

Bupa Care Homes (GL) Limited

# Burley Hall Care Home

## Inspection report

Cornmill Lane  
Burley-in-Wharfedale  
West Yorkshire  
LS29 7DP

Tel: 01943863363

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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

This inspection took place on 7 April 2016 and was unannounced. At the last inspection on 3 and 5 November 2015 we rated the service as 'Inadequate' and in 'Special Measures'. We identified six regulatory breaches which related to safeguarding, staffing, person-centred care, medicines, complaints and good governance. We issued warning notices for the breaches of medicines, staffing, person-centred care and good governance with a compliance date of 11 January 2016. We issued requirement notices for the breaches relating to safeguarding and complaints. Following the inspection the provider sent us an action plan which showed how the breaches would be addressed. This inspection was to check improvements had been made and to review the ratings.

Burley Hall Nursing Home provides nursing and personal care for up to 51 older people, some of who are living with dementia. There were 42 people using the service when we visited. Accommodation is provided in two units – Greenholme unit accommodates up to 17 people living with dementia and Wharfedale unit accommodates up to 31 people with nursing needs. There are 45 single rooms and three shared rooms, which are currently used for single occupancy. There are communal areas on each unit and access to garden areas.

The home has a registered manager. 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.

The registered manager was not present during the inspection as they were on leave. The clinical services manager and other senior managers from the organisation assisted the inspectors.

People told us they felt safe and we found there were enough staff on duty to meet people's needs. A staffing tool was used to ensure staffing levels were appropriate and based on people's dependencies, which had not been in place at the last inspection. We found risks to people were assessed and managed to ensure people's safety and well-being.

We found improvements in the way medicines were managed, which ensured people received their medicines safely and when they needed them.

Staff had a good understanding of abuse and knew the reporting systems under safeguarding procedures. We saw records which showed safeguarding referrals had been made. However, records showed three incidents where abuse was alleged and managers were unable to provide us with evidence to show these had been dealt with appropriately. Managers told us they would investigate these matters further and report back to us. Following the inspection we received information from the provider which confirmed action had been taken to address these matters.

The home was clean and well maintained and service certificates for the premises and equipment were up-to-date.

Robust recruitment processes ensured staff were suitable to work in the care service. We found staff received the induction, training and support they required to carry out their roles.

People told us they enjoyed the food. Lunchtime was a pleasant experience with people offered choices and given the support they required from staff. People's weights were monitored to ensure people received enough to eat and drink.

People had access to healthcare services and we saw people benefitted from specialist input. For example, one person's walking had improved with support from the physiotherapist.

The home was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and acting within the legal framework of the Mental Capacity Act (MCA).

People and relatives spoke highly of the staff who they described as 'very good and 'very kind'. People spoke positively of the care they received and we saw staff treated people with respect and ensured their privacy and dignity was maintained.

We saw improvements in the care records which provide more detailed information about people's care needs and were generally up-to-date.

A range of activities were provided for people and co-ordinated by activity staff.

Complaint records we reviewed showed complaints had been investigated and dealt with appropriately, with feedback provided to the complainant. We saw there were opportunities for people to express their views through residents and relatives meetings and through satisfaction surveys.

It was evident from our observations and feedback from people, relatives and staff that many improvements had been made since the last inspection. A support team brought in by the provider worked with the registered manager to ensure the necessary action was taken to address the regulatory breaches and monitor progress. However, in the absence of the registered manager, senior managers were unable to access some information we requested during the inspection and concerns were also raised about the leadership of the service. Before we can conclude the service is well-led we need to be assured that when the support team withdraws the improvements will be sustained and developed further to make sure people consistently receive high quality care.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not always safe.

Safeguarding procedures were understood by staff and generally followed. However, it was not clear what action had been taken in response to three incidents or if they had been referred to the local safeguarding team.

People told us they felt safe and there were sufficient staff on duty to meet people's needs. People received their medicines when they needed them

Risks to people's health, safety and well-being were assessed with risk management plans in place.

