

Burlington Care Homes Ltd

Burlington Hall Care 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 well-led?

Good ●

Summary of findings

Overall summary

Burlington Hall care Home provides accommodation and personal care for up to 53 people who have a variety of social and physical needs, some of whom may be living with dementia. At the time of our inspection the service was providing support to 49 people.

We carried out an unannounced comprehensive inspection of this service on 27 May 2015 and rated it 'Good'.

We carried out this focused inspection on 23 September 2016 following receipt of concerning information to the Care Quality Commission (CQC). We received concerns in relation to the care people were receiving and the management of the service. In addition, concerns had been raised about the nutritional status of the meals provided and that people's health needs in relation to wound and pressure care were not being met. We also received concerns regarding the level of staff working at the service meaning that people were not always supported by sufficient members of staff on duty. We therefore needed to ensure that people's care was being delivered in line with the fundamental standards.

This report only covers our findings in relation to those concerns raised. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Burlington Hall Care Home on our website www.cqc.org.uk.

The service did not have a registered manager at the time of our inspection; however a new manager was in post who had commenced the process to register. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe in the service. Staff were aware of the safeguarding processes and were able to demonstrate their knowledge. Appropriate referrals had been made to the local authority when concerns had been raised.

Personalised risk assessments were in place to reduce the risk of harm to people and these were reviewed regularly. Accidents and incidents were recorded and the causes of these monitored and analysed so that preventative action could be taken to reduce the number of occurrences.

There were sufficient numbers of staff on duty to meet people's needs. People's needs had been assessed and consideration had been given to the layout of the building when determining the numbers of staff deployed on the rota.

People had a variety of nutritious food and drink available to them. A varied menu was available and people had a range of meals to choose from. Snacks and fruit were available to people at points throughout the

day. People had been asked their likes and dislikes and members of kitchen staff were informed of, and regularly updated with regards to, people's preferences and dietary requirements.

People's health needs were being met and they received support from health and medical professionals when required. Records in relation to people's health and well-being were up to date and comprehensive.

There was a clear management structure of senior staff and staff felt supported in their roles. People, relatives and staff knew who to raise concerns with and there was a positive culture. The provider had effective quality monitoring processes in place and feedback about the service was encouraged. The provider had an active role in the management of the service.

During this inspection, we were unable to substantiate the concerns raised, therefore there were no changes to the rating of 'Good', and no breaches of regulation were identified.

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.

Staff were knowledgeable about protecting people from harm and abuse and appropriate referrals had been made to the local authority.

Personalised risk assessments were in place to reduce the risk of harm to people.

There were sufficient members of staff on duty at all times to support people with their needs.

Is the service effective?

Good ●

The service was effective.

People had a good choice of nutritious food and a varied menu was in place.

People were supported to meet their health needs and had access to a range of health and medical professionals.

Is the service well-led?

Good ●

The service was well led.

The service did not have a registered manager however a new manager was in post who had commenced the process to register. The provider was involved in the overall management of the service.

There was a clear management structure of senior staff and staff felt management were supportive.

The provider had effective quality monitoring systems.

Burlington Hall Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 23 September 2016 and was unannounced. The inspection was undertaken by one inspector.

Prior to this inspection we had received some information of concern. We therefore reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We also spoke with the local authority to gain their feedback as to the care that people received.

During the inspection we spoke with six people who lived at the service and three relatives to find out their views about the care provided. We also spoke with three members of care staff, a kitchen assistant, the deputy manager, the manager, a director from the provider organisation and two health professionals who were visiting the service on the day of our inspection.

We carried out observations of the interactions between staff and the people living at the service. We reviewed the care records and risk assessments of three people who lived at the service to ensure these were reflective of people's current needs. We looked at staff records and reviewed four weeks of staff duty rota. We also reviewed additional information on how the quality of the service was monitored and managed to drive future improvement.

Is the service safe?

Our findings

Prior to this inspection we had received information of concern regarding the staffing level in the service and a high use of agency staff, poor falls management and unreported safeguarding incidents.

People said that they felt safe and secure living at the service. One person said, "I feel safe. It's all done well here." Another person told us, "Everything is just fine; I feel safe and looked after." A relative told us, "We're very happy with the safety of [Name of person] here and wouldn't want him going anywhere else." Other relatives we spoke to confirmed they had no concerns about the service, the conduct of staff or their ability to provide care safely to their relative.

