

Burlington Care (ASC) Limited

Castle Grange

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Castle Grange is a care home providing residential care to 86 people (both younger and older adults) some of whom are living with dementia. At the time of our inspection there were 69 people using the service.

The service is within a purpose-built care home, with accommodation and communal spaces over three floors. The second floor specialises in providing care to people living with dementia.

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

The quality assurance and audit systems in the service were not used effectively. Shortfalls in quality and practice were not identified and people's health and safety were put at risk.

Care plans and risk assessments were not always in place or reviewed when people's needs changed.

There were a high number of falls in the service over the last three months. Staff were not following the provider's slip, trips and falls policy with regard to recording and monitoring.

Although medicines were generally well managed within the home there were some aspects that required further work to keep people safe.

Staff did not always receive the support they needed to ensure they fulfilled their roles effectively.

People did not always receive person-centred care and support as insufficient numbers of staff meant they did not always have time to meet people's needs effectively. We have made a recommendation about reviewing the staffing tool.

On one floor of the service staff were observed not wearing personal protection equipment (PPE) appropriately. However, people lived in a clean, comfortable and homely environment, designed to be dementia friendly.

People 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.

Staff had positive links with healthcare professionals which promoted people's wellbeing.

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

Rating at last inspection

This service was registered with us on 07 August 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on it being a new service and requiring its first rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

During the inspection the registered manager spoke with staff about IPC and wearing of PPE. Following our inspection, the provider increased care staff levels throughout the home.

The overall rating for the service is requires improvement. This is based on the findings at this inspection.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to risks to people's health and safety, record keeping and quality assurance at this inspection.

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

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 caring?

The service was not always caring.

Details are in our caring 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 ●

Castle Grange

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by three inspectors, a pharmacist specialist 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

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information

about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and nine relatives about their experience of the care provided. We spoke with thirteen members of staff including the registered manager, assistant manager, senior care workers, care workers, housekeeper, domestic worker and the activity person. We used 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 reviewed a range of records. This included 11 people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at care plans and 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

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

- People's health and safety needs were not monitored or mitigated. There were high numbers of falls recorded over the last three months. Staff were not following the provider's slips, trips and falls policy to reduce these incidents. For example, staff had not recorded falls for three people in their daily notes or care plans and risk assessments were not updated.
- People were put at risk as staff were not recording and monitoring when individuals showed emotions of anger and frustration and put themselves or others in the service at risk of harm.
- There was a delay in responding to recognised risk. For example, one person remained without a falls sensor three months after it was identified as needed equipment post fall.

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The environment and equipment were safe and maintained. Emergency plans were in place to ensure people were protected in the event of a fire.

Using medicines safely

- The service's medicines policy was in date and clearly explained the expectations for safe medicines management.
- Clinic rooms were clean and tidy, room and fridge temperatures were monitored and recorded. However, controlled drugs were not checked in line with the provider's policy.
- We could not be assured creams were being applied as prescribed as there was no system in place to support the use of topical medicines. Records of application of topical medicines were not in place, some creams were out of date, others were not available, and dates of opening were not always recorded.
- We could not be assured the service had the oversight for the administration of medicines administered by outside services such as district nurses, the registered manager took action to rectify this following our visit.
- Some medicines prescribed as 'when required' did not have protocols in place to support staff in their safe use.
- Medicines audits were not completed correctly, we reviewed audits for August 2021 and found multiple questions had not been answered, risk scoring had not taken place and action plans were not developed to

make the necessary improvements.

We found no evidence that people had been harmed however, the systems for records and audits were not robust enough to demonstrate medicines were being effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- The provider used a staffing tool which indicated staff levels were sufficient. However, we saw staff were unable to give person-centred care and meet people's needs in a timely manner. We observed medicines and breakfasts not being provided in a timely way.
- Staff told us they felt under pressure and did not have time to complete care records appropriately or take a break during the working day.
- We fed our concerns back to the registered manager and, following the inspection, the provider increased care staffing levels throughout the home.

We recommend the provider reviews their staffing tool against relevant guidance to ensure there are sufficient staff on duty at all times to meet people's assessed needs.

- Staff were recruited safely.

