly audit of all medicine cupboards were checked, and expired medication was disposed of. We observed these checks being recorded.
- Systems were in place to record daily temperatures of the medicine cabinets and these were audited monthly.
- Staff had received comprehensive training about giving people medicines and competency assessments were carried out to ensure their practice remained safe.
- We observed the nurse administering medicines, being caring and friendly to people, the nurse took time to interact with people, they knew them well and gave people their medicines in accordance with their preferences.

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

- People told us they felt safe. Systems were in place to ensure staff had the right guidance to keep people safe from harm.
- Staff were trained and understood how to raise safeguarding concerns appropriately in line with the local authority safeguarding policy and procedures.
- The registered manager had introduced a safeguarding tracker to monitor and record communication



with professionals outside of the home. This ensured that any action or follow up was completed in a timely manner.

### Preventing and controlling infection

- People were protected from the risk of infection. People and relatives told us they thought the home was clean. One person said, "Its immaculate."
- Personal protective equipment (PPE) such as gloves, aprons and hand sanitizer were located across the home. We observed staff using PPE when appropriate and washing their hands throughout the visit.
- There were dedicated cleaning staff who followed schedules to ensure the home was clean and odour free.
- The provider had employed a head of housekeeping who told us they audited people's rooms each day and carried out a full audit each month to check that cleaning schedules were followed and thorough.
- Staff confirmed that they had infection control and food hygiene training.

### Learning lessons when things go wrong

- Lessons were learned when things went wrong and accidents and incidents were managed and communicated to staff.
- The registered manager analysed accidents and incidents including near misses, on a monthly basis to identify any emerging patterns, trends and learning.
- For example, if it was identified that someone was falling regularly the staff team would work together to look at preventative measures such as; making a referral to the falls team, a review of the person's medication or environmental factors if the person was falling in the same area of the home.
- Staff understood their responsibilities to raise concerns, record safety incidents and near misses and report them to the registered manager where appropriate.

# 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 Requires Improvement. At this inspection this key question has now improved to Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had not ensured that staff always received the relevant training, mentoring and support in their roles. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Significant improvements had been made to ensure people were supported by staff with the skills and knowledge to deliver effective care and support.
- Staff accessed mandatory training on-line and attended training through an external training provider and the local authority. Training covered key areas, such as moving and handling, pressure care and dignity and respect. The registered manager reviewed training on a monthly basis to ensure staff knowledge was up to date.
- The provider supported the registered nurses to keep up to date with their registration, through training to ensure they were re-validated every three years.
- People and relatives told us they thought staff were well trained.
- The registered manager had a six-week induction programme in place for new staff where they completed on-line training. A checklist was completed to ensure all elements of the induction was delivered including; reading the service's policies and procedures and shadowing existing staff before working unsupervised.
- Staff received regular supervision and appraisals and staff told us they felt supported and that there was an open-door policy.

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

- At the previous inspection we found people's records did not always record sufficient information to support people's preferences to ensure they received person-centred care and treatment. At this inspection we found significant improvement had been made to people's care plans and understanding their preferences.
- A pre-assessment was carried out before people moved into the home to help gain an understanding of people's backgrounds, needs and choices. This information was used to form people's care plans and was

further developed as staff got to know people better.

- One member of staff told us, "I talk to people, introduce myself, make sure I'm a friendly face and that I'm reassuring. We always get the person's assessment information so we can read about them before they arrive or before our first shift with them and we make sure they have everything ready to keep them safe like mobility equipment."
- Care plans confirmed that people and their relatives (where possible) were involved in this process and that people consented to care and treatment.
- Protected characteristics under the Equality Act (2010), such as religion and disability were considered as part of this process, if people wished to discuss these. This demonstrated that people's diversity was included in the assessment process.
- Staff had a good understanding of equality and diversity. This was reinforced through training and the provider's policies and procedures.

