

Valorum Care Limited

Burger Court

Inspection report

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Bradford
West Yorkshire
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Date of inspection visit:

17 November 2020

18 November 2020

19 November 2020

20 November 2020

Date of publication:

04 December 2020

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Burger Court is a residential care home. The service provides support with personal care and accommodation for up to 17 people. At the time of our inspection, there were eight people living at the home. The service was providing support to people with a range of needs, including younger and older adults with mental health needs.

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

Improvements had been made to the service. Systems and processes had been introduced for the reporting and recording of issues related to safeguarding, accidents and incidents. The management team and wider staff group fully understood their individual and collective responsibilities in this area.

The management of medicines had improved. People received their prescribed medicines when they needed them. The service worked in partnership with other professionals, and the community when able to do so.

There were enough staff available to make sure people received the personal care and support that they needed. People's needs had been assessed and assessments had been used to plan staffing levels. Staff had been recruited safely to make sure they were suitable to work with people at Burger Court.

Since our last inspection we found the provider has completed a full-service review of their training resources provided to staff. Further work was still to be completed to ensure inexperienced or new staff were provided with the care certificate, we have received assurances this will take place. The care certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

Risks relating to infection prevention and control (IPC), including in relation to COVID-19 were assessed and managed. Staff followed good infection, prevention and control (IPC) practices. They had access to the required personal protective equipment (PPE), and they used and disposed of it safely.

The provider's quality assurance processes had improved and were effective in driving in improvements across the service. This was evident in the premises, fire safety and review of incidents and accidents to ensure people received a safe service. However, we found safety checks connected to the home's passenger lift had not been completed in the correct timeframe. Shortly after the inspection the passenger lift received the appropriate examination and measures were introduced to ensure this would not be missed in the future.

The home had a new manager in post who had worked at Burger Court for approximately three months at the time of our inspection. The feedback we received was positive regarding the changes they made since taking up the role. The current staff team spoke of a positive culture at the home, with good team work

throughout.

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

Rating at last inspection

The last rating for this service was inadequate (published 26 August 2020) and the home has been in special measures since this date. During this inspection the service 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.

At the last inspection we issued the provider Warning Notices for Regulations 9, 12, 17 and 18. 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 had met the requirements of the Warning Notices.

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

Why we inspected

A decision was made for us to inspect, examine and follow up what improvements had been made since the last inspection in March 2020. Due to the COVID-19 pandemic, we undertook a focused inspection to review the key questions of Safe, Effective, Responsive and Well-led. Our report is only based on the findings in those areas reviewed at this inspection. The rating from the previous comprehensive inspection for the Caring key question was not looked at on this occasion. Ratings from the previous comprehensive inspection for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective 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 ●

Burger Court

Detailed findings

Background to this inspection

The inspection

This was a focussed inspection to check whether the provider had met legal requirements following the inspection in October 2019 where breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations were identified relating to Safe Care and Treatment, Staffing and Good Governance. Three key questions were inspected; 'Is the Service Safe?' 'Is the Service Effective?' 'Is the Service Responsive?' and 'Is the Service Well-Led?'

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

This service is a care home. It provides accommodation and personal care to people living at Burger Court. The service had a manager who had recently applied to become the registered manager with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave 24 hours' notice of the inspection. Due to the COVID-19 pandemic we wanted to review documentation remotely and make arrangements to speak with people and staff prior to our site visit. This helped minimise the time we spent in face to face contact with the management team.

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 authorities with whom the service works. On this occasion 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 three people who used the service about their experience of the care provided. We spoke with five members of staff including the manager, the regional operations manager, regional quality manager, one senior support worker and one support worker.

We reviewed a range of records, some remotely by asking the provider to send us key information prior to meeting with them. We reviewed two people's risk assessments and multiple health and safety records. We looked at two staff records in relation to recruitment. A variety of records relating to the management of the service, including a number of audits.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records.



Is the service safe?

Our findings

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

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

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

At the last inspection risks to people's safety and welfare were not well managed. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

At this inspection improvements had been made and the service was no longer in breach of regulation.

