

Burlington Care Limited

The Elms

Inspection report

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Date of inspection visit:
13 January 2021

Date of publication:
24 February 2021

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Elms is a residential care home providing personal care to 33 people aged 65 and over at the time of the inspection. The service can support up to 37 people.

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

Some areas of the service required more stringent domestic schedules to ensure they were cleaned in a consistent way. The quality assurance system had improved, although the registered manager was to ensure greater oversight of the domestic issues. A redecoration and refurbishment plan of specific areas was underway.

People were protected from the risk of harm and abuse. Staff understood safeguarding procedures and reported concerns straight away. People received their medicines as prescribed although there had been a concern that one person's pain relief could have been administered more frequently.

There was enough staff on duty to meet people's needs. Staff completed a range of training and had supervision and support to enable them to feel confident when completing care tasks.

People had assessments before admission to ensure their needs could be met and ongoing risk assessments in order to minimise incidents affecting their wellbeing occurring. Each person had a care plan, which guided staff in how to care for them. People's health and nutritional needs were planned for and met. Any concerns were raised with health professionals.

Staff supported people in a kind, friendly and person-centred way. 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.

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 requires improvement (published December 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, enough improvement had not been made and the provider was still in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

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 coronavirus and other infection outbreaks effectively.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained the same, requires improvement. This is based on the findings at this inspection.

We found improvements in some areas but there was a breach of legal requirements in relation to hygiene and domestic practices in Safe. You can see what action we have asked the provider to take at the end of this full report. The provider took immediate steps to address hygiene concerns and put in place plans to speed up refurbishment.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Elms on our website at www.cqc.org.uk.

Follow up

We will request an action plan for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Requires Improvement ●

Is the service effective?

The service was effective.

Good ●

Is the service well-led?

The service was not always Well-led.

Requires Improvement ●

The Elms

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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 team consisted of two inspectors.

Service and service type

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

The service had a manager registered with CQC. 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this

report. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with five members of staff including the regional manager, registered manager, the chef and domestic staff. We completed an observation of the lunchtime experience for people.

We reviewed a range of records. This included seven 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 site visit

We continued to seek clarification from the provider to validate evidence found. We spoke by phone with a team leader, a senior care worker, three care workers and an administrator. We looked at staff training data, equipment service records 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.

At the last inspection, this key question was rated as requires improvement. At this inspection, this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection, the provider had failed to ensure there was a safe system in place for handling medicines. 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 this part of regulation 12.

- There was a safe system for managing medicines. This included policies and procedures, safe storage, staff training and audits to identify shortfalls for corrective action.
- People received their medicines as prescribed. When any errors occurred, staff reported these straight away so appropriate action could be taken, and health professionals informed for advice.
- Guidance for people who were prescribed medicines 'when required' needed updating and expanding to give staff full instructions.

Preventing and controlling infection

- Not all areas of the service were clean. For example, air vents and radiators needed cleaning and limescale had built up on taps.
- Cleaning schedules did not include all tasks, which made it difficult to check if specific tasks had been completed.
- COVID-19 guidance had, in the main, been put into practice. However, staff changing facilities had not been provided close to the entrance to the service and designated areas were not clearly set up within the service for staff to remove and apply PPE. We have signposted the provider to resources to develop their approach.

We recommend the provider strengthens the environmental cleaning schedules and increases the frequency of infection prevention and control audits.

- The provider acted very quickly to respond to concerns raised and during the writing of the report, most issues had been addressed. We were assured the provider had good stocks of PPE, accessed testing for people who used the service and staff, and admitted people safely to the service. The new vaccination programme was being rolled out.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and

management

- People were protected from the risk of harm and abuse. Staff received training in safeguarding adults and were clear about the action to take if they witnessed abuse or poor practice.
- The registered manager used local safeguarding procedures appropriately.
- There had been an issue when one person could have received more frequent pain relief, which had been prescribed on a 'when required' basis and prior to wound care. This was discussed with the local safeguarding team to carry out investigation.
- People had risk assessments in place; These helped to identify areas of risk and how they could be minimised. The risk assessments were kept under review and updated when required. Staff knew about the risk assessments.

Staffing and recruitment

- There was enough staff on duty to meet people's care and support needs.
- Staff were experienced with a kind and friendly approach.
- The provider had a safe system of staff recruitment. Employment checks were completed before staff started work in the service.