People were safeguarded from the risk of harm by knowledgeable staff. Staff we spoke with demonstrated a good understanding of safeguarding processes and were able to explain the signs they would look for, and the action they would take, if they thought someone was at risk of abuse. One member of staff said, "I would speak to any of the senior staff if I noticed something untoward." Another member of staff said, "I don't have any concerns but know what to do if I felt I needed to report something." Records we looked at confirmed that staff had undergone training in safeguarding people from the possible risk of harm. The service had a safeguarding policy in place. Information including contact details for the local safeguarding team were displayed within the entrance hallway. Records showed that the service had made relevant referrals to the local authority where required and had appropriately notified the Care Quality Commission (CQC) of these.

Risks posed to people by the care and support they received had been assessed and personalised risk management plans were in place for each person. These plans addressed identified hazards they may face and included any actions that staff should take to reduce the risk of harm and the control measures in place. These plans included identified support regarding nutrition and hydration, personal care, medical conditions and mobility. For some people, these also identified specific support with regards to their skin integrity and pressure care. Detailed steps that staff should take and the equipment to use to keep people safe were recorded including the involvement of the district nurses, where required.

Where people had been assessed as at risk of falling, a record was kept of every fall that the person experienced to enable potential causes to be identified. These falls were highlighted to staff via falls analysis and the number of falls experienced by people being displayed on a whiteboard in each office.

The deputy manager told us that all risk assessments were reviewed monthly to ensure that the level of risk to people was still appropriate for them, taking into account any changes in people's needs and a senior member of care staff had been allocated the responsibility of ensuring care plans and risk assessments were reviewed and updated as required.

A record of all incidents and accidents was held, with evidence that these had been analysed by a senior member of staff and appropriate action had been taken to reduce the risk of recurrence. Where required, people's risk assessments were updated to reflect any changes to their care as a result of these so they continued to have care that was appropriate for them.

People told us there was enough staff on duty to support them safely. One person told us, "There's always staff around, you see them all the time." Another person said, "There seems to be enough, I'm not kept waiting anyway." A relative told us, "There's some new faces around but we've not seen the staff struggling or thought that the unit was understaffed." Members of staff we spoke to confirmed there was enough staff on duty to meet people's needs safely. One member of staff told us, "There's enough staff on each unit. We've been working with agency staff to make up the numbers recently but there's enough of us."

We saw that people's needs had been assessed and a dependency rating for each person was given. The ratings were reviewed monthly and used to complete the staff rota by determining the number of staff required to be on duty. We reviewed past rotas and found that there was consistently the required number of staff on duty taking into consideration the layout of the building.

We spoke to the manager who confirmed that, due to vacancies in the care staff team, the service had been making use of agency staff however the members of staff provided by the agency were consistent and all had completed a number of shifts at the service. There was an ongoing recruitment process to address the vacancies, with three members of staff having been recently appointed. These new members of staff were awaiting employment checks being completed prior to commencing their roles. It was expected that these checks would be completed in the coming weeks.

Is the service effective?

Our findings

Prior to this inspection we had received information of concern regarding the nutritional status of the meals provided and that people's health needs in relation to wound and pressure care were not being met.

People told us that they had a good variety of food and enjoyed the meals provided at the service. One person told us, "I like all the food we have. There's a good choice and plenty of it." Another person told us, "It's nice. Hot and tasty." A relative told us, "[Name of person] seems to enjoy the food. There is a good variety and we see [Name of person] having a good choice." Lunch time meals at the service were provided by an external catering company and then prepared at the service. We saw there was a wide range of food choices available from the company and a weekly menu was planned considering the likes and preferences of people. The menu we viewed offered people a choice of meals with regular alternative options available.

We observed the lunchtime meal in one of the dining areas and found that the meal time was relaxed with staff chatting with people throughout the meal to make it a social occasion. We saw staff encourage people to sit at the dining tables and offer support appropriately. Where people required assistance to eat their meals we saw that this was provided and in a way that enhanced the mealtime for the person. We also observed that people were provided with regular drinks of their choice.

