

Advinia Care Homes Limited

Burrswood Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Burrswood Care Home provides personal and nursing care to a maximum of 125 people. At the time of the inspection 75 people were using the service. Burrswood has four separate units, Dunster (general nursing), Peel (dementia nursing), Crompton (residential) and Kay (dementia residential). Most bedrooms had an integral toilet and shower and each unit had their own adapted facilities.

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

Staff safeguarded people from the risk of abuse. Assessments of risk and safety and supporting measures in place helped minimise risks. Staff managed people's medicines safely. We have made a recommendation about the management of some medicines.

Staff followed infection prevention and control guidance to minimize risks related to the spread of infection. Staffing levels were sufficient to meet people's needs and managers recruited staff safely. Staff followed an induction programme, and training was on-going throughout employment.

Staff assessed people's needs. Care plans included information about support required in areas such as nutrition, mobility and personal care to help inform care provision. Staff made appropriate referrals to other agencies and professionals when required.

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.

Peoples' equality and diversity was respected. People felt staff respected their privacy and dignity and took into account their views when agreeing on the support required. Staff identified people's communication needs and addressed these with appropriate actions.

Managers worked continuously to improve the culture in the service; they responded to actions identified at the last inspection and to complaints and used these to inform improvement to care provision. The provider was open and honest, in dealing with concerns raised. The management team were available for people to contact and undertook regular quality checks, to help ensure continuously improved standards of care.

The provider and registered manager followed governance systems which provided effective oversight and monitoring of the service. These governance systems and processes helped to ensure the service provided to people was safe.

This was a focussed inspection which looked at the safe, responsive and well-led domains only.

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 inadequate (published 24 December 2021).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 09 December 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We undertook this focussed inspection to check whether the Warning Notice we previously served in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to requires improvement based on the findings of this inspection.

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.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 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 ●

Burrswood Care Home

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 Health and Social Care Act 2008.

This was a focussed inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 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 three inspectors, a medicines inspector and two Experts 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

Burrswood Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Burrswood Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our

inspection there was a registered manager in post.

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 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 annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, the divisional director, the head of residential care, the head of clinical services and the head of hospitality. We spoke with four unit managers, a visiting dietician and eight care staff members. We spoke with six people using the service and 10 relatives of people using the service. We looked at seven people's care plans and multiple medication records.

We looked at five staff personnel files in relation to recruitment and supervision. A variety of records relating to the management of the service, including quality assurance, complaints and safeguarding were reviewed.

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.

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. 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. Whilst improvements had been made, we would need evidence these improvements would become embedded and sustained before we were assured that consistently safe care was provided.

Staffing and recruitment

At our last inspection there was a lack of sufficient suitably qualified staff for the nursing units. This was a breach of regulation 18(1) 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 18.

- There were enough staff on duty to meet people's assessed needs. Each unit of the home now had a permanent unit manager, and there was a head of clinical services for the nursing units and a head of residential care for the residential units. A relative told us, "It seems to be a very stable staff team now. The only use agency staff when they're very short staffed. Staff have helped [my relative] to rally round."
- Although some agency nursing staff were still used to fill any gaps due to annual leave or staff absence, these were regular and familiar agency staff. One permanent nurse was due to start work following return of their Disclosure and Barring Service (DBS) check, and two more permanent nurses were going through the recruitment process at the time of the inspection. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Although some staff we spoke with felt more staff were needed, the provider and registered manager used a robust and responsive dependency tool to assesses people's dependency levels. We looked at this tool in detail and found there were enough staff on duty to meet people's assessed needs. A person told us, "I feel safe and looked after. It's nice and warm in here." A relative said, I would know if [my relative] was not happy. I usually speak with [staff name] if there are any issues."
- Staff recruitment, induction and training processes promoted safety, including those for agency staff. A staff bonus scheme introduced since the last inspection, an increase in hourly rates of pay and a permanent advert on a well-known recruitment website had helped with staff recruitment and retention. There had been an increase in nursing applicants since the last inspection.

Assessing risk, safety monitoring and management

At our last inspection guidance for managing identified risks was not written for people moving to the home in a timely way or regularly reviewed. This was a breach of regulation 12(1)(2) 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 12.

- Risks to people's safety were assessed and managed. People had up to date risk assessments in place which included any factors that might affect the person, with actions for staff to take. Risks to people's safety were identified and daily charts were completed to identify any support tasks staff needed to undertake.
- Initial baseline assessments of people's needs were done in addition to continual assessments of people's needs which were reviewed regularly. These updated assessments linked directly to the dependency tool.
- Fire risk assessments were in place and fire drills were carried out. People had personal emergency evacuation plans to help ensure staff knew how to safely support them if emergency evacuation was necessary. Premises' risk assessments and health and safety assessments were in place.
- The provider and registered manager completed a range of audits, which helped identify any issues, gaps and risks. An action plan identified any area of concern, the action needed, and an update on progress. Staff recorded the care they provided on daily care logs in people's care records.
- People's relatives told us [their relatives] were safe and were positive about the home and the staff. One relative said, "[My relative] likes the staff who know [my relative] well. Staff seem to go above and beyond their remit and all support [my relative] as well as I do." People also told us they felt safe living at the home. One person said, "I feel safe here both with the environment and the staff. I can't fault anything. I can speak to any of the staff if something was wrong. It's very good care and they [staff] know what to do."

