

Aps Care Ltd

Burlingham House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service: Burlingham House is a care home providing personal care for up to 49 older people. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. This service does not provide nursing care. 34 people were being supported on the day of our inspection. Our inspection focused upon the key questions of safe and well-led.

People's experience of using this service:

- ☐ Since the previous inspection, the staff had acted upon the concern we raised and had made improvements to the care planning of people nearing the end of their lives.
- ☐ At this inspection we found the provider's systems had not always identified areas of concerns regarding the monitoring of people's care when they were there for a short time of respite care.
- ☐ Although daily notes reported that a person was eating well, they had lost a considerable amount of weight while at the service. This had not been identified by the staff.
- ☐ The staff had not reported to the local authority safeguarding team or the Care Quality Commission in good time that a person had lost a considerable amount of weight whilst in their care.
- ☐ The service used a dependency tool to determine how many staff were required to be on duty to support people.
- ☐ Staff informed us there were sufficient staff on duty and they had time to care for the people living at the service.
- ☐ The service had a robust recruitment process in place.
- ☐ The staff carried out and recorded fire tests and clearly logged that equipment such as hoists and weighing scales were checked appropriately to be working effectively.
- ☐ Staff had received training in the care needs of people with dementia and were further supported with supervision.
- ☐ The service had quality monitoring systems in place, but these had not always been effective.
- ☐ The service met the characteristics for a rating of "Requires Improvement" in the key questions of Safe and Well-Led. Therefore, our overall rating for the service after this inspection has changed from "Good" to

"Requires Improvement."

Rating at last inspection: Good. The report was published on 12 December 2018. All key questions were rated as Good other than Responsive which was rated as requiring improvement.

Why we inspected: We became aware of concerns about the quality assurance process used by the service regarding the monitoring and taking appropriate action over a person's weight loss. We were also concerned about reporting this information within an appropriate time to the local authority safeguarding team and Care Quality Commission.

Follow up: We will continue to monitor intelligence we receive about this service until we return to visit as part of our re-inspection programme. If we have any concerns, we may inspect sooner.

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

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 well-led?

The service was not always well-led

Details are in our Well-led findings below.

Requires Improvement ●

Burlingham House

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.

The inspection was prompted by information we had received about concerns that people were not receiving the support they needed with eating and drinking whilst in the care of the service. This inspection examined these risks.

The inspection was focussed to look at the key questions of safe and well-led.

Inspection team:

One inspector carried out this inspection.

Service and service type:

Burlingham House 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.

The registered manager had resigned from the managers post shortly before our inspection and the service was being managed by the regional manager with the same provider. They are also a registered manager for another service. A manager registered with the Care Quality Commission 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:

Before the inspection we reviewed the information we held about the service. This included correspondence

we had received and notifications submitted by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place.

We spoke with three people living at the service during our inspection.

We spoke with the regional manager, two deputy managers, the family liaison officer, the chef and four care staff members. We reviewed four people's care records, three staff personnel files, audits and other records about the management of the service.

Is the service safe?

Our findings

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

At our last inspection in November 2018, this key question was rated 'Good'.

We carried out this focussed inspection as we received concerns about a person not being provided with sufficient nutrition causing weight loss and not receiving the care they needed.

At this inspection, we found the service had deteriorated to 'Requires Improvement'.

Requires Improvement: 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. Regulations may or may not have been met.

Assessing risk, safety monitoring and management

- Senior staff assessed people prior to them moving to the service to ensure that the service could safely meet the person's individual needs.
- The staff had completed a weight, height and Malnutrition Screening Tool (MUST) for a person on admission to the service. During their stay and whilst in the care of the service, this had not been repeated, although notes stated the care was to be reviewed.
- It was reported in the person's care plan that their nutritional intake had been poor and that food monitoring should be recorded, however this was not implemented at the time. This was further complicated by daily notes stating the person had eaten well but this was in conflict with other recorded information, such as food and fluid charts which recorded poor intake. This inconsistency had not been noted or addressed by staff.
- Prescribed supplements had not been added to the persons medicine record to confirm they had been administered. The person's care had not been effectively monitored and managed during their stay at the service and as a result they lost a considerable amount of weight which had not been noted or acted upon.

This was a breach of regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's care records included risk assessments which informed the staff about how the risks to people's well-being were managed and reduced. This included risks associated with falls, choking and moving and handling.
- The fire alarm was tested weekly and a fire risk assessment had been written with reference to individuals personal emergency evacuation plans (PEEP).
- The service had a system in place to record and analyse any accidents or incidents. This helped to identify any trends or themes.
- The staff carried out and recorded fire tests and clearly logged that equipment such as hoists and

weighing scales were checked appropriately to be working effectively.

Systems and processes to safeguard people from the risk of abuse

- The service had policies and procedure to guide staff and keep people safe.
- Staff had completed safeguarding adults training. One member of staff told us, "The training is good and covers the different types of abuse."
- Prior to the inspection visit the service had not recognised the need to raise a safeguarding concern when a person had lost a large amount of weight. Following the inspection visit the regional manager advised us that they would continue to monitor and would raise a safeguarding concern in the future should any such issues ever arise again.

