

Burlington Care Limited

Bessingby Hall

Inspection report

Bessingby
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Inadequate ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We undertook an unannounced focused inspection of Bessingby Hall on 5 February 2018. This inspection was carried out following concerns raised by the local authority safeguarding team and Clinical Commissioning Group (CCG) with CQC about recruitment and training of nursing staff. We had already identified that staff were not recruited safely and training was not always up to date in our inspection on October 25 and November 6 2017 but these further concerns required us to carry out an inspection. The team inspected the service against two of the five questions we ask about services: is the service safe and is the service well led. This is because the service was not meeting some legal requirements. We found continuing breaches of Regulations 12, 13, and 17 of the Health and Social Care Act 2008 (Regulated activities) 2014 at this inspection.

No significant changes were identified in the remaining Key Questions through our on-going monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating for this inspection.

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

Bessingby Hall accommodates up to 65 people providing residential and nursing services and a service for people living with dementia. Seventeen people were receiving nursing care at the service.

There was a registered manager employed at this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff understood the principles of safeguarding but had not always followed safeguarding processes. They did not always recognise risks to people or did not act upon them.

The provider had not always maintained equipment in a clean or safe state. This increased the risk of infection for people who used that equipment.

Staff recruitment was not robust. Nursing staff did not have the skills and knowledge required to meet everyone's needs effectively and safely.

Records were not up to date for each person. Care plans did not contain all the relevant information and there were gaps in recording on documents.

There was a quality monitoring system but we found it was ineffective. Audits and checks had not always

been completed to a high standard which prevented areas for improvement being identified.

The leadership and management of the service was inadequate.

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 had deteriorated to a rating of Inadequate.

There were insufficient suitably skilled and knowledgeable registered nurses to meet the needs of people who required nursing care.

Risks had not always been identified or acted upon.

Staff understood the principles of safeguarding but had not always followed processes in order to keep people safe.

Inadequate ●

Is the service well-led?

The service was not well led.

The leadership and management of the service was not of a good standard.

Quality monitoring was ineffective. Areas of concern had not been identified by the registered manager.

Records were disorganised and contained errors or omissions.

Requires Improvement ●

Bessingby Hall

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was prompted because we received information from East Riding of Yorkshire council about the recruitment and training of registered nurses which gave us cause for concern.

CQC was aware that recruitment was unsafe and that there was an on-going police investigation. In addition we had received a number of safeguarding alerts from professionals prior to and following our last inspection. At the time the provider had assured us they would mitigate any risks but we needed to check whether or not the recent information about unsafe recruitment and lack of training had any impact on people.

This inspection took place on 5 February 2018 and was unannounced.

The inspection team was made up of one inspector and a specialist nurse advisor.

Prior to the inspection we reviewed notifications and all information we held about the service. Notifications give us required information about events allowing us to monitor the provider's response and any further developments. We had received feedback from ERYC safeguarding team and East Riding CCG. We used all this information to help us plan our inspection.

We spoke with three people informally during the inspection as well as one relative. We interviewed the registered manager and two registered nurses on duty. We also spoke with the two regional managers, one of whom was at the service providing clinical support.

We pathway tracked two care plans, observed a nurse and a senior carer administering medicines and reviewed recruitment and training records for five registered nurses and the registered manager. We also looked at other documents relating to the running of the service including audits and accident and incident

records.

Is the service safe?

Our findings

We received information from ERYC council and East Riding CCG which raised potential concerns about the knowledge and skill of registered nurses at Bessingby Hall and whether or not they were competent to meet people's needs. This inspection was carried out in response to those concerns because we were aware that seventeen people were receiving nursing services at Bessingby Hall. At our previous inspection on 26 October and 6 November 2017 we had identified that staff recruitment was not robust and training was not up to date. Following that inspection on 1 February 2018 we attended a meeting with other professionals and the provider where the provider said they did not always feel confident that people were safe. They identified that nursing staff were not competent in relation to clinical skills and competencies. We returned to the service to carry out a focused inspection looking at nursing staff and services in more detail.

Appropriate safeguarding policies were in place for the service but these had not ensured that staff undertook the correct management of any allegations of abuse. Staff had received training in safeguarding adults as part of their induction but some updates were out of date. One nurse told us they had completed training in this subject but this was over twelve months ago. When we spoke with staff they were able to tell us that they would report any incidents to the manager or safeguarding team at ERYC.

There was sometimes a lack of recognition when some people were at risk. For example one person's care plan said they could not move themselves in bed and required two hourly positional changes. We saw that they had been moved four hourly. The nurse in charge had not instructed or monitored what the care workers were doing and so this person was put at risk. This meant that some issues had been identified as a risk but not acted upon so people were not safeguarded. ERYC safeguarding team are currently investigating four safeguarding matters some of which were not reported by the provider.