Using medicines safely

At our last inspection medicines inventory levels on the electronic medicines system were inaccurate. Topical creams were not always recorded when they had been applied. This was a breach of regulation 12(2)(g) 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 12.

- People's medicines were managed safely. Medicines inventory levels were correct and topical creams were recorded as required.
- Information about how to safely administer medicines covertly, [hidden in food or drink], or administered via a feeding tube was not always available for one person. There was information to support staff to safely administer two of this person's medicines but not others that had recently been started. We determined no harm had occurred, and the provider took immediate action during the inspection to rectify our concern.
- For one person, records of application of patches were not always completed, therefore, we were not certain the site of application was being rotated safely, and there was a risk of skin irritation. The electronic medicines system only allowed staff to view the site of patch application for the previous six applications. We determined no harm had occurred and the provider took immediate action during the inspection to rectify our concern.
- Staff personnel files showed nursing staff had their competency to administer medicines assessed as required.

We recommend the provider review the electronic medicines system to ensure it adequately captures all required information over a sustained period of time and provider repeats medicines administration training for staff responsible for giving medicines.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff completed training in safeguarding vulnerable adults and explained to us how they would report any concerns.
- A safeguarding and incident reporting system was in place. All incidents were reviewed by the registered manager and provider. The system generated actions and observations to be completed depending on the type of incident being reported. Where an investigation into the incident was carried out, the learning outcomes were recorded.
- The system also prompted referrals to be made to the local authority safeguarding team where this was required. A local authority professional told us, "I have been making regular visits to Burrswood to check their action plan. Progress has been made and the new manager is working with us and has shared the recent whistleblowing with us and her investigation. We have had some positive feedback from families recently as part of our safeguarding investigations."

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Visiting was allowed and current government guidelines were being followed for any visitors to the service.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met. Whilst improvements had been made, we would need evidence these improvements would become embedded and sustained before we were assured that consistently responsive care was provided.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection care plans and people's planned care was not written in a timely way or regularly reviewed on the nursing units. This was a breach of regulation 9 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.

- Care plans were now more person-centred and contained enough information to help staff meet people's assessed needs.
- Care plans had been reviewed regularly and updated when necessary. The dependency tool being used, linked to any changing needs; this ensured any changing needs were captured so the care provided to people was meeting their assessed needs
- The electronic care recording system showed people had received care as planned, for example night-time checks, mattress checks, oral care and hygiene care.
- People's care and support was now personalised and tailored to their individual needs. Care plans were detailed with people's likes, dislikes and preferences. Staff we spoke with demonstrated they knew people well.
- People told us care staff understood their likes and dislikes; people's relatives felt the same and most relatives could recall discussing and developing a care plan. Relatives told us staff did try to accommodate the wishes of [their relatives]. A relative said, "Previously, [my relative] just sat in his room but there now seems to be more understanding and consideration of his needs." A person told us, "It's never felt like rushed care and the staff are patient and kind; they bring plenty of fluids during the day."

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

At our last inspection not enough activity staff were employed to provide social activities for people living in the home. This was reported within the well led key question and was a continued breach of regulation 17 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 17.

- Since the last inspection additional staff had been recruited to provide activities to people across the four units of the home, more than doubling the amount of activity staff in post. These staff were due to start shortly after the date of the inspection, which would improve the number and frequency of activities on offer.
- Since the last inspection, staff had been asked to provide more meaningful activities for people and one relative of a person on Peel unit said, "There had been a time when [their relative] seemed to be left in his room but now there was more consideration and understanding." A relative of a person on Crompton unit told us they thought there were enough activities available, but [their relative] did not usually wish to get involved. However, some staff, people and their relatives still felt more activities were needed.
- A Burrswood Daily Sparkle newsletter was available on tables in the units which had information on what happened on this day in past. The newsletter had a quiz word and crossword at the back. Other relatives on Peel unit told us there were activities arranged and there were sometimes entertainers brought in and there were quizzes. A person said, "We play bingo sometimes and watch films. The staff will sometimes take me out in the garden when it's fine."