### Is the service effective?

**Good** 

The service was effective.

People said they enjoyed the food. The lunchtime experience was relaxed and people were provided with the support they needed. People's nutritional and hydration needs were met.

Staff received training, supervision and support to help ensure their skills and knowledge were maintained and developed.

The service was meeting the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were supported to access health care services to meet their individual needs.

### Is the service caring?

**Good** 

The service was caring.

People praised the care they received and the kindness of staff. Relatives also expressed satisfaction with the care provided and the caring nature of staff.

People were treated with respect and their dignity was maintained.

### Is the service responsive?

Good 

The service was responsive.

Care was planned and delivered to meet people's needs.

People were offered a range of activities.

People knew how to make a complaint and records showed complaints raised were dealt with and addressed.

### Is the service well-led?

Requires Improvement 

The service was not always well led.

Improvements had been made to address the issues identified at the previous inspection and audit systems were being used to ensure service improvement. However, in the absence of the registered manager, senior managers were unable to access some information we requested. This coupled with concerns raised about the leadership of the service meant further improvements were required before we could conclude the service was well-led.

# Burley Hall Care Home

## 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.

This inspection took place on 7 April 2016 and was unannounced. The inspection was carried out by three inspectors and an expert by experience with expertise in older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the home. This included looking at information we had received about the service and statutory notifications we had received from the home. We also contacted the local authority commissioning and safeguarding teams.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this information prior to our inspection.

We spoke with ten people who were living in the home, five relatives/friends, six care staff, three nurses, an activity co-ordinator, the chef, the clinical services manager and the quality manager.

We looked at ten people's care records, one staff file, medicine records and the training matrix as well as records relating to the management of the service. We looked round the building and saw people's bedrooms and communal areas.

# Is the service safe?

## Our findings

Overall we found improvements had been made and there were sufficient staff deployed to ensure people received appropriate care.

People we spoke with raised no concerns about the staffing levels. When we asked people if they thought there were enough staff, we received the following comments, "There always seems to be", "There are sufficient staff around" and "You know there's always someone at hand." We observed there was a calm atmosphere and people's needs were met in a timely manner.

People gave mixed feedback about the promptness of staff in responding to call bells. One person said, "If we buzz, they come." Another person told us they only used the call bell occasionally but said, "They (staff) are very good." However, two people told us there were sometimes delays. One person said, "The call bell is only as good as the person at the end of it." They added they had rung during the night for help and said staff had come "eventually." Another person told us, "Sometimes it can take 45 minutes to answer the buzzer."

A relative told us staffing levels had been discussed at the residents and relatives meeting and said relatives had stressed staffing levels should be based on residents' needs and not on occupancy. They said this had been addressed and staffing had improved and a noticeboard now showed which staff were on duty.

The quality manager showed us the tool used to calculate staffing levels which considered people's dependencies in conjunction with occupancy levels. The clinical services manager told us staffing was reviewed on a daily basis as part of the management team's 'daily walk about' which ensured staff were deployed effectively. Staff we spoke with said staffing had improved and they now had more time to spend with people. One staff member said, "It is better now. We still have times when staff phone in sick at short notice but we all work together as a team."

Staff recruitment processes were checked at the last inspection and found to be thorough, which ensured staff were suitable to work in the service. At this inspection we checked the employment file for one recently recruited staff member and found all the required checks had been completed.

Improvements had been made so that people's medicines were managed properly and safely. We found the Medication Administration Records (MARs) were up to date and with the exception of one missing signature they provided an accurate record of the medicines which had been administered. We saw there was a system in place for checking the MARs and when recording errors had been identified action had been taken to address this.

Medicines were stored securely and the temperatures of the storage areas and medicines fridges were monitored to make sure medicines were stored at the recommended temperature. Some medicines have particular instructions about when they should be taken in relation to food. We found there were suitable arrangements in place to make sure these instructions were followed. When people were prescribed

medicines to take 'as needed' there was guidance in place to help make sure they were used consistently.