We spoke with the kitchen assistant who told us that, whilst lunch time meals were sourced from an external company, all other food was prepared at the service with people being given at least two choices for each of the meals. They described to us the fresh fruit, cake and snacks they prepared along with a range of milkshakes and smoothies that were available at points throughout the day. We saw that hot and cold drinks were also regularly offered and prepared at peoples' request. Members of kitchen staff were notified of people's dietary requirements and were informed of any changes. Records held in the kitchen detailed people's preferences and a large noticeboard clearly showed people's specific dietary needs such as the level of risk identified with regards to their nutritional needs, any allergies or consistency requirements for example, a soft or pureed diet.

The manager told us that the provider had made the decision to discontinue the use of an external catering service and that recruitment was underway for a chef. It was planned that once a chef was appointed all food provided at the service would be 'home cooked' and a review of the menu would be undertaken.

People were assisted to access healthcare services, if needed, to maintain their health and wellbeing. One relative told us, "[Name of person] has been regularly seen by the GP and we are always updated on his condition." A visiting health professional told us, "The home is good in contacting us, sometimes overly in relation to pressure care." They went on to explain that they had no concerns with regards to the health and well-being of people living in the service and that communication between themselves and the service was good.

When staff had contacted health professionals for advice or visits had been made to the service, the reason and outcomes had been recorded. There was evidence that staff had appropriately responded to people's

needs and people had been seen by a variety of healthcare professionals including the GP and district nurses. Referrals had also been made to other professionals, such as dietitians and mental health services.

Is the service well-led?

Our findings

Prior to this inspection we had received information of concern regarding the management of the service. We were told that there had been changes in management and that managers were unresponsive to concerns raised by staff. We were also told that there had been incidents of inappropriate behaviour by staff which had not been addressed by the management.

The service did not have a registered manager. The previous registered manager had left employment with the service in May 2016. A director from the provider organisation and an interim manager had overseen the service until the appointment of a new manager in September 2016. The new manager had been in post for four weeks at the time of our inspection and had commenced the process to register with CQC.

During this inspection we found that there was a new manager in post who had begun the process of reviewing systems within the service and completing audits. Since starting work at the service the manager had conducted an audit of training records, completed observations of staff practice and had requested feedback from people, their relatives and staff about the care provided within the service. An action plan to address any issues they had found was being developed with the support of the deputy manager and director.

We found that a meeting for people and their relatives had been held and a staff team meeting had been called to introduce the manager. We also saw information displayed in the service identifying the new manager and informing people who they could speak to should they wish to offer any feedback on the service provided or raise any concerns.

The provider and management team expects the highest standards from staff. The manager and deputy manager expressed the importance of a high performing team in providing person centred care to all the people living at the service. We saw that where staff did not meet these standards, the service took positive action to improve performance in order to ensure people received care from dedicated staff.

We noted that there was a relaxed atmosphere within the service. People and their relatives knew who the members of staff were and confirmed they had been introduced to the manager. One person said, "I know who's who in relation to the staff." A relative told us, "We know there is a new manager now and, to be honest, we haven't noticed any deterioration at all with the recent changes." A member of staff told us, "It's a good place to work with a good team of people." They went on to explain how their work was varied and they felt supported by the management and provider organisation. This had a positive impact on their work.

Staff on duty told us that there was a positive culture and felt they would be supported by the management team. One member of staff told us, "There has been changes in the senior management but it hasn't really been a problem. We've not really been affected and just get on with our job." Another member of staff told us, "Although the manager has changed, we've had the same deputy and seniors and it's been ok. I know who I can speak to." A third member of staff told us, "I've worked here for a while now and, although the manager may have changed, we have the same provider and it's always been open communication." Staff

were aware of their roles and responsibilities and were clear on the lines of accountability within the staff structure. Staff were clear on the values of the provider organisation and felt they had the opportunity to contribute to the direction of the overall service development.

We found that there were a range of audits and systems in place by the provider organisation to monitor the quality of the service provided. These included reviews of care plans, incident and accident audits, medicines audits and complaints management. Any issues found in the audits were recorded in the action plan for the service and there was information as to how they would be addressed. On the day of our inspection the local authority audit was also being conducted. The manager told us how they would use the feedback from our inspection and the local authority audit in contributing to the action plan for the service. This demonstrated how the manager planned to use feedback from a variety of sources to drive improvements at the service.

Staff were encouraged to attend team meetings at which they could discuss ways in which the service could be improved and raise any concerns directly with management. A recent team meeting had been called to introduce the manager to the team and to discuss ways in which the service could improve. Members of staff we spoke with confirmed that they were given the opportunity to request topics for discussion.