

Burlington Care Limited

Figham House

Inspection report

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Date of inspection visit:
21 August 2019
23 August 2019

Date of publication:
15 October 2019

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Figham house is a residential care home providing personal and nursing care to 58 people aged 65 and over at the time of the inspection. The service can support up to 63 people.

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

The assessment and monitoring of risk for people was ineffective. Care plans and risk assessments lacked person centred information for people's health and support requirements. Reviews were completed but did not always reflect people's current health needs.

The quality of the record keeping varied and some care records we looked at did not have the right information in them to manage people's care safely.

Information and records were not maintained to ensure people always received their medicines safely as prescribed. We have made a recommendation about the management of some medicines.

People and their relatives told us they were happy with the care provided. All staff demonstrated a commitment to providing person-centred care, however, this was not reflected within people's care plans and associated records.

People had developed positive relationships with staff who had a good understanding of their individual needs. Staff were friendly and polite.

People told us they felt safe and well cared for and staff treated people with respect and dignity.

People were supported to have maximum choice and control of their lives and staff did support them in the least restrictive way possible; the policies and systems in the service did support this practice.

We identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for good governance. Details of action we have asked the provider to take can be found at the end of this report.

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

Rating at last inspection

The last rating for this service was good (published 25 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Figham House

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

This inspection was carried out by two inspectors, one specialist advisor 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

Figham house 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 inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and spoke with other 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.

During the inspection

We spoke with eight people who used the service and five relatives about their experience of the care provided. We spoke with seven members of staff including, the registered manager, the regional manager, the team leader, nurses, senior care workers, and care workers. We also spoke with one visiting healthcare professional.

We reviewed a range of records. This included five people's care plans and medication records. We looked at three staff files in relation to recruitment and staff supervision records. Multiple records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider were reviewed.

After the inspection

We continued to seek clarification from the provider to corroborate evidence found. We looked at training data, staff supervision 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.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to requires improvement.

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

- Medicines were not always administered as prescribed. For example, a medicine which should be taken before food was administered alongside medication that should be taken with food. This meant the person's medication would be ineffective for the purpose it was prescribed. This was addressed immediately by the registered manager and arrangements were put in place to make sure the medication was administered correctly in future.
- Medicines were not consistently managed safely. Information was not fully available to staff, due to the administration systems used at the service.

We recommend the provider considers reviewing medication records to ensure all information is always available for staff and ensure medication guidelines are correctly followed.

- All other systems and processes were in place to ensure the safe management of medication.

Assessing risk, safety monitoring and management;

- Staff did not always have the correct information recorded to mitigate risk to people.
- Where risks were identified risk assessments were completed. Improvements were needed to ensure the information recorded was specific to the risk identified.
- The environment and equipment were safe and well maintained.

Systems and processes to safeguard people from the risk of abuse

- People at the service told us they felt safe. Comments included, "Yes, I feel safe here. The staff are very good." And "It is a very safe place."
- The service had a safeguarding policy in place and the management team followed internal and external processes to keep people safe.
- Staff understood what action to take to ensure people were safe and protected from harm and abuse.

Staffing and recruitment

- Staff were recruited safely; appropriate checks were carried out to protect people.
- There were enough staff available to meet people's needs.
- People received care in a timely way. Feedback from people was positive, comments included, "There's

always someone around, if I need help I just press the button, they come as soon as they can, I haven't had any problems" and "Oh yes, there is enough staff, there's always someone around."

Preventing and controlling infection

- The home was clean and free from malodours. The provider had systems in place to prevent and control the spread of infections.
- Staff followed good infection control practices and used personal protective equipment to help prevent the spread of infections.

Learning lessons when things go wrong

- Accidents and incidents were monitored. The provider was developing their processes to use these as learning opportunities for the service.

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 good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

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

- Best practice assessment tools were available to staff in some care plans. More consistency was required to ensure staff had information available in line with best practice guidelines.

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

- People were supported to access health care professionals as and when needed. Referrals were made to a range of health and social care professionals when required to support people's changing health care needs.
- One visiting health professional told us, "I have no concerns with the service, staff are always available and follow instructions."

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to care for them effectively.
- Staff completed a comprehensive induction supported by a structured training program.
- Staff felt supported by the registered manager and received regular supervision meetings to develop their practice.