We looked at the records of people who received their medicines covertly (in a disguised format). In each case the records showed the decision to administer medicines in this way had been taken in the person's best interests with the involvement of staff, relatives and health care professionals.

Some people who used the service were prescribed thickening agents because they had difficulty swallowing. At the last inspection we had concerns these products were not being used correctly. During this inspection we found changes had been implemented to make sure they were used correctly. We saw improvements had been made to the way topical medicines such as creams and lotion were managed.

In most cases changes to people's medicines were clearly recorded. However, we found one example of staff accepting verbal instructions over the telephone to change the dose of a particular medicine. When we asked staff they were not sure what the provider's policy was on this. We discussed this with the management team who told us verbal changes should always be supported by written confirmation, for example by fax. They assured us this would be addressed immediately.

We found staff responsible for the administration of medicines had received training since the last inspection in November 2015. We found medicine audits were being carried out at regular intervals and any issues were being dealt with as they arose. This helped to make sure people received their medicines correctly.

We found improvements had been made to how safeguarding was managed at the home. People told us they felt safe. When we asked one person if they felt safe they replied, "100%. It's absolutely secure." Staff we spoke with told us they had received safeguarding training. They demonstrated a good understanding of abuse and knew the reporting procedures if abuse was suspected or identified. Staff were aware of whistleblowing procedures and were confident about using these. We had been notified of safeguarding incidents that had occurred in the home and records we saw at the inspection showed these incidents had been investigated and referrals had been made to the local authority safeguarding team.

However, concerns were raised with inspectors during the inspection about a safeguarding incident which had been reported to managers. The concern was that no action had been taken in response to this incident. We discussed this with the quality manager who was unaware of the allegation and unable to find any information or evidence to show us what action had been taken when these concerns had first been raised. We also found an accident report which described how one person had been incontinent and developed a moisture lesion as they had not been changed or repositioned. The accident report stated the staff concerned were to be spoken with. A further accident report showed a person had unexplained bruising and advised that staff needed to be more gentle when washing the person. We asked the quality manager about both these accidents and they were unable to provide us with any further information about the actions taken. There was no evidence to show any of these incidents had been referred to the local authority safeguarding team. The quality manager agreed to investigate these matters further and report back to us with their findings. Following the inspection we received information from the provider which confirmed action had been taken to address these matters.

We found individual risks to people were identified in the care records we reviewed. For example, with regard to the use of bed rails, nutrition, moving and handling and falls. In the majority of cases we saw the risk assessments included information about the actions being taken to manage or reduce the risk. In addition, the clinical services manager told us they held a weekly clinical review meeting with the nursing staff. During this meeting they reviewed risks to people's safety and welfare and the actions being taken to



manage and/or reduce the risk. This was confirmed by the records we reviewed.

Service and maintenance records were in place to demonstrate that checks of the passenger lift, gas safety, electrical installations, portable electrical appliances, water quality and fire detection systems were completed. We also saw evidence that weekly, monthly and six monthly safety checks of equipment were carried out by maintenance staff.

## Is the service effective?

### Our findings

We found improvements had been made to how staff monitored people's weight and ensured their nutritional intake was sufficient.

People's weights were monitored and the MUST (Malnutrition Universal Screening Tool) was used to assess people's risk of malnutrition. We looked at three people's MUST assessments. In one person's records we saw the MUST score had not been calculated correctly. As a result it showed the risk was lower than it actually was. However, we saw the person's weight loss had been identified and staff had consulted external health care professionals about how best to manage this.

We looked at two people's food and fluid charts and found improvements as staff were signing to show they had checked the charts and they were more fully completed. The quality manager told us they were reviewing the format of the charts so that food amounts were more clearly recorded.

