

Burleigh House Limited

Burleigh House

Inspection report

Burleigh House
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Tel: 01782550920

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14 December 2020

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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

Burleigh House is a residential care home providing personal care to 11 people aged 65 and over at the time of the inspection. The service can support up to 15 people in one adapted building.

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

People's risks were not always suitably assessed and managed and staff did not always have access to the information they needed to manage people's risks. Medicines were not always safely managed and audits of medicines were not effective in identifying areas for improvement.

The provider did not have suitable systems in place to ensure areas of improvement were identified and acted upon. The registered manager was reactive to feedback but could not be proactive in their approach as they did not have suitable systems in place.

There were enough staff to meet people's needs but there were gaps in the training staff had received. Staff knew how to safeguard people from abuse.

There were measures in place to prevent the spread of infections, however improvements were needed to ensure a robust approach.

People and relatives were happy with the care received and had confidence in the registered manager.

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 10 January 2020) and there were two breaches of regulation. 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 two consecutive inspections.

Why we inspected

We received concerns in relation to infection prevention and control practices, risk management and staffing. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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 requires improvement. This is based on the findings at this

inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report. The provider took immediate action to mitigate the most serious risks identified.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Burleigh House 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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and governance at this inspection.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit to check the provider has improved standards. We met with the provider prior to this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. 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 ●

Burleigh 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. 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 two inspectors.

Service and service type

Burleigh House 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 two managers 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 professionals who work with the service. We used all of this information to plan our inspection.

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 two people who used the service about their experience of the care provided. We spoke with eight members of staff including the registered manager, senior care workers, care workers and an agency care worker. We observed care delivered in communal areas as some people were unable to verbally share their experiences with us. We spoke with three professionals who regularly visit the service.

We reviewed a range of records. This included five 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 continued to seek clarification from the registered manager to validate evidence found. We requested additional records which we reviewed off site. We spoke with three relatives on the telephone about their experience of care provided to their family members.



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.

At our last inspection the provider had failed to maintain a clean and safe environment, for example, radiator covers were not used in people's bedrooms which put people at risk of burns. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and there were additional concerns which meant the provider was still in breach of regulation 12.

Assessing risk, safety monitoring and management

- Risks were not always suitably assessed and managed. For example, people with diabetes had no specific care plans or risk assessments in place for their diabetes so it was not clear how staff should manage the condition or what action staff should take if there were concerns.
- Staff did not consistently know how to recognise signs for concern or what action to take and they had not received training about diabetes.
- Care plans and risk assessments were not always up to date and did not always reflect people's current needs and risks. For example, it was not always clear how people should be supported with their mobility or how their risk of skin damage was managed.
- Agency staff did not always have access to the detailed information they needed to support people safely and manage their risks because care planning information was out of date, not thorough enough or not in place.
- We saw unsafe moving and handling practices carried out by agency staff members. The registered manager intervened and advised them not to carry out these manoeuvres.
- Radiators in people's bedrooms continued to have no radiator covers which continued to place people at risk of burns.

Using medicines safely

- Medicines were not always safely managed.
- One person's medicines were administered covertly; they were given in a drink without the person's knowledge. This should only ever be done as a last resort, when it has been assessed that it is in the person's best interests to receive their medicines in this way. The service could not demonstrate they had followed all relevant guidelines or their own policy to ensure that covert medicines administration was required.
- One person's medicines were mixed together and administered in a drink. No advice from a doctor or pharmacist had been requested about administering the person's medicines in this way, so the service could not be sure that it was safe or appropriate.

- Some people were prescribed 'as required' medicines (PRN). However, we saw more than one occasion when these medicines were being given as a regular dose which meant there was a risk of people being over-medicated.
- Medicines administration records (MARs) were not always completed correctly. We saw some occasions when gaps had been left so it was unclear whether the person had received their prescribed medicines or not. Staff did not always record a reason why the person had not received their prescribed medicines.
- A staff member also told us they had administered a medicine but not signed to say they had done so. This meant there was a risk the medicine could be administered again.

Learning lessons when things go wrong

- The provider did not have suitable systems in place to ensure lessons could be learned when things went wrong. For example, there was no analysis of accidents and incidents to ensure necessary actions were taken and to reduce the risk of reoccurrence.
- The registered manager was responsive to feedback; however, they did not have systems in place to identify areas for improvements or to learn lessons when things had gone wrong.

