

ABC Care Home Ltd

Burnside Court

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Burnside Court is a residential care home providing personal care to 24 people aged 65 and over at the time of the inspection. The service is registered to support up to 26 people in one adapted building.

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

People told us they felt safe living at Burnside Court. However, improvements were required to ensure people were supported to have maximum choice and control of their lives and to ensure staff supported people in the least restrictive way possible and in their best interests. The policies and systems in the service required improvement as they did not support this practice.

Systems to audit the home were in place to monitor and improve the quality of the care people received. However, systems and processes had failed to identify the service was not meeting the requirements of the Mental Capacity Act 2005.

Since the last inspection risks in relation to the health, safety and welfare of people, risks associated with medicines management and maintaining a clean environment had been addressed. However, we found information associated with particular health risks, and information about people's needs, would benefit from more information to ensure staff have sufficient information to keep people safe, and meet their needs. We made a recommendation to the provider about this.

People said they felt safe at the home. Staff knew how to report any concerns and said these would be acted upon.

People told us they were happy living at Burnside Court and staff were kind and caring. Privacy was supported during personal care and staff had a good understanding of gaining consent before delivering care.

People were supported by staff who had been through a robust recruitment process. People told us, and we saw, there were enough staff to meet people's needs.

People were happy with the food provided and told us they had enough to eat and drink. People were referred to health care professionals when they needed advice and treatment.

People lived in a home that was pleasantly decorated, well maintained and adapted and designed to meet their needs.

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 requires improvement (published 26 February 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection whilst some improvement had been made, the provider was still in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to the Mental Capacity Act 2005 and systems and processes to improve the quality of the service at this inspection.

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 safe.

Details are in our safe findings below.

Good 

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 responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement 

Burnside Court

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.

Inspection team

The inspection was carried out by one Inspector.

Service and service type

Burnside Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Prior to the inspection we looked at the information we held about the service. This included feedback or notifications which the provider is required to send to us by law. We also sought feedback from the local authority. 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 this information to plan our inspection.

During the inspection

We spoke with ten people who lived at the home and five relatives about their experience of the care provided. Some people living at the home were unable to talk with us. We used the principles of 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 spoke with six members of staff including the registered manager, care staff and the cook.

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, training and staff supervision. A variety of records relating to the management of the service, including governance systems, policies and procedures were reviewed.

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 now improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people, administration of medicines was not being carried out in line with best practice guidelines and risks associated with infection control 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 we found enough improvement had been made and the provider was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- During the last inspection the management of risk was not always effective. At this inspection we found improvements had been made. For example, monitoring records such as, re-positioning charts demonstrated guidance from risk assessments to mitigate risk, had been followed.
- Risk assessments were in place and covered a range of known risks such as use of equipment, mobility, moving and handling and risks associated with eating and drinking. Risks to people were assessed at regular intervals or as people's needs changed.
- We found information associated with particular health risks, would benefit from more detail to ensure staff have sufficient information to keep people safe, for example, in relation to diabetes.
- Staff supported people to transfer safely, such as from their wheelchair to a chair. The transfers we observed were not rushed, and staff talked with people throughout, encouraging them and checking they were comfortable.
- Checks and risk assessments related to the safety of the environment had been undertaken. These included water and fridge temperature checks, gas safety and electrical equipment tests.
- People were protected by the prevention and control of infection. The home was visually clean and smelled fresh. Cleaning schedules were now in place to record when shared bathrooms and toilets had been checked and hand gel dispensers were full. The provider had purchased individual slings for people to limit the risk of cross infection.
- Staff had received training in infection control and had access to enough personal protective equipment such as disposable aprons and gloves.

Using medicines safely

- People received medicines as prescribed by staff who were trained and assessed as competent to do so.
- Medicines administration records indicated people received their medicines regularly and as prescribed.
- There were safe procedures to ensure medicines were correctly ordered, stored, given and recorded.