The clinical services manager had introduced a 'catering weight alert' form to help make sure the kitchen staff had information about people who were at risk and needed their diet supplementing. In addition, people's weights and nutrition risk status were reviewed every week at the clinical review meeting which was attended by nursing staff and the clinical services manager. Our discussions with the chef confirmed these systems were in place and working well.

We observed lunch in the dining room and there was a relaxed and pleasant atmosphere. Some people were having a glass of wine. We saw people could choose where to have their meals and one person was having a meal with their relative. We saw staff, including the chef, provided people with the assistance they needed to eat their meals and aids such as plate guards were used to help people access their food more easily.

The chef told us they had a seasonal menu and people's suggestions and preferences were incorporated. They said this included a Nite Bite menu of foods available to people if they were hungry overnight. We saw these menus displayed in the home. We asked one person if they could have a snack at night if they wished and they said, "Yes but I'm always full. People are always trying to fill you up."

People told us they enjoyed the food and were given a choice. One person said, "The food is good. It's hot. Mine has to be pureed. It's wonderful, they are good, good meals."

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. The application procedures for this in care homes are 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 were

being met.

The clinical service manager told us standard authorisations had been submitted to the supervisory body for all people living on Greenholme unit. Two authorisations had been granted one of which had two attached conditions. However, the letter received by the service from the supervisory body did not stipulate what conditions had been placed on the DoLS. The letter confirmed this information would follow later.

The clinical service manager told us no one living on the Wharfedale unit had a DoLS authorisation in place although they had recently applied for one authorisation which was still with the supervisory body awaiting a decision.

Staff we spoke with told us they were aware of and had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Care staff we spoke with had a general understanding of the MCA and DoLS. However, the staff on the Greenholme unit told us they were not always made aware when authorisations had been granted. This was discussed with the clinical service manager who confirmed they would address this matter immediately.

We saw where issues around lasting powers of attorney required consideration in care planning this was clearly recorded in the care file. Care plans showed the provider was ensuring wherever possible people were involved in making decisions about their health care needs and treatment.

Care records showed people had access to healthcare services with evidence of input from GPs, speech and language therapist (SALT), Parkinson's nurse specialist, chiropodist and optician. A private physiotherapist was visiting one person during our inspection and three people told us how the physiotherapist had helped them with their walking. One person told us their walking had greatly improved since they came out of hospital which they felt was due to the physiotherapist's input and support.

At the last inspection in November 2015 we had no concerns about staff training, induction, supervision and appraisal. At this inspection staff we spoke with confirmed they received the training they required to fulfil their roles and also had regular supervision. A recently recruited staff member described their induction which they said was comprehensive and felt prepared them for their role. They confirmed they had received a period of shadowing an experienced staff member before being allowed to work alone. We saw a training report which showed over 90% of staff were up to date with mandatory training which included topics such as moving and handling, nutrition, fire safety and safeguarding.

# Is the service caring?

## Our findings

The majority of people we spoke with were happy with the care and support they received and praised the staff. When we asked one person what it was like living in the home they said, "It's very, very good. Staff are very, very kind. Some are better than others." Another person said, "It's excellent, it's wonderful. We get wonderful care." Another person told us, "I can only describe it as excellent here. I wish I'd come in sooner." One person told us they were not happy with the care they received although they described the nurses and care staff as 'good'. The clinical services manager spoke with this person about their concerns and took action to address them.

Staff were respectful and compassionate and demonstrated a good understanding of people's individual needs and preferences. For example, we saw one staff member took breakfast in to a person who was in bed and sat with them assisting them with the meal. The staff member had a caring manner, knocked on the door, which was open, said who they were and asked if they could come in. They were bright and cheerful and chatted to the person, making sure they were comfortable, asking if they liked the food and checking when they were ready for more. We heard the person responding and laughing.

When we asked people if staff were kind and compassionate, one person said, "Two staff were going to take someone out who had no-one, in their own time. They do go the extra mile. They will get things for you." Another person told us, "The chef is wonderful. My daughter did a secret party and the chef was wonderful."

