

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 well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Burrswood Care Home (known as Burrswood) is a nursing and residential care home providing personal and nursing care to 99 people aged 65 and over at the time of the inspection. The service can support up to 125 people.

Burrswood has four separate units, Dunster (general nursing), Peel (dementia nursing), Crompton (residential) and Kay (dementia residential). Most bedrooms had an ensuite toilet and shower and each unit had their own adapted facilities.

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

There were limited activities for people to participate in. The manager had appointed a new activities officer and had plans to increase activities further.

The risks people may face were assessed and guidance provided for staff to manage these risks. Staff had not completed training in managing behaviours that may challenge others. This was organised following our inspection.

We have made a recommendation for staff guidance and training in supporting people's anxieties and behaviours.

Positive feedback was received about the new manager from people living at Burrswood, relatives and members of staff. Relatives felt more involved, with improved communication with the home. Staff morale had improved and staff were clear about their own roles and responsibilities.

Regular audits were completed for a range of areas. Action plans were developed for any issues found, with a set timescale and named person to complete each action. Accidents and incidents were reviewed to ensure appropriate action had been taken and lessons learnt to reduce the risk of a re-occurrence.

People received their medicines as prescribed. People's support needs were monitored to check there was sufficient staffing to meet their needs. Staff continued to be safely recruited. The home was clean throughout, with additional cleaning being completed during the COVID-19 pandemic.

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 requires improvement (published 2 April 2020) and there was one breach of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection enough improvement had not been made and the provider was still in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 11 and 13 February 2020. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the governance of the service. We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements.

This inspection was also prompted in part due to concerns received about staffing, medicines and governance at Burrswood. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from these concerns.

This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements and concerns. 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 coronavirus and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained the same as requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. You can see what action we have asked the provider to take at the end of this full report.

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.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to the lack of activities available for people to participate in at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 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 Care Act 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

This inspection was carried out by two inspectors.

Service and service type

Burrswood 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 new manager in place. They told us they were going to register with the Care Quality Commission. This means that they and the provider would be 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. Inspection activity started on 18 November 2020 and ended on 1 December 2020. We visited the home on 18 November 2020.

What we did before 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. 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.

We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and 10 relatives about their experience of the care provided. We spoke with 15 members of staff including the manager, unit managers, senior care workers and care workers. 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 during and after our visit to the home. This included seven people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with relatives of people who lived at the service and members of staff. We continued to seek clarification from the home to validate evidence found and looked at quality assurance and supervision 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 requires improvement. At this inspection this key question has remained the same. 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.

Assessing risk, safety monitoring and management

- The risks people may face had been identified, assessed and guidance provided for staff in how to manage these known risks. However, one person's risk assessments needed to be updated due to a change in their needs. This was known by the home and new risk assessments and care plans were being written. This person's relatives said they were happy with their relatives care and support, saying, "We've no complaints at all; we know [Person] is safe and well cared for."
- Where people may become anxious or agitated information was in place explaining why this may happen to the person and how members of staff could distract and redirect the person to keep them and other people safe. Some people had full positive behaviour support plans with a lot of detail and guidance, whilst others had less detail contained within their other care plans, for example the personal support care plan.
- Staff had not completed any formal training in managing behaviours that may challenge others. One member of staff said, "I've not had any training in behaviours that may challenge; you need to know people, the signs they are becoming anxious and how to de-escalate a situation." Following our inspection the manager arranged for the provider's inhouse trainer to complete this training with the relevant staff teams.

We recommend best practice guidelines are followed with a consistent approach to care planning for people's anxieties and behaviours and recognised training in managing behaviours that may challenge others is available and regularly refreshed for the relevant staff teams.

- Equipment was serviced, checked and maintained in line with regulations and manufacturer's instructions.

Staffing and recruitment

At our last inspection we recommended that the provider regularly reviewed the number of staff on duty and their deployment. The provider had made improvements.

- Staffing had been increased since our last inspection. Rotas showed consistent levels of staff were in place. Staff told us that there were enough staff on duty to meet people's needs and this had improved over the last three months.
- People's dependency levels were assessed weekly and rotas reviewed to ensure staff are deployed against people's care needs. Staff deployments had been changed, with positive results. One relative told us, "The staff attitude has improved. Before some staff had refused to work in different areas of the unit as it wasn't 'their side', therefore people had to wait for care; this is not happening now."

- Our observations showed that staff responded to people's needs promptly. However, we also observed times when there was no staff presence in the communal lounge area of one unit for periods of time when 19 people living with dementia were in or just outside the lounge. This meant people were not able to make their needs known to staff.
- Staff continued to be safely recruited, with all pre-employment checks completed.

Preventing and controlling infection

At our last inspection we recommended that the provider implemented a system to monitor the stocks of continence products to ensure they did not run out. The provider had made improvements.

- All staff said there was no longer an issue with continence products being available. The continence team now sent an interim order when people were assessed as needing an incontinence product, rather than having to wait for the next quarterly order for the home.
- The home was clean throughout, with additional cleaning being introduced due to the COVID-19 pandemic.
- Policies and risk assessments had been updated to take into account COVID-19. Staff and people living at the home were part of a regular testing programme. PPE was available and used appropriately.