Learning lessons when things go wrong

- The provider had systems in place to record and analyse accidents and incidents to look for patterns and trends.
- There was a 'no blame' culture so staff felt able to admit and report errors, for example in administration of medicines. Action is taken to learn when things go wrong to try and prevent reoccurrence.

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.

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

At our last inspection, the provider had failed to ensure people's pre-admission assessments were thorough enough to determine whether their needs could be met in the service. There was also a concern about meeting people's mobility needs in a person-centred way. This was a breach of regulation 9 (Person-centred care) 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 9.

- People's needs were assessed and recorded. This included information to enable staff to decide if people's needs could be met safely within the service.
- Whilst some care plans contained more person-centred information than others, they did include guidance for staff in how to care for people.

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

- People had enough to eat and drink. Each person had a care plan regarding their nutritional needs and assessments of any potential risk, for example choking or poor intake.
- Menus provided choice and alternatives for people. The mealtime experience was calm and unhurried; people told us they liked the meals prepared for them. Comments included, "I like the meals; you can have a drink and snack when you want."
- Staff monitored people's food and fluid intake. Any concerns regarding weight loss or gain were discussed with dieticians.

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

- People had access to health care professionals, who had continued to visit during the outbreak of COVID-19 or who had completed virtual consultations. Contact with and visits from health and social care professionals were recorded in people's files.
- There had been some communication difficulties reported between staff and visiting health professionals. The registered manager and specific health professionals held discussions to ensure this was improved.
- People's assessments and care plans were held electronically. This made it possible to print out important information when needed for hospital appointments or in emergency situations.

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

- The environment layout had been adjusted to meet people's needs. For example, there was a lift to the first floor, various quiet and communal spaces, and moving and handling equipment such as hoists.
- There was a programme of refurbishment and redecoration underway, which had slowed due to the outbreak of COVID-19. However, the main communal areas had been redecorated and were bright and cheerful.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider continued to act within the MCA when people had been assessed as lacking capacity to make their own decisions. Mental capacity assessments had been completed, best interest meetings held, and applications made for DoLS. The registered manager monitored DoLS and had records of when they required review.
- The staff training programme included MCA and DoLS. Staff were aware of their responsibilities in gaining consent before carrying out care tasks; we overheard staff providing explanations and obtaining consent before moving and handling tasks.

Staff support: induction, training, skills and experience

- Staff received training and supervision to ensure they had the skills required to care for and support people.
- Staff confirmed they received supervision and were supported by the new registered manager and regional manager. Comments included, "Supervisions are every three to six months we but have generic group ones in between, where we talk about topical issues such as COVID-19 or PPE; we can request one at any time if we need it."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection, this key question was rated as requires improvement. At this inspection, this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At the last inspection, the provider had failed to operate effective systems and processes to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider had a quality assurance system. This system of audits and checks in some areas had improved, for example in medicines management and accident analysis. Action plans were produced and checked for completion by the regional manager during visits to the service and discussions with the registered manager.
- However, here were some areas of the service that required more cleaning, more frequent checks and more management oversight.

The provider failed to ensure the quality assurance system identified shortfalls in cleaning and hygiene practices. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The electronic recording system for audits, accidents, and monthly registered manager reports, ensured senior management, and the provider's quality team had oversight of the service and could check progress.
- The Care Quality Commission and other agencies received notifications when incidents occurred in the service, which potentially affected people's health and welfare.

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

- The culture of the service is one that encourages staff to be honest about mistakes to enable learning to take place.
- There were positive comments from staff about the new registered manager's support, openness and approachability. Comments included, "Morale has gone from low to high, communication is so much better,

and we know what is happening in the service as information is shared" and "The new manager is much better and more supportive, they will listen, and we are able to express our opinions on things."

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

- Meetings took place for staff to share information. Staff also participated in daily handovers at shift changes and supervision meetings.
- The activity coordinator held meetings for people who used the service. These included discussions on meals, laundry, care staff approach, activities and whether improvements could be made.
- Staff engaged with a range of health and social care professionals involved in people's care and treatment. The registered manager spoke of the benefits of good communication with health professionals so that any issues could be addressed quickly.

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 provider, regional manager and registered manager were all clear about being open and honest with people and their families when shortfalls in the service occurred. The provider had a complaints process and a system to ensure senior managers were made aware of complaints and any actions taken to resolve them.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure the quality assurance system was sufficiently robust to identify and address shortfalls in cleaning and hygiene services.</p> <p>Regulation 17(1)</p>