- Some people took medicines on an 'as and when required' basis (PRN) for example, for pain relief. There were protocols in place that described when and how often they should be used to ensure they were used appropriately.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Burnside Court. One person told us, "Oh yes definitely safe. I don't have any qualms about going to bed at night because I feel safe."
- The provider had systems and processes in place to safeguard people from abuse. Staff received training about how to safeguard adults from abuse and were knowledgeable about their responsibilities in this area. Staff told us they would not hesitate to report any concerns they had to the registered manager and they were confident their concerns would be listened to and appropriate action would be taken.
- The registered manager made appropriate referrals to the local safeguarding authority, when required.

Staffing and recruitment

- People and relatives told us, and our observations confirmed, there were enough staff deployed to ensure people's needs were met. One person said, "I just have to ring my bell and they come up to me."
- People were protected because the provider had safe recruitment procedures in place. Staff recruitment records demonstrated the provider carried out pre-employment checks that included obtaining references and checks through the Disclosure and Barring Service (DBS). This helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who use care services.

Learning lessons when things go wrong

- The provider had suitable systems in place to learn from any accidents or incidents. All accidents and incidents were recorded by staff and reviewed by the registered manager each month, to try to identify any themes or trends to help reduce the risk of repeat events.
- The provider and registered manager showed they had learned lessons from the last inspection by reflecting on what needed improving and acting on it.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 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.

- Burnside Court was not consistently applying the principles of the MCA. Some people living at the home lacked the capacity to understand and make complex decisions. We found that whilst some mental capacity assessments and best interests decisions were being made and recorded appropriately, others were not. For example, staff were using an alarm sensor mat to alert them when one person got out of bed at night. There was no record to demonstrate the person had been involved in this decision or the decision had been made following the principles of the MCA to ensure it was the least restrictive option for this person.
- The home used CCTV in the majority of communal areas around the building. Whilst a letter had been sent to people and relatives informing them about the installation of the CCTV, records did not identify the use of CCTV had been discussed with people and their consent sought for its use. For people who were unable to consent, the best interests decision making process had not been followed.

The provider had failed to ensure the rights of people living in the home were upheld under the principles of the Mental Capacity Act 2005. This was a breach of Regulation 11 (Consent to Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's needs were assessed before they were able to move into the home to ensure these could be met. This assessment was used to develop care plans which helped staff to get to know people and included

people's likes and preferences and healthcare needs.

- Where required, the home involved healthcare professionals in assessing people's needs and followed their guidance in line with best practices, which led to good outcomes for people.

Staff support: induction, training, skills and experience

- People told us they felt comfortable with staff and they were confident staff knew what they were doing. One person told us, "I think they are all on the ball." Another person added "They look after me well."
- People were supported by staff who had received training that ensured they could meet people's needs effectively. The training programme confirmed staff received training in topics considered essential such as, safeguarding, infection control, moving and handling, health and safety and medicines. Specialised training was provided that reflected the needs of people living at the home such as, dementia training, diabetes and stroke awareness.
- New staff completed an induction process that included working alongside experienced members of the team, until they were competent to work alone. New staff were given the opportunity to complete the Care Certificate or Qualifications and Credit Framework in adult care. 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. The Qualifications and Credit Framework qualification demonstrates occupational competence for those currently working in a care worker role.
- Staff told us they felt supported by the registered manager. One said, "[Registered manager's name] very approachable, you know you can always go and ask for her help."
- Staff were given the opportunity to reflect on their performance and care through one to one supervision with their manager. Group supervisions were also held to cover topics relevant to health and social care to share knowledge and good practice.