- The service was better organised and had introduced effective systems to identify risks connected to the service. Risk assessments covered a number of essential areas connected to people's health. Risks were given a rating on severity with measure introduced to manage these risks.
- Some people had behaviours that could lead to them putting themselves or others at risk. There were positive behaviour support plans in place. These plans provided step by step guidance on the action staff needed to take, this lowered the risk to unnecessary altercations.
- Improvements to the homes recording and reporting of accidents and incidents were found. A newly implemented monitoring system supported these improvements. This meant senior leaders at the service easily noticed themes and trends.
- People who used the service had COVID-19 risk assessments in place and these were regularly reviewed. They included identified risks for each person, and actions to take should they become unwell.
- Risks relating to the building had been assessed. Regular checks were completed to ensure action taken to mitigate risks remained effective. However, we found the 'Lifting Operations and Lifting Equipment Regulations' 1998 (LOLER) connected to the home's passenger lift had not been completed in the appropriate timeframe. Once the provider realised this had not been done, they ensured the passenger lift received the necessary inspection, this was done with minor recommendations noted from the LOLER inspection.

Using medicines safely

At the last inspection people's medicines were not managed safely. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

At this inspection improvements had been made and the service was no longer in breach of regulation.

- At our last inspection, we found that people did not always receive their medicines safely and as prescribed. At this inspection, we found improvements had been made and no anomalies were found on inspection.
- We found people's medicines were being managed safely and only administered by staff with the relevant training and ongoing competency assessments.
- Where people were prescribed medicines they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.
- Medicines audits were completed regularly to check they had been given correctly. When errors were identified action was taken by the manager to prevent a re-occurrence. Staff checked the stock levels each time they administered medicines to check they were correct.

Staffing and recruitment

At the last inspection the service did not have sufficient numbers of staff deployed to keep people safe and meet their needs. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

At this inspection improvements had been made and the service was no longer in breach of regulation.

- Oversight of the recruitment process had improved. The provider was actively recruiting new staff, this meant the use of agency staff had reduced.
- Staffing levels were calculated according to people's individual needs. When possible, existing staff covered any shortfalls. At the time of the inspection the manager was in the process of recruiting permanent staff. In the meantime, they were using agency staff to cover staff shortfalls.
- During the inspection when people needed support staff responded quickly. People told us when they requested staff assistance staff came as quickly as they could. One person said, "I feel the staff are very vigilant when it comes to people's care. I can personally manage my own needs, but from time to time it's good to know I can rely on staff support."

Systems and processes to safeguard people from the risk of abuse

At the last inspection effective systems were not in place to safeguard people. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

At this inspection improvements had been made and the service was no longer in breach of regulation.

- The registered manager and staff understood their responsibilities to keep people safe from abuse.
- The provider had a safeguarding adult's policy and procedure in place and staff received regular training and refreshers in this.
- Staff demonstrated a good understanding about how to recognise abuse and how to safeguard people from this. Comments from staff included, "I have no doubts about raising concerns, I would speak to the manager. If I felt nothing was being done, I would contact Bradford safeguarding myself" and "I feel as a service we would not stand for poor practice. Some staff have left because they were not right for Burger Court."

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 meeting shielding and social distancing rules.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the inspected premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. Whilst improvements had been made, we would need assurance over a longer period that these improvements would become embedded and continue before we were assured that consistently effective care was provided.

Staff support: induction, training, skills and experience

At the last inspection the service had not ensured staff were competent, skilled and experienced to make sure that they could meet people's care and treatment needs. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

At this inspection improvements had been made and the service was no longer in breach of regulation.

- At this inspection a newly developed training tracker had been introduced, ensuring the management team were fully aware of individual staff skill and competencies and when staff members were due for refresher training.
- The staff training plan confirmed staff had received training identified by the provider as required, such as positive behavioural support and mental health awareness.
- All new employees completed an induction programme when they joined the service. This consisted of a mix of formal training and shadowing experienced staff. However, we found this induction did not fully consider the care certificate. The care certificate was introduced in April 2015 and is designed to help ensure all staff have an understanding of current good working practices in care. We were provided with assurances the care certificate would be rolled out to new staff and staff who lacked experience in health and social care.
- Records showed staff received regular supervision, every two to three months. The purpose of supervision is to promote best practice, discuss people's care needs and offer staff support. We received positive comments from staff. Comments included, "The support I have had is amazing. [Managers name] has made a huge difference in a short space of time" and "Yes, I have regular supervision."

