

Valorum Care Limited

Burger Court

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
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:

Burger Court is a residential care home that provides nursing and personal care including respite and rehabilitation services for up to 17 people aged 18 and over. At the time of our inspection 17 people were using the service which meant the service was full.

People's experience of using this service:

There were not always sufficient staff on duty to support people safely and for a varied range of meaningful activities to take place. Staff were not always recruited safely.

The environment was generally tired and in need of refurbishment. A refurbishment plan was in place to commence shortly. Although a cleaning schedule was in place, some communal areas had not been cleaned effectively or essential supplies maintained in toilets and bathrooms.

Medicines were generally managed safely and people's health care needs were supported.

Staff were caring, compassionate and warm and supportive of the people who lived at the service. Staff knew people well, including likes, dislikes and care needs. People's choices and privacy were respected. Information about people's care and support was up to date and very person centred. However, some people's archived information was not stored in a confidential manner.

Staff training was up to date or booked and staff told us they received good support from the registered manager. A system for regular staff supervision and annual appraisal was in place.

Staff had been trained to understand how to keep people safe and report any safeguarding concerns. Accidents and incidents were investigated and analysed for themes, trends and lessons learned. Risks to people's safety had been assessed and reviewed and actions put in place to minimise these risks.

People were supported to live as independently as possible. Staff supported people to choose and prepare some of their own meals and encouraged people to eat healthily. Where concerns about people's diet or weight were raised, advice was sought from healthcare professionals.

People's views were sought about the running of the service. A complaints procedure was clearly displayed and people told us they had not needed to make any formal complaints.

A range of quality checks were in place and required actions documented. However, several actions had been ongoing for several months and we found some of the same concerns remained at our inspection.

More information is in the detailed findings below.

We identified two breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 around staffing, governance and the environment. Details of action we have asked the provider to take can be found at the end of this report.

Rating at last inspection: This was the first inspection carried out since the service had registered under a new provider.

Why we inspected: This was a planned inspection following the service registration in May 2018.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as part of our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our Effective findings below

Good ●

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 ●

Burger 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of two adult social care inspectors and an expert-by-experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Burger Court is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. A registered manager is a registered person. 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:

The inspection was unannounced.

What we did:

We reviewed information we had received about the service since their registration with CQC in August 2018. This included details about incidents the provider must notify us about. We requested feedback about the service from the local authority safeguarding and commissioning teams. We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with nine people who used the service, the registered manager, three care staff, the handyperson and a visiting healthcare professional. We reviewed five people's care records, three staff personnel files and

other records about the quality and management of the service. We requested additional evidence to be sent to us after our inspection. This was reviewed on the day following our site visit and the information was used as part of our inspection.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- The provider had a staff recruitment and selection policy in place. This required appropriate checks to be completed on the suitability of prospective staff before they started work at the service. These checks included a minimum of two written references.
- The registered manager had not consistently adhered to the provider's recruitment policy and safe recruitment practices. One person's staff recruitment file showed they had commenced employment without the required references in place. Another person's staff file showed poorly completed employment history without documentation to evidence this had been discussed at interview. We discussed our findings with the registered manager.
- Records showed and staff told us safe staffing levels were not always maintained. The registered manager told us they were recruiting extra staff. However, we saw staff were stretched to support people who were unwell during our inspection. The registered manager agreed that not enough staff were deployed to maintain safe staffing levels at all times. One staff member commented, "There are nowhere near enough staff...two staff on today after six p.m....not safe staffing levels."
- An effective dependency tool was not in place to reflect people's current support needs and the required staffing levels to support these needs.
- Following our inspection, the registered manager sent us confirmation of increased staffing in the evenings. However, we were concerned this had not been put in place prior to our inspection.
- This was a breach of Regulation 17, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- The premises was not clean or well maintained in all areas. There was a cleaning schedule in place but this had not been followed and some communal and bathroom areas required attention.
- Décor appeared tired throughout the building. Some carpets were poorly fitted and stained and some areas of paintwork and walls were stained and unclean.
- We found there were no hand towels in the toilet and bathroom areas and one toilet without any toilet paper.
- Some waste paper bins in bathroom and toilet areas were broken, without lids or a working foot operated opener. One bin in use in one of the bathrooms was a sanitary bin with a broken foot operated pedal opener.
- The toilet on the first floor had a strong malodour and there was no cistern top on the toilet. The handyperson told us this had been broken for about two months. We also saw a toilet on the second floor had a large crack running down the bowl and the toilet seat was stained on the underside. Most of the toilet