Staffing and recruitment

- The service had a recruitment policy and procedure in place about the recruitment of staff. New staff were appointed only after checks were completed which ensured they were of good character to work with people who had care and support needs.
- There were sufficient members of staff assigned to be on duty at any given time to meet people's assessed needs.
- The senior staff used a dependency tool designed to correlate information from people's individual assessed needs to determine the number of staff needed to be on duty to support them. A member of staff told us, "I believe we have enough staff on duty to have the time to care for people."

Using medicines safely

- People received their medicines as they were prescribed.
- There were systems for the recording of medicines received into the service and returned to the pharmacy.
- Staff administering medicines wore a tunic which explained they were not to be disturbed while administering medicines. This was so they could concentrate upon the administration procedure.
- Each person had a medicines protocol for the administration of medicines when needed and the staff we spoke with were aware of this information. A member of staff informed us about a person's change in medicine and why the medicine had been prescribed and what side-effects to look out for.
- The temperature of the room where medicines were stored was recorded each day for the purpose of ensuring medicines were kept within the appropriate temperature range.

Preventing and controlling infection

- The service was clean and one staff member told us, "We have very good equipment to use to keep the home clean."
- The kitchen had received a rating of five for food hygiene from the food standards agency which is the best rating achievable. The kitchen was clean and appropriate cleaning schedules and checks were in place.
- Staff had received training in infection control and had access to protective personal equipment such as disposable gloves and aprons as required.

Learning lessons when things go wrong

- The regional manager was committed to driving improvement and learning from accidents and incidents. Information was analysed and investigated. In response to concerns identified about supporting people using the service for respite care action was taken to identify suitable solutions to address future risks. They had limited the number of people admitted to one person each week and to only provide respite care to one person at a time. This was so the service could focus upon the persons individual needs and build a care

plan from an on-going assessment during the initial time that the person joined the service.

- Following the weight loss of a person staying at the service for respite care, the regional manager had instructed staff to ensure that people staying at the service for respite care must have their weight monitored in accordance with the service policy regarding people permanently living at the service.

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 our last inspection in November 2018, this key question was rated 'Good'.

We carried out this focussed inspection as we received concerns about people not being provided with sufficient nutrition causing weight loss and not receiving the care they needed.

At this inspection, we found the service had deteriorated to 'Requires Improvement'.

Requires Improvement: 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.

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

- The service had checks in place but these were not sufficiently robust to have identified the shortfalls that were found during the inspection in relation to the management of people's nutritional needs and identifying when the person was losing weight.
- Senior staff had not always effectively carried out audits to check and oversee the quality of care people received. One person's daily care notes frequently contained recordings that the person had eaten well. However, during this time the person had not been weighed since admission and had lost a considerable amount of weight. The weight loss concerns had been reported by the family of the person and substantiated by the local authority safeguarding team upon their investigation. This meant that people were placed at risk of harm and were at risk of not receiving the care and support they needed.
- Systems in place were not effectively considering people's needs and identifying issues so that learning and improvements could be implemented. The staff were recording fluid balance charts of people's daily fluid intake. The amounts had not always been totalled on each chart. The staff had not recorded what action was to be taken to address this issue. The regional manager informed us that the staff had been informed that when concerns were identified such as these the senior member of staff on duty would speak with the persons family in future and bring to the attention of the persons doctor.
- We found systems and processes were not operating fully effectively to assess and monitor the quality of the service that was being provided. The weighing equipment was checked to ensure it was working effectively. But not everyone using the service for respite care was being weighed to check if they were losing weight. As a result, information of concern had not been escalated to senior staff and in turn senior staff had not identified the inconsistencies in record keeping and whether the person was having their prescribed supplements and sufficient amounts to eat and drink.
- Since the previous inspection, the staff had acted upon the concern we raised and had made improvements to the care planning of people nearing the end of their lives.

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

At the time of our inspection the service was being managed by the regional who was applying to become the registered manager of Burlingham House. This was because the registered manager of this service had recently left the organisation.

- There was a clear staffing structure in place. The staffing rota was organised well in advance and staff informed us that the senior staff were very helpful with supporting requests for leave.
- Staff understood their roles and responsibilities and found the management team supportive. Staff informed us there was good training and positive supervision in place
- The senior staff felt valued and well-supported by the company.

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

- During our inspection we saw people living at the service actively engage with staff and making arrangements for the Easter celebrations. □
- Staff told us, and we saw records to confirm they had regular team meetings. These were used as an opportunity to discuss a variety of issues and plan the delivery of care to people at the service.

Continuous learning and improving care

- The management team positively encouraged feedback, reviewed the quality of the service and acted on any identified shortfalls to continuously improve the service. They had taken action to review the pre-admission assessment process and then plan how they would meet peoples assessed needs in the future to learn from recent events at the service. In particular how quality monitoring of records would be carried out and subsequent actions taken to support the people in the care of the service.

Working in partnership with others

- The service worked well with other organisations and had built relationships with local healthcare services.
- The service had links with the local community including local churches and schools. People were supported to attend community provisions were possible.