This was echoed by relatives we spoke with, one of whom said, "The girls are brilliant. They can't do enough in terms of care and attention. They couldn't do more." Another said, "The staff are amazingly caring. When they talk to Mum, they really focus and try to get what she is trying to communicate. They bend down to her level." A further relative said, "It's improved in the last few months. Staff are more friendly."

One relative told us how caring and considerate staff had been towards them and described how staff had expressed concerns about their well-being and discussed how visiting for shorter periods may help.

People looked well groomed, clean and comfortably dressed which demonstrated staff took time to assist people with their personal care needs if required. People were comfortable around staff and we observed interactions were respectful, caring and kind. When we asked one person if staff had time to sit with them and they said, "There is no time for that but we have respect, we all love each other." Another person told us, "(Staff were) very kind, very respectful."

People's choices were respected, for example, we saw staff asked people whether they wanted to have their meals in their rooms or in the dining room. One person told us they could have a bath when they wanted provided they gave staff 'a bit of notice'. Although another person said, "I don't shower when I want to, it's when they say." Overall people told us they had choice in their care provision which included bathing and showering.

The clinical service manager told us no one who used the service required an advocate. However, they

confirmed they would assist people to gain access to an independent advocacy service if it was required. We saw information about independent advocacy was available within the home.

## Is the service responsive?

### Our findings

We found improvements had been made to the way care was planned and delivered. People told us they were satisfied with the care they received. One person said, "All in all it's a good do". A relative told us that previously their family member was 'in a chair all day and not changed' but said this had now improved.

Care records we reviewed showed people's needs were assessed before they started to use the service. After they moved in their needs were reassessed once a year or more often if there was a significant change in their circumstances.

There were care plans in place to guide staff on how to support people to meet their needs. For the most part the care plans included detailed information about people's preferences and their support needs. We saw examples to show people's care was delivered in line with their individual care plan. For example, in one person's records we saw they liked to use an electric razor so that they could shave independently and to be up and dressed before having breakfast in their room. At approximately 10am we observed the person was dressed, sitting in their bedside chair and shaving themselves. A little later we saw they had been served their breakfast in their room.

The care plans were up to date and there was evidence people and/or their relatives were consulted about how they wanted their care to be delivered. When we asked relatives about their involvement in care planning there was a mixed response. One relative said, "We have quarterly meetings with the designated nurse. We can speak to them at anytime; they are receptive." Yet two other relatives said they had not been involved in any discussions about their family member's care.

We found improvements had been made to how staff recognised and responded to complaints. We looked at the complaints log, which showed five complaints had been received since November 2015. Records showed these complaints had been investigated and provided details of the complaint, the action taken and the feedback provided to the complainant.

We saw information about people's past lives, interests, family and friends in their care records. The records also included information about how people liked to spend their time and social activities they had taken part in. We saw the service employed two activities co-ordinators and people were provided with a range of activities including craft work, music and reminiscence sessions. In addition, we saw entertainers visited the home and outings to local places of interest were organised.

We asked one person about activities and they said, "There are a lot. The activity co-ordinator organises Easter eggs. There are activities for every day of the week. I have a list of activities." They showed us the list which included flower arranging and gardening. Another person said, "I go out a lot. I have several relatives in the area and they take me out. They make a note at the door (when they go out) so they know where I am."

However, the result of the last customer satisfaction surveys dated December 2015 showed only 17% of

people who had completed the survey were satisfied with the activities provided. Following the inspection we discussed this with the registered manager who told us the service had experienced difficulties recruiting a second activities co-ordinator. This had impacted on the range of activities and outings arranged which in turn had resulted in the low score. The registered manager confirmed that this matter had now been resolved and a full programme of activities had resumed.

