

Burlington Care Limited

Bessingby Hall

Inspection report

Bessingby
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

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

Bessingby Hall is a residential care home providing personal care to 44 people within the categories of older people, people living with dementia and people living with a physical disability. The service can support up to 65 people.

The service accommodates people across two wings, each of which has separate adapted facilities. One of the wings specialises in providing care to people living with dementia. The residential wing is called Hardmoor, and the dementia wing is Harrington.

People's experience of using this service

Since our last inspection the provider had failed to maintain high quality standards of practice within the service. The provider demonstrated their willingness to improve by working with us during and after the inspection.

Medicines were not always managed safely within the service and the registered manager had raised safeguarding alerts about these with the local authority.

The standards of hygiene within the service could be improved. Odours and stained furniture were apparent in some areas of the service.

The assessment and monitoring of risk for people was ineffective. Management and senior care staff had not reviewed care plans and risk assessments on a regular basis or when people's care needs had altered. 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.

People felt able to raise complaints with the service and the registered manager did look into these. However, there was no evidence that the provider had provided information for people, available in formats they could understand, in line with the Accessible Information Standard.

People were looked after by staff who had not always received sufficient training and support to ensure they could fulfil their role safely. This put people at risk of avoidable harm. We have made a recommendation in the report about staff training and support.

People did not always have an opportunity to take part in stimulating and enjoyable activities. There was a lack of appropriate social interaction for people living with dementia.

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

People were able to talk to health care professionals about their care and treatment. People could see a GP

when they needed to. They received care and treatment when necessary from external health care professionals such as the district nursing team and speech and language therapists.

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 two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 around safe care and treatment and 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

At the last inspection the service was rated as good (published February 2019).

Why we inspected

This inspection was prompted by information of concern.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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 not always effective.

Details are in our Effective findings below.

Requires Improvement ●

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 ●

Bessingby Hall

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. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

The inspection was prompted in part by information of concern. The information shared with CQC indicated potential concerns about care and the management of risk. This inspection examined those risks around mobility, falls, behaviours that challenged, choking, unsafe equipment, unsafe medicines management, pressure sores and infection control.

Inspection team

This inspection was carried out by three inspectors 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

Bessingby Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed information available to us about this service. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority that worked with the service. The provider was not asked to complete a provider information return prior to

this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with the provider, nominated individual, regional manager, registered manager and the deputy manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with one professional who was visiting the service, and 10 members of staff. These included senior care staff, care staff, the housekeeper, the maintenance person and the activity co-ordinator.

Over the four days of inspection we spoke with eight relatives and 16 people about their experience of the care provided. 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 reviewed a range of records. This included 10 people's care records and all medication records for people using the service. We looked at six staff files in relation to recruitment, supervision and appraisal. Multiple records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider were reviewed during the inspection.

After the inspection

We looked at training data, staff rotas and other information collected during the inspection.

Is the service safe?

Our findings

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

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 managed safely.
- Staff did not reorder out of stock medicines in a timely way, some people were without medicine for two or three days over the last month.
- Staff administration of medicines was not always consistent. For one person this meant their pain relief patch was applied two days late and then two days early, which put them at risk of harm.
- Staff had competency checks carried out before they started to administer medicines in the service. However, there were no ongoing checks to establish their practice remained good.

The lack of robust management of medicines meant people were put at risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- There were ineffective cleaning and infection prevention and control practices within the service.
- There were unpleasant odours in some areas of the service including the main lounge on Hardmoor, the lounge on Harrington and several bedrooms we looked at.
- Lounge and dining room chairs on Harrington were stained and dirty.

The lack of effective cleaning meant there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider replaced the chairs with new ones on day two of inspection. They also provided us with a refurbishment and redecoration plan for the service to be carried out over the next nine months.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff practice did not always maintain people's safety. We observed staff failed to ensure slide sheets were replaced in one room when sending a used item to the laundry. Staff could not tell us how they were safely moving a person when the equipment was not in the room.
- Care plans were not always in place or did not always contain basic explanations of the control measures for staff to follow to keep people safe. One person who had fallen before and during our inspection did not have a care plan in place to guide staff on how to manage their high risk of falls.
- Accidents and incidents were recorded and responded to appropriately to ensure people received medical attention where needed. The registered manager was checking these records. However, further action was needed to ensure staff then updated risk assessments and care plans as required.