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

- People received a healthy, balanced diet which met their needs and took into consideration their preferences and any special dietary needs.
- People were supported to maintain their independence with eating and drinking.
- People were very positive about the food at the service. People told us, "I really enjoy my meals, it was absolutely lovely today" and "The food is good."

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

- There was a communal area for people to socialise and participate in activities. These were clean and free from hazards.
- People's rooms were individual and demonstrated their personalities, likes and interests.
- The environment was dementia friendly and there was good signage for people to orientate themselves.

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Care records contained signed consent from people and their relatives.
- We saw people were offered choices as about their daily routine such as what time they got up or where they sat in the home.
- Staff asked for people's consent before supporting their needs.

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 good. At this inspection this key question has remained the same.

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

- People were valued as individuals. People's bedrooms were tidy and personalised.
- Interactions between staff and people were natural and showed positive relationships had been developed.
- People were approached by staff in a polite and respectful way to offer assistance.
- Staff demonstrated a good knowledge of people's personalities and what was important to them.

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 knew when people wanted help and support from their relatives. People told us, "They [staff] always ask me what I want to wear" and "The staff are very good. There is always someone about if you need help."
- Staff positively welcomed the use of advocates. Advocates represent the interests of people who may find it difficult to be heard or speak out for themselves.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible. Staff understood and recognised when people needed assistance. One person said, "Staff know I try to do as much as I can myself and support me where I struggle."
- People's privacy and dignity was respected. We observed staff knocking on people's bedroom doors and discreetly asking people before supporting them with personal care.
- Care records were kept securely, so confidentiality was maintained.

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 deteriorated to requires improvement.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Care plans and risk assessments were not robust, and people's records did not always contain information about their current care needs.
- People and their relatives told us they were not involved in reviews of their care plans. Comments included, "Staff don't really talk to me about this" and "'I think there is a care plan, they [staff] don't really talk to us about it'.
- End of life care plans were not in place for people who required them. One person only had a 72-hour pre-assessment in place. This did not provide staff with the information required to care for this person at the end of their life.

The lack of appropriate records is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were able to deliver person centred care based on their knowledge of people.
- People were given choice and supported to make decisions regarding their needs. One person we spoke with told us "The staff are brilliant, they always ask me what I want and what I prefer."

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.

- Peoples' communication needs were assessed and recognised. Information was available in an accessible format to meet peoples' needs.

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 developed friendships with others living at the service.
- The service provided a range of activities and entertainment for people which was planned and facilitated by two activities coordinators. People told us, "There's a new activity person who is going to come up with some new activities", "They usually come in and has a natter with me" and "I've been on trips to a garden centre and for fish and chips which I really enjoyed."

Improving care quality in response to complaints or concerns

- Complaints were dealt with in line with policy. People and relatives knew how to make complaints. The area manager and the registered manager acted when needed in response to complaints received.

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 good. At this inspection this key question has now deteriorated 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.

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

- The quality of record keeping was poor. Care plans did not always consider the holistic, diverse needs of people or provide accurate information for staff to ensure people received the correct care and support.
- Quality assurance systems and processes used within the service by the provider were not effective. They failed to identify and address the concerns we identified during the inspection. For example, a lack of detailed information within care plans and risk assessments for people.

The lack of effective oversight and monitoring of the service meant there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 had a visible presence in the home. They knew people, their needs and their relatives well.
- The registered manager had oversight of the day to day needs of people and supported staff to work in a person-centred way.
- People and relatives told us, "The registered manager is excellent", "They are very approachable and welcoming" and "The registered manager is very personable."
- Staff said they felt supported by the registered manager.
- The provider was aware of duty of candour and acted according.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider had sought feedback to help maintain and make improvements at the service.
- People, relatives and visiting professionals had completed surveys of their views and their feedback was being considered.
- There were records of people, relatives and staff meetings where people's opinions were encouraged to be shared.

Working in partnership with others

- The service had links with the local community and worked in partnership with other agencies to improve people's opportunities and wellbeing.

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 17 HSCA RA Regulations 2014 Good governance Governance and record keeping processes were ineffective in monitoring and improving quality and safety of the service, assessing and mitigating risks to people who used the service and maintaining an accurate, complete and contemporaneous record in respect of each person using the service. Regulation 17 (1) (2) (a-c)