

ABC Care Home Ltd

Burnside Court

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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: Burnside Court is a residential care home that was providing personal and nursing care to 22 people at the time of the inspection.

People's experience of using this service: On the day of the inspection we observed medicines were not being safely administered and people were at risk of receiving the wrong medicine. The inspection took place at the weekend when there was not normally a manager present. We were assured this method of administering medicines was not normal practice but were concerned the lack of oversight at weekends could lead to care practices falling below acceptable standards. The registered manager said they would look at introducing spot checks to monitor care standards more effectively.

Care plans contained information about people's health and social needs and were regularly reviewed. Risk assessments had been developed across a range of areas. Some people had specific health conditions and there was not always a relevant care plan or risk assessment in place to describe their individual needs and guide staff.

Systems to prevent cross infection were not robust. There were no cleaning schedules in place, slings were shared between people and hand gel dispensers were empty. The registered manager told us this would be addressed.

Staff knew people well and there was a relaxed and comfortable atmosphere. People chatted with each other and staff and some people sang along to the radio. People moved between their own rooms and the shared lounge/dining area as they chose. The office door was normally open and people were clearly used to going into the office to chat with the management team.

People and relatives were highly complimentary of the service and no-one had needed to raise a complaint. They told us the registered and assistant manager were approachable and they would be confident raising any issues.

The service was based in an old style property and accommodation was arranged over four floors. Due to the layout of the premises, the registered manager considered people's mobility and cognitive abilities when assessing their needs. Some redecoration was being carried out at the time of the inspection. The registered manager said this was a continual process due to the age of the property.

Staff received an induction and regular training and supervision. They told us they were well supported and encouraged to develop their skills. The registered manager did not receive any formal supervision. However, they told us the provider was communicative and supportive. They were pro-active in developing their skills and had systems in place to help ensure they were up to date with any developments in the care sector.

At our previous inspection the service was rated Good (report published 9 September 2016). At this

inspection the rating had dropped to Requires Improvement.

Why we inspected: This was a scheduled inspection and was planned based on the previous rating.

Enforcement We identified breaches of the regulations in respect of the administration of medicines and governance. Details of action we have asked the provider to take can be found at the end of this report.

Follow up: We will ask the registered provider to send us an action plan outlining how they will address the concerns identified at our inspection. We will check to see the necessary improvements have been made in accordance with our re-inspection programme. If we receive any information of concern we may re-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 caring?

The service was caring.

Good ●

Is the service responsive?

The service was responsive.

Good ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

Burnside Court

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by one adult social care inspector.

Service and service type: Burnside Court is a residential home providing care and accommodation for a maximum of 26 older people, some of who may be living with dementia.

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: The inspection was unannounced.

What we did: Before the inspection we reviewed information we held about the service including any notifications we had received. A notification must be sent to the Care Quality Commission every time a significant incident has taken place. We reviewed the Provider Information Return (PIR). This is a document the provider sends to us describing what they do well and any planned improvements. We received feedback from an external healthcare professional.

During the inspection we spoke with six people and observed interactions between staff and people. 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 spoke with a visiting healthcare professional and four relatives. We spoke with the registered manager, assistant manager and six other members of staff including the cook. We reviewed care records for three people, three staff files, Medicine Administration Records and other records relating to the running of the service.

Is the service safe?

Our findings

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

RI: Some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Using medicines safely

- The administration of medicines was not being carried out in line with best practice guidelines. A senior member of staff had dispensed several people's medicines into small pots and had placed them all on a tray to take into the shared lounge. The pots were not marked with people's names to clearly show whose medicines they contained. This meant people were at risk of receiving medicines that had not been prescribed for them.
- We raised our concern with the registered manager who assured us this was not normal practice. They told us they would address the issue directly with the member of staff.

This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicine Administration Records (MARs) were completed correctly.
- Medicines were stored safely and the temperature of the medicines cupboard and fridge were monitored.