seats in bathroom areas were broken and toilet paper dispensers and hand towel dispensers were cracked or broken.

- Following our inspection, the registered manager sent us evidence that two toilets had been replaced.
- The handyperson tested the hot water supply monthly. However, we found one bathroom area on the first floor did not have hot water, despite leaving the hot water tap running for several minutes. The handyperson agreed with our findings. The additional hot water pump for the second floor was very noisy and was located in a person's bedroom.
- The downstairs main kitchen did not have a waste bin or a hand washing basin and there was no radiator in the room. Kitchen waste was being placed in a bin bag, attached to a cupboard door.
- We spoke with the registered manager and the handyperson about our concerns. They told us these areas should be addressed by the upcoming refurbishment. However, we were concerned that the main kitchen had recently been replaced and the areas of concern we noted had not been addressed. Other areas of concern we found had not been addressed for some time, such as one toilet requiring attention.
- After our inspection, the registered manager confirmed they had spoken with staff about the lack of toilet rolls and hand towels. They said this was an oversight. However, we saw this and toilet maintenance concerns had been raised during service user meetings.
- This was a breach of Regulation 15, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse;

- People told us they felt safe, although some people had concerns about when other people became unwell. Comments included, "I do feel safe. Because staff talk to me when I get paranoid. They help me. Take me to my appointments. I don't like going out", "Yes, I feel safe. I find it difficult, though – some of the patients are a bit nasty" and "Yes. I can lock my door."
- Records and receipts were kept of financial transactions where the service supported people with their personal monies. One person told us, "They look after my money, so people don't take advantage. I've been taken advantage of a lot in the past."
- Staff had received safeguarding training and understood how to report concerns about people.
- Safeguarding referrals had been made appropriately.

Using medicines safely

- Medicines were generally managed safely.
- People received medicines at the prescribed times and were supported with medicines in a calm and caring manner. One person commented, "Meds happen at set times."
- Medicines audits were in place and we found stock counts were accurately recorded.
- Medicines errors or discrepancies were documented and investigated.
- Protocols for 'as required' medicines were not always in place. We spoke with the registered manager who told us they would take immediate action to address.

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

- Risks to people's health and safety had been assessed and were accurate and up to date. Actions were in place to manage and reduce identified risks.
- Accidents and incidents were monitored and reviewed. This included lessons learned as a result of the incident.
- Safety checks were in place and actions taken when issues noted. For example, the lift had recently been serviced and the registered manager had ensured required actions were sent to the provider for attention as part of the refurbishment programme.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The registered manager understood their responsibilities under the Act. Staff we spoke with understood the need to seek people's consent and to respect their right to make their own decisions.
- DoLS applications had been submitted when people had been assessed as not having capacity to consent to their treatment and support.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- Assessments had been completed when people lacked capacity and a best interest meeting was used to agree the decision. These included professionals and people of importance to support this process.

Staff support: induction, training, skills and experience

- People told us staff were well trained. One person commented, "Staff here, they're fine, they're alright." A health care professional told us, "I'm confident in the staff. They seem to have a good rapport with patients."
- Staff were trained to be able to provide effective care. We saw a training matrix which showed training was up to date or scheduled.
- Staff we spoke with were knowledgeable and skilled. They told us they were supported by the registered manager with their development needs. For example, some staff had been made champions in some areas such as infection control or fire safety.
- Staff received regular supervision and appraisal to discuss any concerns, development and training needs.