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

- At the previous inspection we found people were not always involved in decisions about what they ate and drank. At this inspection we found significant improvement had been made to ensure people had choice and their preferences were known to staff.
- People's dietary needs and nutritional requirements were assessed and accurately recorded to help people maintain a balanced diet.
- People were given a choice of food at mealtimes and alternatives were available.
- People told us they enjoyed the food. One person told us, "It's very good. They ask what you'd like for tomorrow's dinner. They ask, you say and you get it. They've got a very good cook here."
- Staff understood people's dietary requirements and preferences. The chef was aware of special diets such as those in need of a diabetic or gluten free diet. Care plans contained details of people's nutrition and hydration needs and any specialist equipment required to support the person.
- We observed lunchtime and found it to be a sociable occasion. Staff supported people to eat and drink and did not hurry people, explaining what the meal was and asking if the person was enjoying their meal.
- People's weight was monitored on a monthly basis and advice was sought from the GP and dieticians if people were at risk of malnutrition.

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

- At the previous inspection we found people did not always have access to healthcare in a timely and coordinated way. Assurances were not always consistently evident. We were not assured that people would receive a timely response to their healthcare needs. At this inspection we found significant improvements had been made to ensure that people's healthcare needs were responded to in a timely manner.
- People's care plans reflected appointments and when referrals had been made to specialist teams. We found guidance to staff following appointments with GPs and specialist nurses to manage people's health conditions such as, Parkinson's disease, diabetes and continence.
- People's everyday health needs were overseen by staff who accessed support from a range of health and social care professionals such as GPs, district nurses, social workers and a chiropodist.
- A health professional told us, "The home is definitely safer and more proactive. Staff work with us to improve patient care."
- The registered manager told us, how they have worked with the local authority to introduce 'champions' in key areas such as, dignity, safeguarding, end of life care and infection control. This meant that key members of staff built up an expertise in these areas to share information with the team, providing advice

and support where needed to ensure people received effective care.

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

- The home had been adapted to meet the needs of people. There was a lift to the first floor and people could freely mobilise around the home to help maintain their mobility.
- When people moved to the home they were able to personalise their rooms with their own belongings. People told us they were very happy with their rooms. One relative told us, "I like that they have their names and pictures on the doors and the toilet is labelled. It looks like a home here, not a hospital."
- There was signage across the home to support people with dementia to maintain their independence.

#### 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 registered manager had assessed and, where applicable, applied for legal authorisation to deprive people of their liberty to safeguard them. For example, when people were unable to leave the home and access the community without support. Consideration was given to options that were least restrictive.
- Mental capacity assessments were completed for specific decisions.
- People were asked for their consent and were involved in day to day decisions about the care provided. We saw people being given choice and involved in decisions throughout the inspection, such as where to sit and eat their meals. People were enabled to freely move about the home.
- One member of staff told us, "I support people to make choices and decisions, for some it might be knowing their gestures or facial expression and for others they will tell you what they want or don't want. For one person, we use a picture board to communicate. I always ask people and never assume anything for them, so they keep that independence and control. I see what works for people and for some every day is different."

# 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 Requires Improvement. At this inspection this key question has now improved to Good.

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

Respecting and promoting people's privacy, dignity and independence

- At the previous inspection we found electronic records did not always contain enough personalised detail for staff to know how to meet people's complex communication needs. At this inspection we found this area had significantly improved.
- People's privacy and confidentiality was respected. We observed staff knocking on people's doors before entering, using people's names and ensuring people's dignity was respected. For example, staff used a privacy screen in communal areas when transferring people from wheelchairs to a chair.
- Some people liked to clean their own rooms, this was supported and respected by the staff. One member of staff told us, "I support people to be independent where possible, whatever they can do we support and encourage them to do that."
- People were supported to maintain and develop relationships with those close to them. Where people had relatives abroad, staff supported people by agreeing times for telephone calls, enabling them to maintain important relationships.
- Friends and relatives were made to feel welcome. One relative told us, "It's a home from home. They let you in and they greet you. They don't have to ask me who I'm there to see anymore. It makes you feel part of it."