Assessing risk, safety monitoring and management

- Risk assessments were in place to highlight when people were at risk and guide staff on the actions to take to mitigate the risk. The assessments covered general areas such as self-neglect, falls and skin integrity. When the risk was very specific to the person this had not always been formally assessed or recorded.
- One person had been assessed as being at increased risk of developing pressure areas due to their health needs. Information in the care plan stated the person should be turned every two hours to prevent this. However, monitoring records showed the guidance was not consistently followed.

This contributed to the breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Personal Emergency Evacuation Plans were in place to inform staff and first responders of the support people would need to leave the building in an emergency.
- Utilities and equipment were regularly checked and serviced to make sure they were safe to use.

Preventing and controlling infection

- Systems to limit the risk of cross infection were not robust. Hand gel dispensers situated by entrance doors were empty. There were no cleaning schedules in place to record when shared bathrooms and toilets had been checked. Slings used to move people were shared and not washed each time they were used.

This contributed to the breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The premises were clean with no malodours. Staff used protective equipment such as aprons and gloves when necessary.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training and were confident about the systems for reporting suspected abuse.
- Staff said they would raise any concerns immediately. One commented; "Of course, people are here to be cared for."
- People and relatives told us they considered the service to be safe and had no concerns. One relative told us; "I don't worry about her like I used to."

Staffing and recruitment

- There were enough staff to support people's needs. Staff responded quickly to people's requests for support.
- Relatives told us they had no concerns about staffing levels. One commented; "We are never left waiting when we ring the bell."
- Staff turnover was low and many of the staff had worked at the service for several years.
- Recruitment processes were followed to check staff were suitable for the role.

Learning lessons when things go wrong

- Accidents and incidents were recorded so any failings could be identified.

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

Good: 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 before they started using the service. For example, the service was in an old building spread over four floors and there were inherent risks associated with the environment. The registered manager took this into account when considering whether they could meet people's needs.
- Staff received training in dementia awareness to help them understand people's needs and deliver care in line with good practice guidelines.

Staff support: induction, training, skills and experience

- New staff were required to complete an induction process before starting work. This included training and a period of shadowing experienced staff.
- Training was updated regularly and covered a wide range of areas.
- Staff received supervision and told us they were well supported and could ask for additional support and guidance at any time.

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

- People were provided with a varied and healthy diet. They were complimentary about the food, one person commented; "You can't fault the food, it's fantastic."
- Any allergies, or information about how food should be prepared for people at risk of choking, were recorded and well known by kitchen staff.
- Some people had been identified as being at risk due to not drinking or eating enough. Food and fluid charts were in place to clearly monitor people's intake. We observed staff gently encouraging people to eat and drink.

Staff working with other agencies to provide consistent, effective, timely care

- On the day of the inspection a community nurse visited the service to support one person with their health needs. They commented; "The patients always seem well cared for."

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

- At our previous inspection we made a recommendation about the upkeep of the premises. At this inspection we saw the upstairs lounge and office were being decorated. The registered manager told us refurbishment and re-decoration was ongoing and constant.
- Bedrooms had the person's name and significant pictures on them to help people identify them independently.

- The shared living/dining area was small for the number of people using it. Chairs were arranged along the wall and did not support group conversations. We discussed this with the management team who told us it was difficult to arrange them any other way due to the lack of space and need to use equipment. They said they would consider how they might make better use of the rooms available.

Supporting people to live healthier lives, access healthcare services and support

- Records showed people were supported to access healthcare services. A chiropodist, optician and dentist regularly visited the service.

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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's capacity to make decisions was assessed and, where appropriate, DoLS applications had been made.
- One DoLS application had been authorised with attached conditions. The conditions were being met but were not effectively recorded. During the course of the inspection the registered manager developed a system for evidencing how the conditions were met.
- People were supported to make daily choices, for example, regarding their routines and what they wore.
- Care records showed when relatives had legal authority to make decisions on people's behalf.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were treated with kindness and staff were friendly in their approach. The feedback we received from people and relatives supported our observations. Comments included; "I've never seen one of them lose their temper or be harsh."
- Care plans contained information about people's backgrounds and staff knew people well.
- People's diverse needs were respected. For example, some people had certain religious beliefs. These were known to staff and people were supported to follow their beliefs.
- There were several dolls and dementia cats in the lounge area and we saw people took pleasure from these.
- Some people had 'memory boards' on the wall in their rooms. These had pictures and photographs on them of things that had been important to people in the past.
- Bedding and towels were old and worn and these were being replaced.