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

- The provider had a system to report and monitor accidents and incidents. This prompted an investigation into the causes of the incident and any actions or learning outcomes. Named staff were assigned to complete any identified actions.
- The manager and the provider's regional and quality directors had an oversight of all incidents. Incidents, and any learning outcomes, were discussed at the weekly management meetings.
- Internal audits in October and November 2020 had found some incidents had not been entered into the system. Changes had been made for all incidents to be included in the written handover sheets so that staff on the following shift could input the incident details if there had not been time to do so straight after the incident. This should reduce the risk of incidents not being entered onto the computer system and reviewed by the management team.
- Staff members completed regular safeguarding training and were aware of the procedures for reporting any concerns.

Using medicines safely

- People received their medicines as prescribed. Weekly meetings were held with the supplying pharmacy to quickly identify any potential supply issues. Where the pharmacy was not able to supply the prescribed medicine quickly, arrangements were made to use a different local pharmacy.
- An electronic medicines system was now embedded across all four units. Staff who administered medicines said they liked the system. The manager was able to view a medicines error report each day. Senior staff checked a dashboard each shift to ensure all medicines had been administered and signed for before the end of their shift.
- Guidelines for when people needed medicines that were not routinely administered (PRN) were in place and regularly reviewed.
- Weekly, monthly and quarterly medicines audits were used to check stock counts, medicines guidance, re-ordering and staff competency and training for medicines administration.

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 requires improvement. At this inspection this key question has remained the same. 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.

Continuous learning and improving care

At our last inspection the quality assurance systems had not provided a robust oversight of the service and there was a lack of activities available to engage people in. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made in the quality assurance system; however we found sufficient improvements had not been made in activities for people to engage in across the units This was a continued breach of regulation 17.

- The manager had appointed a new activities officer (who had been a member of care staff and knew the home well) soon after they had started working at Burrswood. This increased the activities team to three members of staff, although two worked part-time. Prior to this no action had been taken since our last inspection to increase the activities available for people.
- A schedule of activities was in place across the home, including for weekends and evenings. Feedback about the new activities officer, and the ideas they had started to implement, were positive. However; with 99 people living at Burrswood at the time of our inspection, many being cared for in bed and not being able to join in group activities, there continued to be a lack of organised activities.

The lack of activities for people to engage in was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager told us they were in the process of recruiting an additional activities officer and activity champions have been appointed for each unit. The champions were care staff who had time within their rota to organise activities, including Christmas activities. The new activities officer would be working with the champions to share ideas of different activities that could be organised.
- The provider's quality assurance system was embedded within the service. This prompted a series of audits to be completed on a weekly, monthly, quarterly and six monthly basis. These included a comprehensive set of questions and checks to be completed. An action, with a named member of staff and timescale for completion was created for any shortfalls identified.
- Recent audits showed variations in compliance between the different units, with action plans in place to increase compliance. The manager and management team had oversight of all audits and actions through

the computerised system.

- Accidents and incidents were added to the computerised system and reviewed by the manager, clinical lead and residential manager. New systems had been introduced to reduce the risk of incidents not being entered to the system in a timely way.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The manager had been in post since October 2020 and had started the process of registering with the Care Quality Commission (CQC). They were an experienced manager.
- The feedback from staff, people living at Burrswood and relatives was universally positive about the impact the new manager was having on the home. Staff said they felt more involved and valued, with reasons for changes introduced being explained before being implemented. Morale was said to have improved.
- The roles for the management team (clinical services manager, residential manager and unit managers) had been clarified since the manager had been in post as other staff did not have to cover the manager's role between them. There were now senior managers available across seven days a week on a rota basis.

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

- People we spoke with all knew the manager; who spent time on each unit talking with people and members of staff. We were told meetings had been arranged with the chef and changes made to the menu. One person said, "The food has much improved; we've gone through the menus with the kitchen staff."
- Relatives told us they had been involved in agreeing and reviewing their relatives care and support needs. This was now done by telephone due to the current restrictions on visitors due to COVID-19.
- Relatives spoke positively about the introduction of on-line relatives' meetings for each unit and the newsletters that had been started. They felt able to ask questions and felt more informed about what was happening at the home. One relative said, "The manager makes himself available Wednesday evening & Friday morning to phone; he'll take the time to talk to us."
- A key worker system had been re-introduced where a named member of staff checks people have what they need, for example toiletries or clothes. They also contact people's families to let them know how their relative is. One relative said, "The home get in touch with me more now; before no one did this."
- Staff meetings had been held for each unit and staff supervisions had been completed, which had fallen behind when there was no manager in place.

Working in partnership with others

- New ways of working with medical professionals, social workers and the local authority had been developed due to COVID-19 restrictions. Appointments and meetings were held via video calls, which we were told was working well.
- There had been some issues in persuading an external team to visit the home to complete an assessment for one person. The assessment had taken place and the person's care and support changed accordingly.
- The initial assessment process for people moving to Burrswood had also changed. Information would be gathered from the current care provider or hospital. The unit managers would speak with the person and their family (where appropriate) to establish their initial care and support needs. The care plans would be developed further as the person settled in to the home and the staff team got to know them better.

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 manager was experienced in managing care homes and understood their legal responsibilities.
- The CQC were notified appropriately of any incidents at the service.

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 There was a lack of activities organised for people to be involved in. Continued breach of Regulation 17 (2) (a)