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

- People told us they enjoyed the meals at the home, always had plenty to eat and could make choices about what they wanted to eat. However, one person did say the meals could be hotter. Other comments included, "It's excellent, I couldn't fault it at all", "I enjoy the food, there's plenty of food" and "Very nice fresh food and I get plenty to eat."
- People chose where they wanted to eat their meals and staff supported people who required extra assistance to eat their meals in a patient and kind way.
- Risks related to food and drink had been taken into consideration when providing food for people.
 - Where people were at risk of weight loss or dehydration, care plans detailed actions such as monitoring the persons food and fluid intake and liaising with other professionals. People's weights were regularly recorded and people were provided with fortified meals and snacks to increase their calorie intake.
- The cook was aware of people's likes/dislikes, special diets and nutritional requirements.

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

- People were supported to access a range of health services to enable them to live healthier lives. These included GP's, community nurses, podiatrist, dietitian and speech and language therapists (SALT).
- People's records contained a 'grab' file of information about their health and care needs that staff could give to health care professionals, to ensure people received continuity of care, and in a way that met their preferences.

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

- People lived in a home that was pleasantly decorated, well maintained and adapted and designed to meet their needs. The home provided people with choices about where they spent their time and all areas

were accessible for people with reduced mobility.

- People were encouraged to decorate their bedrooms as they wanted them with personalised objects, photographs and individual furniture to make them feel more at home and reflect their personalities.
- Whilst we saw some signage around the home, improvements could be made, in accordance with good practice guidance. For example, research into dementia friendly environments suggests directional signage such as, signage indicating the way to the toilet or communal areas, can help to alleviate anxiety, and support people to navigate around the home more effectively.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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 happy living at Burnside Court and staff were kind and caring. One person told us, "They're all very kind." Another person said, "It's very nice because everybody here is friendly. They look after me well and they do respect me."
- Relatives told us how happy they were that their family members were living at the home. One relative said, "I really like the atmosphere. As soon as I walked in, I knew it was right. In herself she is a different person now, she's so happy and really settled."
- People received care from staff who developed positive, caring and compassionate relationships with them. People were clearly comfortable in the presence of staff, and we noted lots of warm and friendly interactions. Staff were kind and affectionate towards people and knew what mattered to them.
- During the inspection we found staff cared for people in a non-discriminatory way and ensured people's rights were upheld. Staff had completed equality and diversity training.

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

- People were involved in making decisions about their care as much as possible. We observed staff asking people what they wanted to eat and what they wanted to do.
- The registered manager and staff encouraged people to express their views and they were constantly checking that people were happy with their care. The registered manager told us they were going to reintroduce residents meetings and had a comments box for people and their relatives to use if they did not want to raise a subject with staff in person.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and maintained their dignity. During the inspection we saw doors to bedrooms and toilets were kept closed when people were receiving personal care. We observed staff knocked on people's bedroom doors and waited for a response before entering.
- People were supported in a way that promoted their dignity. For example, staff placed a sheet over people when they moved them using the hoist to ensure they were covered up.
- The home ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). Confidentiality was respected, and people's care records were kept securely.
- People were encouraged to do as much as possible for themselves to maintain their independence. A relative told us, "They help her to get washed and dressed but she's still got her independence, they just help her when she needs it."

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 good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received person-centred care from staff who knew them well and were knowledgeable about their needs and preferences and care was delivered in accordance with their preferences.
- People had individual care plans which provided staff with information about their care needs. However, care plans did not always contain enough person-centred information about people's preferences or contain sufficient information about people's needs or associated health conditions. For example, records for one person directed staff to provide assistance with the management of this person stoma care. Care records did not provide staff with instruction about how to help this person or contain any information about good practice, infection control or how to recognise concerns.

We did not find people's care or support had been negatively impacted, However, we recommend the provider reviews the systems in place to ensure people's support plans are fully reflective of people's individual needs and wishes.

- People and their relatives where appropriate, had been involved in reviewing people's needs and the care they received. This helped ensure that the guidance provided to staff in relation to people's needs were accurate and met their preferences.

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.