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

- People told us, "I use the OT kitchen for breakfast. You can ask if you need anything and they'll go downstairs and get it for you – that's where supplies are kept. I'm diabetic, so my diet's quite important to me – toast and cereals, and they have fruit yoghurt. The kitchen's open nine to five and you can help yourself to fruit and yoghurt. Anything else, you ask and they'll get it for you. We have dinner at 12, and tea at five. You choose your own breakfast and lunch and there's a menu for tea – it changes every few weeks. We have Sunday dinner and sometimes we'll have takeaway. The food isn't bland."
- People were supported to prepare their own food and eat a healthy diet where possible. For example, we saw one person was supported to prepare a vegetable soup, using fresh ingredients, for their lunch. A rota system for people assisting staff was used for the main meal preparation and clearing away at teatime.
- Where people were assessed at nutritional risk, referrals were made to health care professionals. Food/fluid charts were put in place to record some people's diet due to weight loss or dietary concerns. These were completed well.

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

- One person told us, "I have a nice room, with my own TV. It's a nice place. There's always clean towels and plenty of fruit. You can smoke outside, and they have a lift here. It's a nice place to stay."
- The registered manager told us a programme of refurbishment was due to commence in the next couple of weeks. They had arranged a meeting with the provider to discuss more extensive work they deemed necessary. One person told us, "There's no bath. I love a hot bath."
- People had been involved in creating a graffiti style mural in the outside area, containing positive empowerment messages.
- People were encouraged to personalise their rooms. A pool table had been set up in one of the communal areas which people enjoyed using.

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

- The service worked with health care professionals to meet people's care needs. Records showed people saw a range of health care professionals.
- We saw people going out to attend health appointments, supported by staff. Staff also supported people who were able to make their own health care appointments.
- We saw a staff member chatted with someone who had become anxious about a healthcare letter, gently explaining the contents and its meaning. The person was visibly relieved following this.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People looked relaxed and comfortable around staff. People told us, "The staff are good. I like them. They are easy to talk to", "The staff are great. They have different staff every day but they're all good", "The staff are very nice. Some of them have time to have a chat, some haven't. They treat me properly" and "When I hear voices, they don't discriminate. They treat me pretty good."
- We observed staff were calm, gentle and spoke warmly about and with people living at the service. Staff knew people and their care and support needs well. A staff member told us, "I am enjoying doing this. When we get it right it makes a difference. It's different every day. It's a challenge - not mundane."
- We observed staff supporting people who were upset and offering reassurance in a warm and kind way. For example, we saw a staff member reassuring a person who had become anxious. They said, "Your appointment is at [time]. What time is it now? Will you look at your watch for me? Let's see - it's [time] now. We will go when it gets to [time]. Alright?" The person became calmer and happier after this intervention.
- We saw the service had made provision to support different cultural needs within the home. For example, there were separate worktop areas, fridges and cupboards in the kitchen for people to prepare and store Halal food.
- Advocates were used where people did not have anyone to speak up on their behalf.

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

- We observed staff offering people choices. People were listened to and their views used to make changes to their care and support.
- There was a strong emphasis on enabling people to be involved in decisions about their care. Records showed regular one to one meetings with staff and group meetings were in place.