This was a continued breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Recruitment was not safe and this had been identified at our last inspection. At this inspection we looked at the recruitment records for five registered nurses and the registered manager who was also a registered nurse. We saw that three nurses had been employed from overseas over fourteen years ago and they had police checks carried out in their country of origin. However, checks through the Disclosure and Barring service (DBS) or updates had never been completed. The DBS allows employers to check people's background in order to assist them in making recruitment decisions which keep people safe. In addition a DBS identified past issues for one person but these had not been explored by the registered manager to make sure the appointment of this person was safe. Two nurses had no work history in their file and another person's work history was not clear. One person had no proof of identity and no photograph in their recruitment file. One nurse had no application form in their file.

There were insufficient numbers of suitably qualified and knowledgeable nursing staff to meet people's needs. Nurses had received the same generic training updates as care workers but had not kept up to date with their clinical training. Wound care had been identified as a matter of concern by the CCG and so they

had supported nurses at the service to develop their recording of any wounds and dressing plans. Staff had also completed training in this subject to bring them up to date with current best practice. The provider had told us that competency assessments for each nurse were to be arranged but when we inspected none of these had been completed. Nurses had not had their practice checked but were still managing wound care at the service. When we checked one person's wound care plan we found disorganised records which were contradictory and difficult to follow. This put people at risk because nurses could not be clear what treatment this person should have and they were not fully competent in caring for wounds. The regional manager had identified that nurses were not completing wound management plans correctly, were not measuring wounds and not correctly detailing wound care frequency in her daily review of service users.

The nurses cared for people with complex conditions and we did not see evidence to show they had the specialist clinical knowledge required to support people and keep them safe.

One person's care plan identified they could not move in bed by themselves. The care plan said they required the assistance of two people to change position two hourly. When we checked we saw that on four occasions between 2 and 5 February 2018 there had been a four hour gap between position changes. This put the person at risk of damage to their skin. The nurse in charge had not carried out checks to ensure the care workers were carrying out the work they had been asked to do.

Equipment was not always maintained to a safe standard. One person had a special piece of equipment that helped their breathing by helping to remove secretions from their lungs. The cleaning instructions for the item were to wash the mask daily and change the filter monthly. We saw that between 1 November 2017 to 1 January 2018 the filter was not changed. The risk of infection was increased for this person because this was not done.

One person had a percutaneous endoscopic gastrostomy (PEG) which is a tube into the stomach by which a person is fed a liquid diet. We found discrepancies between the dietician's advice and the services care plans. There was no specific PEG risk assessment and some information relating to care of the PEG was not included in the care plan. The risk of incorrect feeding and care via the PEG was increased. The PEG had instructions to be cleaned daily but some of the records appeared to show that this was not always carried out. This was an infection control risk.

We made the registered provider and the management team aware of the concerns we had during the course of our inspection and at the end of the inspection.

This was a continued breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Is the service well-led?

Our findings

Bessingby Hall is one of thirteen services provided by Burlington Care Limited. At the last inspection they were rated 'Requires Improvement'. We had attended a meeting with other professionals and the provider. At that meeting the local authority and the CCG expressed concerns about the competency of nursing staff at the service. The provider said they could not always be sure that people were safe in the care of the nurses. The regional manager said that the nurses were not clinically competent. This prompted us to return to carry out a focussed inspection looking at these issues. We found that five out of seven nurses records we looked at showed they were not always robustly recruited and not suitably trained to meet some people's needs at the service.

There was a registered manager at the service who had been working for the company since May 2016. There had been a lack of oversight by the registered manager and they had not maintained their own practice. This meant that nurses had no clinical lead to support them. People with multiple complex needs had been accepted into the service by the registered manager which had an impact on the care provided because of a lack of staff competence.

There had been ineffective leadership and management oversight which was evidenced by the lack of professional practice in all areas of the service. The registered manager had not followed safe recruitment practices which could put people at risk. They had not provided regular supervision to nurses in order to support them in their professional development. The registered manager did not engage with and empower staff. The registered manager had not completed any clinical training since 2014 until recently when they had attended two training courses. This was in response to the last inspection and concerns from ERYC and the CCG.

One nurse told us, "The clinical support hasn't been there from the registered manager. The company has been very good especially organising training." A second nurse told us, "I think the manager has the skills to advise me."

There was a quality monitoring system in place but it was not effective because it relied on the registered manager to complete the audits. We saw that audits had been completed for certain areas but they were basic and no clear action plans were in place to identify areas for improvement and show the response to the actions. We could see no evidence of learning from audits. The operations director told us that when used properly the system was effective. The areas we identified during the inspection had not always been recognised. The regional manager was beginning to identify where improvements needed to be made and was working to support staff in making those improvements. We received positive comments about them with one nurse saying, "The regional manager has been very supportive" and the registered manager told us they were, "Like a breath of fresh air."

Record keeping was not always clear or detailed which meant that care plans and other documents were not easy to follow. There were omissions in some records.

We concluded that although changes were starting to be made to the service it had not been well led and that the provider had a repeated breach of Regulation 17 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014.