

Burlington Care Homes Limited

Cantley Grange

Inspection report

St. Wilfrids Road
Doncaster
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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? | Good ● |

Summary of findings

Overall summary

About the service

Cantley Grange is a residential care home providing personal care for up to 40 people. Some people using the service were living with dementia. At the time of our inspection there were 31 people living at the home.

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

Staff ensured people's needs were met in a timely and safe way. People and relatives told us they felt safe living at the home. Staff were aware of the safeguarding protocols and knew what action to take to keep people safe. Accidents and incidents were effectively monitored, which ensured staff learned when things went wrong. Risks to people were identified and detailed assessments were in place, to ensure risks were managed safely.

People were protected by the prevention and control of infection, although we identified some issues at site visit. However, an action plan was swiftly put in place to address these minor concerns.

Medication systems were in place and followed by staff to ensure people received their medicines as prescribed.

Staff interacted well with people and they provided care which was person-centred and individualised. Staff had received training to ensure they had the knowledge they required to carry out their role effectively.

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 had access to health care professionals. Staff worked with other professionals to ensure people's needs were met.

People told us staff were kind and caring. Relatives were positive about the care and support provided. Staff understood people's needs and told us how they respected people's dignity.

People felt they could speak with staff and the management team if they had any concerns.

There was an effective quality monitoring system in place which identified improvements and addressed them in a timely way.

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

Rating at last inspection

This service was registered with us on 10/10/2018 and this is the first rated inspection.

The last rating for the service under the previous provider was good (published on 6 December 2019).

Why we inspected

The service had not received a rating since registration, and we needed to ensure the service was safely operating.

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.

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?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Cantley Grange

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

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service 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 inspection was unannounced.

What we did before 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 with key information about their service, what they do well, and improvements they plan to make. This

information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, regional manager, and care workers. We 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 reviewed a range of records. This included three people's care records and multiple medication records. We looked at two 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.

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 rated inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguard people from the risk of abuse.
- Staff we spoke with were knowledgeable about safeguarding protocols and knew what action to take if they suspected abuse.

Assessing risk, safety monitoring and management

- Risks associated with people's care were identified and action taken to mitigate risks.
- Risk assessments were in place to ensure people's needs were met in a safe way. For example, one person, at risk of falls, had a risk assessment and a sensor mat had been put in place to alert staff if the person got out of bed.
- The provider ensured equipment such as hoists were maintained, and regular maintenance of the premises was carried out.

Staffing and recruitment

- Staff interacted with people and they responded to people in a timely way.
- Some staff told us there were times when they felt they could do with more staff. However, one staff member said, "Yes there are enough staff. We sometimes find it challenging but it's alright."
- The provider had a tool in place to calculate the number of hours required to support people in line with their needs.
- The provider had a process in place to ensure staff were recruited safely. This included obtaining references from previous employers and ensuring criminal record checks were completed prior to employment.

Using medicines safely

- The provider had systems and processes in place to ensure people received their medicines as prescribed.
- Staff received training and competency assessments to ensure their knowledge was up to date and people's medicines were managed safely.
- Some people's medicines were prescribed on an 'as and when' required basis. Protocols were in place to identify when and how these medicines should be administered.

Preventing and controlling infection

- People and relatives we spoke with told us the home was always clean and well presented. One relative said, "The place is always clean and never smells, in all the time I've been coming it's been like that."

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. However, we identified some minor issues as some areas were worn and not able to be cleaned effectively. These areas were addressed immediately by the registered manager.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was using PPE effectively and safely.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed to identify any trends or patterns. This helped to mitigate future risks and ensured lessons were learned.

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 rated inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed, and care was delivered in line with people's individual needs.
- Care plans and supporting documentation included information about people's choices and preferences.

Staff support: induction, training, skills and experience

- Through our observations and speaking with staff we found staff knew how to interact with people and knew people very well.
- Staff told us they received training which was informative and gave them the skills they required.