The lack of effective monitoring and review of risk meant people were left at risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Service contract agreements were in place which meant equipment was regularly checked, serviced at appropriate intervals and repaired when required. Emergency plans were in place to ensure people were protected in the event of a fire.

Systems and processes to safeguard people from the risk of abuse

- The majority of people who used the service said they felt safe, confident and happy when being supported by staff. One person told us, "Oh I feel safe. They look after me. If I want to go out I can. They are caring, they are concerned."
- Three people raised minor concerns about staff practice, which were discussed with the provider and registered manager. The provider assured us that action would be taken to investigate the concerns and where needed address them with the staff responsible.
- Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them.
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Staffing and recruitment

- The provider monitored the number of staff required, based on people's needs. The week before our inspection they had identified the need to increase the levels of night staff to five. Ongoing recruitment and use of agency staff to fill gaps in the rota as a temporary measure were evident.
- People told us there were enough staff available to meet their needs and to keep them safe. One relative said, "Even though staff numbers have gone up and down over the past few months, the quality of care has remained good."
- Staff recruitment was robust.

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.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Assessments of people's needs were completed on admission. However, staff did not always update risk assessments and care plans following accidents, incidents and changes in need. For example, following falls and episodes of behaviour that challenged staff and others. This left people at risk of repeated falls and harm. The service was moving from a paper-based record system to an electronic record system; staff required further training and development on using the new system. This may explain some of the gaps in the documentation.
- Staff practice, in relation to dementia care and moving and handling, did not always reflect current evidence-based guidance, standards and best practice. However, people were satisfied with their support and said, "Staff are kind and caring" and "Staff talk to me when they are moving me, so I don't get nervous."
- The provider told us plans were in place for a dementia lead to be employed, to offer guidance and support to staff around best practice.

Staff support: induction, training, skills and experience

- Staff training was not used effectively in practice. The majority of staff had completed training that the provider considered to be 'essential'. However, we saw evidence of poor practice around moving and handling, medicine management, infection prevention and control and record keeping. We have reported on this in other key questions in this report.
- There was an induction programme for staff and they were receiving supervisions. However, supervision records did not evidence that this gave staff the opportunity to discuss any concerns or aspects of their role. Staff did confirm discussions took place.
- Annual appraisals of staff performance were overdue, but were booked in during our inspection to take place over the next two months.

We recommend that the service reviews its practice with regard to staff training, supervision and appraisals, to ensure these are completed in line with its policies and procedures.

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

- People living on Harrington were not provided with a suitable, stimulating environment. The provider had a contractor repaint the dining area and lounge whilst we were on inspection, but there was a lack of dementia friendly aids and equipment to enhance the quality of life for people living there.
- The provider told us they would prioritise Harrington for refurbishment. They discussed a budget with the registered manager for purchasing weekly items for people to interact with such as magazines, newspapers and games. Items were supplied to people during the inspection.

- Other areas of the service required refurbishment or renewal. We saw that carpets were worn and stained in places; two areas were torn and could present a trip hazard to people.
- Bed linen did not always fit properly especially the bottom sheets. We observed people lying on creased and crumpled sheets which increased their risk of developing pressure sores.

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

- Where staff needed to support people with their meals this was carried out in a way which ensured the person used their skills as much as possible to maintain independence.
- People received sufficient fluids on a regular basis and staff made them a drink when asked. We observed people had fluids in their bedrooms and communal areas.
- People's weights and nutritional intake were being monitored by staff and appropriate action was taken if there were any concerns. Food and fluid charts were completed and up to date.

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

- People had access to health care professionals when required. Advice and guidance from professionals were documented in the care files and staff followed their instructions.
- Visitors were clear about how their relative could get access to their GP and said staff would arrange this for them. One person told us, "Staff notice if I am unwell and call a GP."
- Information was handed to other agencies if people needed to access other services such as the hospital.