Ensuring consent to care and treatment in line with law and guidance

At the last inspection consent to care was not carried out in line with the principles of the Mental Capacity Act 2005. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

At this inspection improvements had been made and the service was no longer in breach of regulation.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Improvements were found at this inspection, as we found the principles of the MCA were now being followed and best interest decisions had been completed when people did not have the capacity to consent. This was clearly documented within care plans we viewed.
- Staff were able to describe their understanding of the MCA and how they provided support in line with guidance. Staff told us how they provide choice to people in every aspect of their lives.

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

At the last inspection people's needs were not adequately assessed before they started using the service, which potentially put people at risk of receiving unsafe care. This was a breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

At this inspection improvements had been made and the service was no longer in breach of regulation.

- People's assessments included advice from other professionals and how the staff could support people to achieve their agreed goals.
- Since our last inspection nobody has moved to the service. However, the service revamped their pre-admission framework to ensure risk assessments and care plans were devised in a timely manner.

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

- The service had been designed to meet people's needs. We looked around the building and saw accommodation met people's needs and was appropriate for the care and support provided. People also had access to a separate bespoke kitchen area to learn or retain cooking skills.
- The service had two adapted bedrooms with en-suite facilities and a kitchen area. These rooms supported people's development and assisted with their next stages of recovery.
- The service replaced the old pool table in the games room with a newer table and people now had Wi-Fi access.

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

- At the last inspection we found nobody within the service had been registered with a dentist. At this inspection the service ensured everyone at the service was now registered. Appointments for people's dental care was starting to come through, but this had been delayed due to the pandemic.
- We found the service had a robust overview of people's health and wellbeing needs. Staff monitored people's weight and any nutritional concerns, and this was discussed in monthly meetings with the

management team.

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

- People continued to have their meals at times that suited them, and the service ensured specific dietary needs were followed.
- We observed lunch being served. The meals looked nutritious and the portions were ample.
- The manager informed us nobody at the service was considered an eating and drinking risk, therefore specific diets were not needed.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant, whilst improvements had been made, we would need assurance over a longer period that these improvements would become embedded and continue before we were assured that safe care was consistently provided.

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

At the last inspection people did not receive person-centred care. People's care records were not up to date and did not reflect their individual care needs or preferences. This was a breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

At this inspection improvements had been made and the service was no longer in breach of regulation.

- At this inspection, the majority of care plans had been rewritten and covered a range of care and support needs, communication needs and information about their social histories.
- The manager informed us they had recently changed the care planning format to improve the way people's needs and preferences were recorded. The information was written in a person-centred way and described people's wishes and preferences.
- Guidance around people's behaviours that challenged others had been reviewed. Positive behaviour support plans detailed the possible signs and triggers, and the action required to de-escalate any potential behaviour.
- Daily notes were more detailed and provided staff with more comprehensive information about people's daily lives. Staff handovers also gave staff the opportunity to share relevant information with staff at the start of each shift to ensure people received consistent support. The service had implemented key worker sessions which detailed goals and aspirations people had.

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 the last inspection people were not supported to take part in meaningful activities within the home or the wider community. This was a breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

At this inspection improvements had been made and the service was no longer in breach of regulation.

- At the last inspection we found people were not supported by staff to pursue their interests or take part in activities they enjoyed. At this inspection there was an overhaul regarding the homes approach to activities,

which benefited the people.

- The manager put a member of staff in charge of activities, they were highly motivated to ensure there was a clear timetable of activities that met the needs of the people.
- Due to the COVID-19 pandemic there were limited opportunities for people to engage in stimulating and meaningful day to day activities in the local community. Where possible the service supported people on a one to one basis in the community, but plans were afoot for trips out in the community once the lockdown restrictions were lifted.
- Prior to our inspection we visited the providers website, this stated Burger Court was specially adapted as a mental health rehabilitation centre. However, during the inspection we found there were no care plans focused upon health promotion and rehabilitation and no evidence that mental health tools such as the 'recovery star' were used. The recovery star is a tool which can be used to assess and track people's rehabilitation and recovery from various issues. The provider explained to us the service was still on a journey of improvement and the delivery model would be reviewed in consultation with commissioners and the people at the service. We will review the progress of this at our next inspection.
- During the inspection we spoke with one person who provided overwhelmingly positive feedback on how the service has supported them with their journey through the service and they were hopeful of moving in to their own accommodation in the near future.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information in the service was available in a variety of formats to meet people's communication needs. At the time of our inspection people living at Burger Court did not require information in an AIS format.