The above issues placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded during and after the inspection to immediately address the most serious risks to people.

Staffing and recruitment

- Improvements were needed to ensure staff had access to training they required to meet people's needs safely.
- The registered manager used a 'dependency tool' to assess the required numbers of staff and we saw staffing levels did not fall below the required numbers. Agency staff were being utilised as a temporary measure to ensure there were enough staff to meet people's needs.
- A relative said, "The very good thing is the core staff don't change and they know the [people who use the service] very well."

Systems and processes to safeguard people from the risk of abuse

- Staff could tell us about the types and signs of abuse and knew how to report concerns.
- However, some staff told us they had not received training in safeguarding adults since they commenced their employment at Burleigh House, which meant the provider could not be sure they had the required skills and knowledge.
- One staff member said, "I've not done any training, but I know what it's about." Another staff member said, "I haven't done [safeguarding adults training] here but I've done it before."
- Safeguarding adults incidents had been recognised and reported to the local safeguarding authority when required. The registered manager understood their responsibilities in safeguarding people from abuse.

Preventing and controlling infection

- Measures were in place to prevent and control the spread of infection. However, the provider had no infection prevention and control policy.
- No audit of infection prevention and control was carried out, so the provider could not be sure that safe practices were being followed and any areas for improvement were identified and acted upon.
- We were assured that the provider was accessing testing for people using the service and staff.

We have signposted the provider to resources to develop their approach.

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.

At our last inspection the provider had not ensured the governance systems in place were effective in mitigating risks to people. There was not a clear plan in place to ensure improvements were identified and acted on. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and there were additional concerns which meant the provider was still in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Governance systems were often informal and not operated effectively to assess, monitor and manage the safety and quality of care provided. For example, there was no staff training matrix, so it was not easy to see when refreshers were due or where staff had gaps in their training.
- People had food and fluid monitoring charts in place and were being weighed weekly due to nutritional risks. However, there was no target fluid amount, no totals recorded and no formal monitoring of these charts and weights. This meant there was a risk that prompt action would not be taken when required and this could be detrimental to people's health and wellbeing.
- There was no audit tool used to check medicines which meant there was a risk that issues could be missed. Checks in place did not identify issues we found on inspection and therefore issues had continued with no improvements made, leaving people at risk of unsafe care.
- Incidents and accidents were recorded but no-one checked that necessary action had been taken. There was no analysis of incidents and accidents to look for themes and trends, learn when things had gone wrong and to help prevent reoccurrence.

Continuous learning and improving care

- Some staff had not received training in key areas which meant there was gaps in their knowledge.
- The provider did not have a suitable system in place to ensure continuous learning.
- Feedback was sought from people, relatives and staff informally. However, there was no formal system to gather people's feedback for the purposes of quality improvement and improving care.

The above issues placed people at risk of harm. This was a continued breach of regulation 17 (Good

governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded during and after the inspection to address the most serious risks to people. For example, they have introduced monitoring of food and fluid charts.

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

- People and relatives were happy with the care received. One relative said, "It's a homely place with a lovely atmosphere."
- People and relatives said they were confident in approaching the registered manager and said they were responsive and helpful. One relative said, "I've never had any concerns but if I did, they are always available to speak to me, always pick up the phone."
- The registered manager was very visible in the service, they were well known to people who used the service and staff and we saw they supported people with their care needs and knew them well.
- Staff told us there was an open and honest culture. One staff member said, "[The registered manager] is great, she is one of us. She gets involved. I feel I could tell her anything." Another staff member said, "I think there is an honest and open culture. No one tries to hide anything."

Working in partnership with others

- Professionals told us the service referred to them appropriately and followed their guidance.
- One health professional said, "Communication is good, we have an open and honest relationship with [the registered manager] and the team and they take on board our advice and listen to us."

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

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>The provider failed to ensure that people's risks were suitably assessed and managed, that medicines were safely managed and that premises were always safe.</p>

The enforcement action we took:

We issued a warning notice.

This notice requires the provider to become compliant with this regulation within a given timeframe.

If the provider fails to become compliant, we may take further action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured the governance systems in place were effective in mitigating risks to people. There was not a clear governance system to ensure areas for improvement were identified and acted upon.</p>

The enforcement action we took:

We issued a warning notice.

This notice requires the provider to become compliant with this regulation within a given timeframe.

If the provider fails to become compliant, we may take further action.