Respecting and promoting people's privacy, dignity and independence

- Staff spoke about promoting independence and supporting people to increase their independence and opportunities for positive experiences.
- Archived confidential information was not always stored securely. During our tour of the building, we saw open bags of people's archived confidential information stored in several of the basement rooms. Although access to the basement was via a secure keypad system, all staff and some contractors would have had access to this area. Following our inspection, the registered manager sent us evidence this had been removed to a locked cupboard or secure storage.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were person centred and up to date. People's likes and dislikes and what was important to them was recorded.
- Care plans were reviewed regularly and there was evidence of recent updates to reflect changes.
- Care plans reflected clear strategies for supporting people attain achievable goals. These were reflected and discussed in regular one to one meetings with people and their key support worker.
- Risk assessments were person-centred and contained detailed information about how to reduce risk and recognised people's preferred way of receiving support.
- Some activities were in place although these were limited due to current staff numbers. An activities organiser was employed, although they were counted in the staff numbers. For example, staff told us they couldn't always take people out when they wanted since there weren't enough staff to cover the service.
- We observed staff playing pool with people and supporting people to bake cakes during our inspection. One person told us, "There's nothing on. I would get involved if there was something. I help in the kitchen. I like preparing food, helping someone. Another person commented, "We just do our own thing."
- A staff member told us of their plans to imminently open a café area within the service for people living at the service and members of the public to enjoy. They had involved people living at the service with drawing up a duty rota to help run the café. The project was designed to help people develop practical skills, increase social opportunities and develop people's feelings of self-worth. One person told us, "The café's excellent. I'm signed up to work."

Improving care quality in response to complaints or concerns

- A complaints procedure on display. However, we saw none had been recorded since the provider registration.
- People told us they were happy with the care and support they received. People told us, "I talk to staff or manager if needed. I have talked to them before, and it's been dealt with" and "I would talk to (registered manager) straightaway. She would address things straightaway. When I came, I needed a new bed and chair. She got them delivered within seven days."

End of life care and support

- The registered manager was aware of the need to review end of life care and support for people when appropriate. However, at the time of our inspection, there was no-one living at the service who wished to discuss this area.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- A range of audits and checks took place to identify concerns and improve service provision. However, these were not always effective. For example, the January 2019 audit stated, 'waste bins used are foot operated and in good working order.' The same audit stated PRN ('as required') medicine protocols were in place. This was not found to be the case during our inspection.
- An action plan was in place following provider quality audits. However, actions had not always been completed in a timely to improve all the issues raised. These included cleanliness, infection control and maintenance issues, recruitment and staffing levels.
- This was a breach of Regulation 17, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Accidents and incidents were monitored and analysed for service improvement.
- Staff told us morale among staff was good and we saw staff worked well together as a team. We saw areas of responsibility were allocated as part of handover meetings at the start of each shift.
- The registered manager told us, "I think we've really pulled together. We really do take challenging people. I feel we're very transparent. We look after people really well."

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- We received positive feedback from people about the registered manager. They told us they knew who they were and found them friendly and approachable.
- Staff said the registered manager had a very good understanding and rapport with people who used the service. Comments included, "Extremely supportive and one of the best managers I've ever had" and "A very, very good manager. They are hard to get. She is very approachable and very good with the service users."
- Statutory notifications had been received appropriately by the Commission.
- People and staff told us they would recommend Burger Court as a place to receive care and to work.

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

- Regular staff and service user meetings were in place to involve people in the running of the service. We saw people had identified concerns about maintenance and supply of essential hygiene equipment during these meetings.
- The registered manager had recently received results from the service user survey and told us they would

record people's responses and actions taken as a result. We saw the results of these were generally positive.

Continuous learning and improving care; working in partnership with others

- The registered manager told us they were rebuilding links with the local authority and the community mental health teams following key contact changes. They had asked to be included in future local provider meetings to develop links and share best practice.
- The service had developed strong links with the local multi-disciplinary teams, mental health organisations and the local psychiatric and forensic hospital teams.
- The registered manager had arranged for the district nursing team to conduct practical diabetic training for staff who supported people with diabetes. They had also enrolled some staff on an in-depth NHS diabetic course to increase their knowledge and skills in this area.
- A staff member was working with the community to attract visitors to the service café which was soon to be opened.
- It was clear the registered manager and staff were committed to improving the service so they could deliver optimum care for people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The premises and equipment was not always clean, suitable or properly maintained. Standards of hygiene were not always maintained.</p> <p>This was a breach of Regulation 15 (1) (a) (c) (e) (2) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Robust systems and processes were not always in place to assess, monitor and improve the safety of the service.</p> <p>This was a breach of Regulation 17 (1) (2) (a) (b) (c) (e) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>