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

- People were treated with kindness and compassion by staff in their approach when supporting people. People and relatives told us they thought the staff were kind, caring, helpful and respectful and this was evident in our observations throughout the day.
- One person told us, "They're very nice. I'm friends with them and [name] is my favourite." A relative told us, "Staff are really good and patient. If they're passing a room they'll always pop their head in and say 'hello'."
- We saw good interactions between staff and people, they knew each other well and had developed caring relationships. People appeared relaxed and calm in the presence of staff.
- Staff adapted their communication style, body language and used gentle touch to emphasise questions to people who had difficulty communicating their needs and choices.
- We observed staff giving people encouragement and reassurance throughout the day. For example, giving people gentle reminders about meal times and the activities taking place

- Staff treated people as individuals.

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

- Staff supported people to make decisions about their care and express their views. People's relatives and professionals (where appropriate) were involved in decisions about people's care.
- People's views were sought through reviews and daily interactions.
- Staff recognised that people might need additional support to be involved in their care and information was available if people required the assistance of an advocate. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.
- We observed staff giving people choice throughout the day. People chose what time they got up, where they wanted to eat their lunch and how they wanted to spend their day.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

- People received personalised care that was responsive to their needs. People's care plans were person-centred and detailed, covering key areas such as people's physical, mental, emotional and social needs to support staff in knowing the person. One relative told us, "They asked for information. I modified a 'getting to know me form' and gave them a potted history of what she liked to do and about the family. They said it was lovely to have."
- From our conversations with staff, it was clear they knew people well. People were cared for according to the information recorded in their care plans.
- People, their relatives and health and social care professionals, where appropriate, were involved in developing and reviewing care plans.
- Changes in people's health or care needs were quickly communicated and updated in their care plans.

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 communication needs were identified, recorded and highlighted in people's care plans. For example, some people used picture cards and white boards to support their communication and express clearly their wishes and preferences.

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 had access to a range of activities to support people in their well-being, enjoyment and stimulation.
- A relative told us, "Staff have encouraged Mum to do drawing and painting. It helps her hand movements. Before, she didn't want to write, it would be someone's birthday and she wouldn't want to write their cards. But lately she's written a couple of cards."

- People living at the home had a structured programme of activities throughout the week, these were facilitated by the activity coordinator and staff members. People enjoyed using the art room which was a dedicated space and had access to in-house activities which included exercise, music, films, memory games and flower arranging.
- A range of monthly external entertainers visited such as a flute player, guitar player and a person who organised a game of skittles.
- The activities coordinator told us, how they visited people that were cared for in their rooms for an hour a day. The activity is guided by the person and examples included using tablets to search the internet, play music or sit and chat.
- The registered manager told us, "This is their home, we come to work in their home"; people spend their time how they wish to, if a person wants to have a sofa day then they should do."
- People were supported to maintain relationships with those important to them. The service had Wi-Fi and people had access to phones and tablets.

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

- People and their relatives knew who to contact if they needed to raise a concern or make a complaint and told us they would be comfortable to do so if necessary. One relative told us, "There's been no need to, but I'm confident I can raise any issue and it would be dealt with confidentially and properly."
- We found complaints information on noticeboards and people and their relatives were given a copy of the complaints policy. These could also be found in an 'easy read' format to ensure the complaints process was more accessible to people and their relatives.
- The registered manager responded to complaints promptly.

#### End of life care and support

- Staff supported people sensitively who were at the end stages of their life.
- The registered manager had completed the six steps programme for end of life, to support people to live and die well. This programme recognises that social care providers are central to the effective delivery of end of life care.
- People's 'DNACPR' which stands for Do Not Attempt Cardio Pulmonary Resuscitation, were clearly highlighted within the electronic care planning system which was accessible for care staff via their hand-held devices that were linked to this system. Care staff knew which people had DNACPRs so that people's wishes were known and respected.



# 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 Inadequate. At this inspection this key question has now improved to 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.