End of life care and support

At our last inspection advanced care plans were found to be brief and generic. This was a breach of regulation 9 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 were now more involved in developing advanced care plans which identified how they wanted to be supported at the end of their life and any subsequent arrangements they wished to be carried out. Where a decision had been determined not to resuscitate a person this was recorded in care files.
- Staff worked closely with other relevant professionals such as doctors and district nursing teams to support people's choices when they reached this stage of life.
- As part of the process of improving service provision, staff now received training in bereavement support.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff identified people's communication needs as part of the initial and ongoing assessment process. Staff ensured people received information which they could access and understand and provided communication support if needed.
- People's communication needs were clearly recorded in their care plans and updated in real time for staff to access. All staff had access to a 'tablet' device which recorded people's communication needs. Pictorial menus were used to help people choose.
- Information was available in an easily accessible format, for example the Service User Guide and Statement of Purpose. One person used a picture book to aid communication.

- Other healthcare professionals such as speech and language therapists and audiology services were involved as appropriate and the use of communication aids was also considered, if necessary.
- The provider had an Accessible Information and Communication policy in place. The policy gave staff guidance on how to enable people and their main representatives to make decisions about their health and wellbeing by ensuring people received information they could understand in addition to identifying communication support needs to enable effective dialogue between professionals. A five-step guide involved finding out if people had any communication needs relating to a disability or sensory loss.

Improving care quality in response to complaints or concerns

- The provider had systems and policies in place to reflect on complaints and concerns. Where the provider had received complaints the management team had responded in a timely manner.
- People and their relatives knew who to contact when they had concerns; the provider ensured people and their relatives were aware of how to raise a concern and who with at the point they started providing support.

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 our last inspection we rated this key question inadequate. At this inspection the rating has changed 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. Whilst improvements had been made, we would need evidence these improvements would become embedded and sustained before we were assured the culture supported the delivery of high quality and person-centred care.

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

At our last inspection quality assurance systems were not being robustly used. This was a breach of regulation 17 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 17.

- The providers' quality assurance system was now more effectively utilised and monitored. The system contained scheduled audits covering areas such as care plans, medicines, infection control and health and safety for each unit. We found significant positive progress had been made since the date of the last inspection.
- All unit managers and senior managers had access to this system in a 'live' environment, which meant it could be accessed and updated at any time. The area quality director told us they also received a weekly report for items they needed to follow up on.
- The quality assurance system also fed into key performance indicators, for example, monthly accident and incident reports, statutory notifications, DoLS, medicines audits, health and safety checks, staff absence and complaints. This system was backed up by hard copy files in the registered managers office.
- The quality assurance system was colour coded, so any activity not completed showed in red, any pending activities not completed but within timescale showed in amber and any activities completed showed in green. We looked at the live quality assurance system and saw there were no outstanding activities that had not been completed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff morale had generally improved on all units of the home since the last inspection. However, not all staff were positive about changes made. One staff member said, "Staff morale is improving as new staff were coming through; a fourth member of staff is currently on induction. Most staff on the unit have worked

together for a number of years; good team work and we work well together." A second staff member told us, "The staffing issue is an improving picture and senior management are addressing issues." However, a third staff member commented, "I don't feel the registered manager is an effective manager and a lot of responsibility is left to myself and the head of residential care. The service provider is aware of the issues and exploring them."

- Feedback we received from the local authority indicated an improving picture at the home; they commented, 'This is the most progress I have seen from them.' We found the process of improving staff morale was a 'work in progress' and more effort and time was needed in this area.
- The registered manager often praised staff for their efforts, for example in managing actions identified within the quality assurance system. One comment stated, 'Great work and thank you for all your hard work.' The registered manager also provided advice and guidance to staff on areas of care plans to improve the quality of care provided to people, for example they had drafted an oral care plan example for staff to model and work on.
- The registered manager encouraged everyone involved with the service to express their views about how it was operated. People were now supported by more familiar and regular staff who ensured as far as they were able, that the person's views were considered. A relative told us, "Peel unit is much more welcoming; it's friendly and feels better when you go on to the unit. I deal with the unit manager who is very good."
- Meetings were held with staff held on each unit. A meeting held on Peel unit stressed the need for openness and honesty in raising any issues, looking at strengths rather than weaknesses, looking at staff being kind to each other and helping any team member who may be struggling, and not taking work stress home.
- A monthly schedule of resident and relative meetings was in place. People said there were regular residents' meetings and relatives also told us they could go and were aware of dates but generally they did not attend. Whether or not they could attend meetings relatives were confident if they had a concern it would be addressed. A relative said, "Things are now changing and improving with some different managerial input."

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; Working in partnership with others

- The registered manager understood their legal responsibilities and ensured any negative aspects of care provision were reflected upon to improve future care provision. An action plan was used to track any issues raised and to ensure progress was being made in these areas. A local authority professional told us, "I have been making regular visits to Burrswood to check their action plan. Progress has been made and the new manager is working with us."
- CQC and local authorities were notified appropriately of any incidents at the service, and any safeguarding concerns.
- The management team responded appropriately and timely when the local authority safeguarding team requested additional information from the home.
- The provider and registered manager worked closely with other health and social care professionals to ensure people received consistent and timely care.