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

- People received a healthy and balanced diet which met their needs and took in to account their preferences.
- People we spoke with commented positively about the food saying, "I have my meals in my room. It is very nice food," and "The food is very nice. I am not sure what we are having today. I tend to eat in the dining room." One relative said, "[Family member] does alright with meals although [family member] has lost some weight due to her 'sleep days.' The cook has been to see [family member] regarding what they would like to eat, and I know they give [family member] scampi on a Friday."
- The cook was knowledgeable about people's dietary needs and preferences.

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

- We reviewed care plans and found staff had worked with other agencies to ensure people received timely and effective care.

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

- The provider and registered manager had ensured signage was available to help people living with dementia to navigate around the home.
- The home was decorated and designed to meet people's needs.
- People had access to outside space.

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 was knowledgeable about MCA and DoLS and had taken appropriate steps to ensure they were working within the principles of the MCA
- People were supported to be involved in decisions about their care. Where people lacked capacity, decisions were made in people's best interests and involved relevant professionals.

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 rated inspection for this newly registered service. This key question has been rated 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

- Staff supported people in a caring and person-centred way.
- Staff knew people well and shared appropriate banter between them.
- People told us the staff were kind. One person said, "The staff are nice, very nice people." One relative said, "[Family member] tells us people are very kind and lovely with them. Generally speaking, I am happy [family member] is being well looked after. I have no concern."

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

- People were supported to express their views and be involved in their care.
- Staff helped people in a respectful manner. Staff sat with people and took the time to quietly chat with them.

Respecting and promoting people's privacy, dignity and independence

- People were treated with privacy and dignity.
- During our inspection we saw staff knocking on bedroom and bathroom doors prior to entering. One staff member said before they carry out personal care, "We always close the curtains and make sure the person is comfortable."

Is the service responsive?

Our findings

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

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

- Care plan documentation showed people's needs, their choices and preferences were included in their care.
- Relatives we spoke with felt involved in their family members' care. One relative said, "They [staff] understand [relative's] condition and how they communicate." Another relative said, "[Family member] has been coming back and forth for respite for a while so when the time came, we agreed this would be the right place as [family member] likes the place and the staff. They know them well and they are settled."
- On the day of our inspection activities and social stimulation was provided by the staff. Staff interacted with people whilst listening to music and dancing. Other people preferred to spend time in their bedrooms and read or watch their own televisions.

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.

- Staff communicated with people in various ways and in line with their needs.
- Staff responded to people's body language and gave time for people to respond.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. The provider used this process to learn and develop their service.
- People and relatives we spoke with told us they could raise any concerns with the staff and management team and felt listened to.
- We also found the service had received compliments from family members expressing their thanks and gratitude about the care provided to their loved ones.

End of life care and support

- Staff received training to enable them to support people and their families at the end of their life.
- People's care plans included some information regarding end of life care; however, these could be more detailed. We discussed this with the registered manager and found they were in the process of capturing person-centred information.

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 rated inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 management team consisted of the registered manager, deputy manager and a team of senior care workers. The management team were clear about their roles and responsibilities.
- The registered manager and provider were open and honest when things went wrong and were aware of their duty of candour.
- People and relatives, we spoke with were confident they could speak with the management team and found them approachable and supportive.

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

- Staff interacted with people and they knew people well and treated people in a kind and caring way. People were supported to maintain their independence.
- The provider's values of compassionate, approachable, respectful and enabling were evidenced throughout this inspection.

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

- The provider and registered manager had systems in place to gain feedback from people, their relatives and other stakeholders. Feedback received was used to develop the service.
- Most people we spoke with were happy with the care they or their relative received. One person said, "I can't think of anything they could do better." Another relative said, "I would certainly recommend the place. Nowhere is perfect but this is a nice place and [family member] is settled." Another relative said, "I would recommend the home although I think they could improve the communication. Things like changes in staff and where they are with covid, that sort of stuff. It is comfortable and clean though and they do care."

Continuous learning and improving care

- The provider had a system in place to monitor the service. This was effectively used to identify areas to improve and maintain quality within the home.
- During our inspection we found minor areas to improve such as building maintenance and end of life care planning. These were address immediately by the registered manager.

Working in partnership with others

- The management team demonstrated they were working in partnership with others to meet people's needs.