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

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At the previous inspection we found concerns regarding the governance and oversight of the service. Systems and processes remained inadequate as they had not been fully embedded, this included; safe recruitment, referring people to healthcare professionals appropriately and staff following guidance and training. At this inspection we found that significant improvements had been made to these key areas.
- At this inspection we found that, whilst significant improvements had been made to embed change and improve the management, culture, oversight and leadership at Burlington Nursing Home, further improvement was required to ensure people's care plans were person-centred and reflective of their needs.
- We found that, whilst people's care plans were personalised, some information and detail was missing. For example, we identified that a few people living at the home had a learning difficulty. Although staff supported people in making choices and decisions this was not recorded in the person's care plan to ensure all staff used the same approach
- Staff knew people well however; care plans did not always reflect accurately the information staff knew about people. For example, their likes, dislike and preferences. We found that one person's care plan stated that they enjoy solitary activities, but with no specific details on what the person enjoyed doing. When speaking to staff, they knew that the person enjoyed hand and foot massages, but this was not recorded in the person's care plan.
- These risks to people were low as staff knew people well, however documentation needed further embedding to ensure it reflected people's needs and that all staff delivered consistent care. This is an area for improvement to ensure that people's care needs, likes, and dislikes are recorded.
- The management team continues to transfer people's paper records onto the electronic system, this work continues to be embedded.

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

- The registered manager was aware of their responsibilities under the Duty of Candour regulation. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.

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

- The registered manager promoted an open and honest service and led by example. The registered manager told us, "The CQC inspection process has really helped me to learn, innovate and improve. I feel I have a much clearer understanding of my role as the registered manager." We observed the provider and registered manager showing great pride in the improvements they had made to the service. A relative told us, "Three years ago it wasn't like this. It's changed completely. It's homely. There's a lot going on, they've worked hard."
- We observed the registered manager responding quickly to staff requests and people throughout the day.
- Staff understood their roles and responsibilities and what was expected of them. One person told us, "They all do their jobs very well." A member of staff told us, "All staff go above and beyond, we pull together. We have good regular staff."
- Quality assurance processes were in place such as, audits, annual reviews with people and relatives, to help drive improvement within the service.
- We saw evidence of staff competency checks being carried out and regular audits to help the registered manager identify areas for improvement and any patterns or trends.
- The provider understood the regulatory responsibilities of their role and notified CQC appropriately, if there were any incidents.

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

- People, relatives and visiting professionals were engaged and given opportunities to be involved in the service, through daily feedback with staff and regular care reviews.
- People, their relatives and staff took part in yearly surveys and regular resident and relative meetings. People, relatives and staff told us, they felt listened to by the provider and registered manager. The provider gave an example, where a concerned relative didn't know if the home was Well-Led, following the last inspection report. The provider invited the relative in to discuss their concerns and the relative felt reassured following their conversation.
- Staff handovers were held at the beginning of each shift to share key information about people's needs and highlight any changes in their health and well-being. This ensured staff were verbally updated about people and were given the opportunity to ask questions regarding people's health and well-being.

Continuous learning and improving care

- The provider continues to engage an external consultancy company to support the service to embed change and improve the standards of care being delivered.
- The service continued to engage with health and social care professionals to work to improve the quality and safety of the service people received at Burlington Nursing Home. A professional told us, "I have found the registered manager and staff at Burlington easy to work with, they are open to change, and the

registered manager encourages honest and open discussions which has made working with the team a really positive experience."

- Since the last inspection the provider has written a policy for when people go into hospital as relatives did not know the process. This has supported relatives' understanding.

#### Working in partnership with others

- Systems and staff approach had significantly improved to ensure their partnership working with other organisations was timely and responsive to meeting people's care and support needs.
- The registered manager attended provider forum meetings, monthly GP meetings and palliative care meeting to share good practice and learn from others.
- One professional told us, "The home has been more than willing to work in partnership with myself and other contracts colleagues."
- The activities co-ordinator attended a community engagement activities forum, to develop activities in the home that were personalised.