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

- There were no formal systems in place for gathering people's views. However, staff continually checked to make sure people were happy and comfortable.
- People who were able to, had signed their care plans to indicate they were in agreement with how their care was organised.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and their dignity was protected. When one person's clothing became undone a member of staff gently and quietly took them out of the room to help them.
- Visitors were able to visit whenever they wanted and told us they were always made to feel welcome. A quiet lounge was available if people wanted privacy but did not want to meet with visitors in their bedroom.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were in place to guide staff on how best to support people in a way which met their needs and preferences.
- Care plans covered a range of areas such as mobility, communication and social needs. One person had a specific health condition. There was no care plan to guide and inform staff on this person's particular needs. We discussed this with the registered manager who assured us they would address this.
- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. For example, 'grab files' contained basic guidance for hospital staff on how to communicate with, and support people.
- Staff engaged with people throughout the day. Music was playing and we saw people enjoyed this, singing along and dancing.
- There were plans for the head of care to take on the role of activity co-ordinator for part of the week to more formally arrange activities.
- Daily records were completed and described what people had done during the day and notes on their health and emotional well-being.
- Staff told us they were always kept up to date if people's needs changed.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place and this was given to people when they started using the service.
- No-one could remember ever making a complaint but said they would approach the registered manager if they had any worries.

End of life care and support

- End of life care plans had been developed when people and their relatives had been willing to contribute to this.
- If people had expressed a wish regarding their funeral arrangements this was clearly recorded.

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

RI: Service management and leadership 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

- Systems to monitor the quality and safety of how care was delivered had not been effective.
- The registered manager and assistant manager worked Monday to Friday and there was reduced oversight of the service at the weekends. This meant management might not always be aware if working practices were not in line with the standards they set during the week.
- Staff had verbal handovers between shifts so they could be informed of changes in people's needs. However, the handover book only contained information about how many people were using the service and whether the night or day had been settled. There was no form used as part of the handover process. This meant staff had no information to refer to if they were unsure of anything.

This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a clear management structure in place. The registered manager was supported by an assistant manager and head of care. Senior care workers ran the shifts and had responsibility for administering medicines.
- The registered manager understood their responsibility to notify the local authority and CQC of any adverse events. Ratings from the previous inspection were displayed in the entrance foyer.
- Staff told us they loved their jobs and worked well together. One member of staff told us they were a; "Close, tight knit team."

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered provider had regular contact with the service and spoke to the registered manager frequently. However, there was no system in place to provide the registered manager with formal supervision.
- The aim of the service was to create a family type ethos for people. Staff told us; "It's a nice small home." Staff sometimes brought their families or pets in to visit and told us people enjoyed this.
- Relatives were highly complimentary of the care and support provided. One commented; "It's brilliant here, first class."

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

- Families were asked for their views of the service in an annual questionnaire. The results from the previous year had been positive.
- Staff meetings had not been held for some time. The registered manager acknowledged this needed to be addressed and said they would be organising a meeting soon to discuss the inspection findings.
- Staff were unanimously positive about the management of the service and told us they were well supported and fairly treated at all times. No-one reported feeling discriminated against. One member of staff said the registered manager was flexible and would always try and accommodate their personal needs.
- Staff told us they were supported and encouraged to develop skills and progress their careers if they wished to.
- The management team had an open door policy. During the inspection we saw people coming into the office to chat and it was clear this was something they were accustomed to doing.

Continuous learning and improving care; Working in partnership with others

- The registered manager attended a local quarterly managers forum to share experiences and promote their own learning.
- The service had signed up to receive updates and relevant news from various organisations. These included CQC, Drug Safety Updates, and the National Institute for Health Care Excellence (NICE).

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 Care and treatment was not always provided in a safe way. Medicines were not being safely administered. People were not always protected from identified risk. Systems to control the spread of infection were not robust. Regulation 12 (1) (b)(g)
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not effectively established to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. Regulation 17 (1)(b)