Preventing and controlling infection

- We were somewhat assured that the provider was using PPE effectively and safely. On the first day of inspection, staff on the top floor of the service were observed for over an hour caring for people but did not enter the office where PPE was stored. The deputy manager confirmed to us that this was the only storage area for PPE on the floor. The registered manager spoke to the staff and following their intervention the wearing of PPE improved.
- All areas of the service appeared to be clean and hygienic and staff on the ground and first floor were wearing PPE effectively.
- 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 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 premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Systems and processes to safeguard people from the risk of abuse

- Staff protected people from the risk of abuse and ill-treatment.
- The provider had policies and processes in place for safeguarding vulnerable adults and staff had received training in this area.
- Families told us they were confident their relative's received safe care and treatment and that staff were good at letting them know if there were any concerns about their health and wellbeing.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The assessment process for new admissions was not robust. Three people were without care plans, and risk assessments had not been reviewed even when accidents had occurred. The registered manager took action to address this.
- The provider had an assessment policy and procedure for people during the Coronavirus pandemic. People and relatives were satisfied they had input to this process.
- The management team completed COVID-19 risk assessments for people in line with current government guidance.

Staff support: induction, training, skills and experience

- The provider had staff induction, training, supervision and appraisal programmes in place, but these were not always used effectively. For example, induction paperwork had not been completed for two new starters. Supervisions were carried out, but actions identified during the meetings were not followed up on subsequent meetings. There was little oversight or action taken when staff did not complete their training modules.

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate there was effective oversight and monitoring of staff induction, supervision, appraisal and training. This put people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives said staff looked after them well. One relative told us, "Staff are trained to a certain standard. Some are better than others."

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

- People had access to a varied and balanced diet. People had drinks available in their bedrooms and in the communal areas.
- The food served at the lunch time meal was homemade, looked appealing and smelt appetising. One person said, "We get a variety of meals and have a good choice."

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

- People's healthcare needs were met in a timely way. Staff supported people to access a range of

healthcare services and followed professional advice. A relative said, "Staff are prompt in contacting me if mum's needs change or she has any appointments to attend."

- Information was recorded and ready to be shared with other agencies if people needed to access other services such as hospitals.

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

- The service design and layout met the needs of people who lived there. For example, corridors were decorated to be dementia friendly and included plants, pictures and small seating areas so they looked homely and welcoming. Clear signage was used for lounges, dining rooms and bathrooms.
- People had access to a range of communal areas, including on the ground floor the garden café, the salon, winter garden and the village suite. On all floors there were quiet lounges, dining rooms and main lounges, which were spacious, well decorated and furnished to a high standard.
- There was good access to outdoor space. Flat walkways ensured people with mobility problems were able to move around with ease.

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.

- People were routinely involved in decisions about their care; staff sought people's consent and supported them to have choice and control over all aspects of their support.
- People's rights were protected; staff assessed people's mental capacity and made best interest decisions when needed.
- Staff recognised restrictions on people's liberty and appropriate action was taken.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- The staffing levels did not always support person-centred care.
- Checks of people's care plans showed there was a lack of recording around baths and showers, changing incontinence pads, pressure care and applications of topical medicines such as creams and lotions. Staff told us, "We don't always have time to record things."
- People and relatives were positive in their responses about the support from staff. They told us, "I get a shower every day, no problem" and "Nothing is too much trouble; staff listen to me."
- One relative said, "Staff appear to be kind and caring; they are 'smartly dressed and courteous'."

Respecting and promoting people's privacy, dignity and independence

- On the whole, personal information was stored securely which helped to maintain people's privacy. However, one staff office had its door wide open and the computer file was open on people's care plans. The registered manager closed the computer programme when this was pointed out to them.
- Staff on one floor were seen to shout across a room to each other, whilst discussing people's care needs and wishes. This was not respectful or dignified for people using the service.
- Staff promoted people's independence through providing encouragement and appropriate support where it was needed.