End of life care and support

- People in the service were predominantly younger adults and the service had not needed to support anyone with end of life care. It is considered best practice to capture people's wishes with regards to decisions about potential significant events, end of life care and care after death. This is known as advance care planning. Assurances were provided by the manager that end of life care planning would be an area they were looking to introduce.

Improving care quality in response to complaints or concerns

- The complaints procedure was displayed in the entrance area.
- The provider had a complaints policy and complaints were recorded. No complaints had been recorded since the last inspection.

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 inadequate. At this inspection this key question has now improved to requires improvement. Whilst improvements had been made, the service was not yet able to demonstrate over a sustained period of time that management and leadership was consistent and that the culture supported the delivery of high quality and person-centred care.

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

At the last inspection, there was a lack of proper oversight of the service, auditing and checking processes were not sufficiently robust. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the service was no longer in breach of regulation.

- The provider invested in additional resources into the service following the last inspection. The provider made improvements to the management structure, with additional support offered to the management team from the internal quality assurance team as well implementing new quality assurance systems.
- Quality assurance systems had improved, and the provider was now monitoring all aspects of the service. Whilst we saw evidence of effective monitoring the provider also had an improvement plan in place and was working towards further improvements.
- Since our last inspection the provider appointed a new home manager who was in the process of registering with CQC. The staff we spoke with were complimentary about the new manager and felt the manager was a strong leader and committed to the home.
- Overall performance at the service had significantly improved. Key improvements had been made to areas such as providing person centred care, this meant there was a change in the culture at the service, with people now being given choices and taking a more active role in how they wanted the service to be managed.
- It was clear that this process had identified new ways of working and the provider had implemented new systems to ensure there was better scrutiny and oversight of accidents and incidents. There was further scope for further improvements as we noted the providers auditing systems failed to establish the passenger lift had not received its six-monthly examination since April 2019 and the care certificate had not been fully embedded. However, the provider was keen to learn from past mistakes and immediate plans were introduced to remedy these issues.
- We received positive comments from the staff about the improvements, they included, "In the short time we have come along way, the manager is great" and "I feel we are finally heading in the right direction."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people

- At the last inspection the service did not promote a culture of continuous improvement and learning. At this inspection we found the culture of the service was positive and inclusive. Although we only spent a short time in the service, we saw that there was a relaxed atmosphere between people and staff. Staff spoke about people with care and compassion.
- People were satisfied with the quality of care they received from the service. One person said, "The staff are great, I have come along way with their support." Another person's relative said "I like the staff."
- There was a plan in place to ensure all staff received regular supervisions and competencies checks. Some staff had been given more responsibilities and told us they now felt trusted to support people and the extra responsibilities made their role more interesting and fulfilling.

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

- Shortly after our last inspection in March 2020 we found the senior management team had taken seriously the areas of concern noted in the inspection report. They had examined their processes and taken action where they had found improvements were required.
- The new manager worked cooperatively throughout the inspection and provided information promptly upon request.
- The provider had fulfilled their legal obligations in relation to notifying CQC of important events, and action they had taken to resolve or improve things. The provider had displayed their inspection rating clearly in the entrance to the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics, working in partnership with others

- There were effective systems to keep people updated and informed. Monthly residents' meetings were held, and posters were produced after these meetings. The meeting also discussed sensible steps keeping people safe during the COVID-19 pandemic.
- Staff meetings were better recorded and completed on a regular basis.
- The management team had sought advice and guidance from a number of external agencies such as the local authority. This had helped to drive improvements within the home.
- The service worked effectively with partner agencies. We spoke with a commissioning organisation who told us the service had been improving and working with them effectively.
- Family members were engaged where possible and involved in people's care and updates about the service through telephone discussions and emails during the COVID-19 pandemic.