- People's communication needs were assessed and documented in their care plans.
- Staff were aware of the different ways of communicating with people and recognised the importance of giving people time to respond.
- The registered manager told us information could be provided in alternative formats if required.

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

- Activity and interacting with people living at Burnside Court was regarded as extremely important. Staff took every opportunity to engage people in activity and/or meaningful conversation. The registered manager told us, "It's not always about providing activities, all staff are involved in interacting with residents.

When they [staff] go around people's rooms, they speak to people about topics that interest them, and they record these interactions."

- People were involved in a variety of activities. This included arts and crafts, games, musical entertainers and singing sessions. We observed many social interactions including staff reading to people, playing individual and group games, and dancing and singing with people. One person told us, "There's always something going on. They organise parties, we had a high tea for Valentine's day, it was lovely."
- The registered manager joined the 'Postcards of Kindness' initiative in order to involve people in the wider community, spark interest and conversations and avoid the risk of social isolation. 'Postcards of Kindness' is an initiative that asks people to write and send postcards to residents of care homes. During the inspection we saw postcards people had received displayed in the lounge and staff told us how they had helped to spark conversations with people and people were excited when they received them.
- People were supported to maintain their relationships with people that were important to them. Family and friends were able to visit people and spend time together as they wished.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint and felt able to do so. One person told us, "No I've never had to complain, but I would speak to [registered managers name] directly and she would sort it out."
- The provider had systems in place to record, investigate and respond to complaints. The complaints policy and procedure was displayed within the home for people to refer to.

End of life care and support

- People were supported to make decisions about their end of life support. We saw care plans contained information in relation to people's individual wishes regarding their end of life care.
- Staff worked with GP's, community nursing team and specialist palliative nursing teams to ensure people received person-centred compassionate care at the end of their lives.

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to ensure that systems and processes to assess monitor and improve the quality and safety of the service were in place. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. Good governance.

Whilst risks in relation to the health, safety and welfare of people, risks associated with medicines management, and maintaining a clean environment had been addressed; the service was not meeting the requirements of the Mental Capacity Act 2005. This meant that the provider was still in breach of regulation 17.

- The provider and management had systems in place for monitoring quality of the service. However, governance systems and processes were not sufficient and had failed to identify the service was not meeting the requirements of the Mental Capacity Act 2005.
- The provider had not identified that care plans lacked detail on people's preferences and how they wanted support delivered. We made a recommendation about this.

This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were clear about their roles and responsibilities. They confirmed they had regular supervisions. These were opportunities to discuss what was going well, training needs and any performance issues.
- Notifications of important events were submitted to CQC as required.
- The provider had displayed their Care Quality Commission (CQC) assessment rating at the service.

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

- People and their relatives were positive about the registered manager and the owners. One person said, "[Registered manager's name] is really good, she's friendly but professional, she muck's in and she really cares about the staff and residents."
- People's care records required further detail to ensure they reflected the person-centred care that people

received.

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 registered manager was aware of their responsibility to keep people informed of actions taken following incidents in line with duty of candour.
- Complaints, incidents and accidents were used to drive improvement. Learning was shared with staff during handovers, regular team meetings and supervisions.

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

- Staff spoke positively about the registered manager, and felt respected, supported and valued by them.
- Annual questionnaires were used to gather people's views on the quality of service provided. We saw from the last questionnaire in 2019, people and relatives were happy with the service they received. Comments included, "We are 100% happy they provide us with good and safe care" and "Mum is treated with kindness and respect and the staff are very good with her."

Working in partnership with others

- Staff worked in partnership with key organisations, including the local authority and health and social care professionals , who were involved in supporting people.
- Links had been developed with local churches. The registered manager told us they were also in contact with a local school who brought the children to visit.

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 11 HSCA RA Regulations 2014 Need for consent The provider had failed to ensure the rights of people living in the home were upheld under the principles of the Mental Capacity Act 2005.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure quality assurance systems were effective in identifying shortfalls.