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

- People said they were able to make choices and decisions about their care and support. A person told us, "Staff are very good; willing to listen if I have a problem. There are quite a few choices I can make such as getting up and going to bed when I want to, a good choice of food/drinks, and there is no rush to get up in the morning."
- Communication between families and staff was good. The management team and staff kept relatives up to date with their loved one's care and health. A relative said, "I've been informed when the GP has been, and they call me when required."
- Staff supported people to make decisions about their care and knew when people wanted help and support from their relatives. Where needed they sought external professional help to support decision making for people.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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

- Care plans and risk assessments were not always in place or reviewed on a regular basis. Three people newly admitted to the service still required the completion of the paperwork on their care needs, personal choices and wishes around support and risk assessments on daily activities of life. Staff told us, "It is a work in progress. We don't always have the time to get this done."
- People and their representatives were involved in reviews of their care. One relative told us, "I am not sure if [Name] has a care plan but I have always been able to have meetings on areas of concern."

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.

- The provider had started to make information for people available in formats they could understand. The registered manager said they would develop this over time.
- People were supported to tell staff about their wishes and views; their care plans included information about how they communicated.

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

- There was an activities programme in place, but it was focused on the ground floor. On the first and second floors we saw people sat for long periods of time without any stimulation or interaction from staff. Staff told us, "There are not enough staff to enable us to take people to the activities in the Café area."
- The last activity worker left about three weeks ago. The activity programme on display was from the previous worker. Staff said they did not have time to do this programme. The 'target board' in the Café set out what activities were being done morning and afternoon. This was mainly on the ground floor. Plans were to put another activity person in place within the next month.
- People who were able to take part in the activities said they were very good, and they looked forward to them. One person told us, "I enjoy the activities every day and find them informal and they usually take place in the Café. I went for a coffee the other day and ended up taking part in a quiz."

Improving care quality in response to complaints or concerns

- The provider managed complaints well. Information on how to raise a complaint was included in the service user guide given to people when they first started using the service.

- People and their relatives told us they knew how to contact the provider should they have any concerns or complaints.

End of life care and support

- No one using the service was receiving end of life care. However, as part of the assessment and care planning process, information on people's wishes in this area was gathered to assist in the provision of responsive, sensitive end of life care, should this be required.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. 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; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Quality assurance and auditing systems were in place, but these were not carried out effectively. The systems and audits failed to pick up on the shortfalls in the service we identified in this report.
- Staff did not always follow the provider's policies and procedures. For example, around records, falls and medicines management. This put people at risk of harm.
- The service did not use the information in its audits to learn and improve practice in the service. For example, the dining room experience dated March 2021 identified written menus should also be in a picture format and for staff on the dementia unit to show people two plated meals to give them choice. These actions had not been completed.
- Staff said that although they felt supported by the registered manager, there was a bullying culture from other management team members. For example, staff said their requests for holidays were denied at short notice without explanation. We also witnessed staff in tears after being questioned by certain staff over speaking with the inspectors.

The provider's quality assurance systems were ineffective and failed to assess and monitor quality and safety and mitigate risk. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act (regulated Activities) Regulations 2014.

- The registered manager told us that they were aware of some issues between the management team and staff. They assured us this would be addressed and rectified straight away.
- People and relatives gave us good feedback about the service, staff and management team. One person said, "The home is beautiful, clean and well maintained. I have confidence in the manager, who is approachable and very sympathetic. The staff are fantastic."

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

- The registered manager understood their responsibility to be open, honest and apologise if things went wrong.

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

- Although COVID-19 restrictions affected the way the service would usually have liaised and interacted with staff, residents, relatives and outside agencies, the service strived to keep everyone informed and up to date.
- During the coronavirus pandemic the service used phone calls, emails and IT (virtual meetings) to ensure people and relatives remain in contact with each other. When restrictions to visiting lifted the service was proactive at ensuring relatives were welcomed back into the service, following government guidance.
- The registered manager worked in partnership with key organisations to support care provision; for example, using the local authority and specialist IPC team for advice.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to assess the risks to the health and safety of people receiving care or treatment and do everything reasonably practicable to mitigate those risks.</p> <p>Regulation 12 (1)(2)(a)(b)(c)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to operate effective systems and processes to ensure they assessed and monitored their service against Regulations 4 to 20A of Part 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The provider failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of people who use the service and staff.</p> <p>Regulation 17(1)(2)</p>