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.

- Where people lacked capacity to make decisions about their care and support, capacity assessments and best interest meetings had been carried out by staff in conjunction with family and appropriate health care professionals.

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.

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 told us they were all treated equality and felt there was no discrimination from staff. Staff demonstrated a friendly approach which showed consideration for their individual needs. One visitor told us, "The care is lovely, and staff are fantastic at looking after [Name of relative]."
- Staff communicated with people in a caring and compassionate way. They gave time for people to respond.
- People's bedrooms were tidy and personalised. All had space within which staff could deliver care. People had locks on their rooms if wished and were able to spend time in private when they wanted to.

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

- People had formed good working relationships with staff. Interactions between people and staff were natural and relaxed.
- People confirmed staff included them when making decisions about how they wanted their care provided. A visitor said, "I have seen my relative's care plan and it is discussed with me on a regular basis."
- 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 treated with compassion, dignity and respect. They told us staff addressed them by their preferred name, gave them eye contact when conversing with them and were polite and respectful when in their company.
- Staff demonstrated a friendly approach which showed consideration for people's individual needs. People said, "All of them are very kind and respectful. That's what I like about them" and "I have never been treated anything but decent."
- People were offered choice and control in their day to day lives. We observed some very kind and caring interactions between staff and people, where people were encouraged to be as independent as possible.
- People who were in bed said they were, "Comfortable", "Nice and warm" and "Well looked after."

Is the service responsive?

Our findings

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

People's needs were not always met.

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

- Care plans and risk assessments were not robust and people's records did not always contain information about their current care needs. One person's care plan for continence was missing from their file and another had no care plan for falls even though it was clearly recorded they were at high risk and had fallen during our inspection.

Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider and registered manager were aware of the Accessible Information Standard (AIS), but appropriate records needed to be developed.

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

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

- Activities for people living with dementia were not bespoke and did not always meet their needs. The provider told us that work was ongoing to develop this aspect of the service, with input from outside companies and staff training.
- People told us they attended meetings when they occurred and enjoyed the social activities arranged for them by the service.
- People enjoyed attending the in-house church service and said their religious needs were met.
- People had a range of activities they could take part in. They told us about bingo and dominoes and sometimes there was craftwork and entertainers such as singers. They said they enjoyed reading daily newspapers and completing puzzles.

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. They said they were listened to and the registered manager took action when needed.

End of life care and support

- The care records showed people were supported to make decisions about their preferences for end of life care. Professionals were involved as appropriate to ensure people were comfortable and pain free.
- One visitor told us, "This is a wonderful place, so caring and they have really looked after me too. When [Relative's name] was ill the staff went above and beyond. One member of staff stayed after their shift had finished to be with them at the end. They could not have done more."

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.

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

- At this inspection we found that the quality of the service had deteriorated. A lack of team working and communication impacted on the work routines within the service.
- Staff training was not up to date and some staff lacked the knowledge and skills to recognise risks to people's health and safety. This put people at risk of harm.
- The quality of record keeping was poor with a lack of up to date care plans to guide staff in delivering effective support and care to people who used the service.
- Systems and processes were not used effectively to ensure the service was assessed and monitored for quality and safety in relation to regulation.

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; Continuous learning and improving care

- The provider and registered manager worked with us during the inspection to put things right and improve the service.
- People and relatives told us, "The new manager seems better" and "This manager is working hard to improve things. It is getting better. They will help out and get stuck in – they are very good."
- The provider had a refurbishment plan which was shared with us during the inspection to show how progress forward would be achieved.
- 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

- Feedback from people who used the service, relatives, health care professionals and staff was obtained using satisfaction questionnaires, meetings and staff supervision sessions. This information was analysed by the registered manager and where necessary action was taken to make changes or improvements to the service.

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 | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not provided in a safe way for people who used the service. Risks to people's health and safety and the mitigation of those risks were not sufficient to keep people safe from harm, including those around medicines management and competent staff.</p> <p>Regulation 12 (1) (2) (a-c) (f-h)</p> |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>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.</p> <p>Regulation 17 (1) (2) (a-c)</p> |