# Is the service well-led?

## Our findings

We found some improvements had been made to the audit systems and it was evident from our observations and feedback from people, relatives and staff that many improvements had been made since the last inspection. However, in the absence of the registered manager, senior managers were unable to access some information we requested during the inspection and concerns were also raised about the leadership of the service. Before we can conclude the service is well-led we need to be assured that when the support team withdraws the improvements will be sustained and developed further to make sure people consistently receive high quality care.

The registered manager who has been in post for several years, was on leave on the day of the inspection and the clinical services manager was in charge of the home. Other senior managers arrived who provided support, however some information we requested could not be located. For example, we reviewed the accident and incident reports and the monthly analysis forms and found a number of discrepancies. The analysis form for February 2015 identified seven falls, yet there were only five accident reports of falls. Similarly 12 falls were recorded on the March 2015 analysis, yet there were only 11 accident reports. We discussed this with the quality manager who was unable to locate any information to explain these differences, although they said they would discuss this with the registered manager when they returned from leave. We also asked for clarification about the action taken in respect of two incidents relating to a person who had developed a moisture lesion and another regarding unexplained bruising. The quality manager was unable to find this information during the inspection but agreed to investigate these matters and come back to us. Following the inspection we received information from the provider which confirmed action had been taken to address these matters.

We saw care plan audits had been completed but the clinical service manager was unable to find the documentation to evidence action had been taken to address any shortfalls identified. They confirmed they would discuss this matter with the registered manager and ensure in the future the completed action plans were available for inspection.

Everyone we spoke with, staff, relatives and people who used the service, knew the registered manager. Feedback we received suggested the registered manager did not promote an open, inclusive and empowering culture which encouraged concerns or suggestions to be raised with them. Although we received some positive comments about the registered manager, the majority of comments raised concerns about their approachability, availability and responsiveness.

Following the last inspection a support team was brought in by the provider to work with the registered manager to ensure improvements were made to the quality of service provision. A service improvement plan (SIP) was implemented with weekly reviews and updates and we saw a copy of this was displayed in the home. We saw detailed reports of monitoring visits made by senior managers to assess progress with improvements. The reports detailed any actions required with timescales for completion which were followed up at subsequent visits.



We saw the rating for the service was displayed as required on the provider's website and in the entrance hall in the home.

Staff we spoke with all felt improvements had been made since the last inspection. Staff said systems had been put in place to monitor and they generally felt the service was more organised. They felt they had been able to contribute to this and had been listened to.

We received positive feedback from people, relatives and staff about the clinical services manager who had recently commenced in post. Nursing staff said any concerns raised with the clinical services manager were dealt with appropriately. They said they felt supported and able to discuss clinical, professional or personal concerns. One relative said, "Since (the clinical services manager) came, it has changed drastically for the better."

Relatives told us they were now more involved in affecting changes and improvements in the home through the quarterly relatives and residents meetings. One relative said, "We talk together about issues and make suggestions. We asked for an agenda and we got one for the first time. We have formed a group called the Friends of Burley, we got together to raise concerns." They told us of some of the changes they had influenced such as a noticeboard showing which staff were on duty. They said they had asked for a leaflet to tell visitors about things like signing in and security. They had also discussed the different coloured buttons on the alarm call pads as people didn't know what each colour was for and suggested that information could go in a leaflet for new relatives. They said, "They have made some changes; there are one or two notices around about the alarm colours."

The clinical services manager told us a selection of people who used the service were asked to participate in an annual customer satisfaction survey. They confirmed the information provided was collated and an action plan formulated to address any concerns raised and information was shared with people who used the service, relatives and staff.

We looked at the results of the last survey dated December 2015 and saw three main areas for improvement had been identified. These included the promptness of staff attending to the needs of people who used the service, staff being available when needed and the quality of care people received. Following the inspection the registered manager provided us with an action plan outlining how improvements would be made. The registered manager told us people living with dementia on the Greenholme unit or their relatives were not asked or given the opportunity to complete customer satisfaction surveys. The registered manager told us they had raised this matter with the organisation before as they felt some people with the assistance of their relatives could participate in this process.