

Bupa Care Homes (GL) Limited

Burley Hall Care Home

Inspection report

Corn Mill Lane
Burley In Wharfedale
Ilkley
West Yorkshire
LS29 7DP

Tel: 01943863363

Date of inspection visit:
20 June 2019
26 June 2019
27 June 2019

Date of publication:
30 August 2019

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

Burley Hall Care Home is a residential care home providing personal and nursing care to 38 people at the time of the inspection. The service can support up to 49 people. The home is split into two distinct units; Wharfedale and Greenholme. Both units accommodate people requiring a registered nurse to oversee their care. Greenholme specialises in providing care to people living with dementia.

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

Some improvements were required in how the service assessed and managed risk, as some risks were managed well, but others had not been identified to ensure the necessary control measures were in place. Medicine management procedures were in place. Staff were appropriately trained, and their competency levels checked.

Robust health and safety checks were in place and regulatory compliance was maintained. Up to date certificates were in place.

People told us they liked the food and were offered choice of food options. Records relating to what people had taken to drink were not always completed to show people were being supported to drink.

The home had referred people who had restrictions on their liberty to the relevant authorities. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and their relatives spoke highly of staff at the service who they described as caring and compassionate. They had concerns about the high number of temporary staff but were hopeful for a period of stability once new staff had started in post.

People were encouraged to participate in a range of different activities. Complaints were reviewed and responded to in line with company policy. Relatives told us the manager was responsive to informal complaints and they were confident in their willingness to improve care.

Staff were not consistently recording when they had met a person's care needs, to keep an up to date record care had happened.

The manager was working with professionals, stakeholders and involving the local community to improve the experience of people living at the home.

Audits and checks were carried out; however, these were not always effective in identifying areas which needed to be improved. The provider had not notified CQC of significant events as required which showed

an issue with the overview of the service.

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

Rating at last inspection

The last rating for this service was requires improvement (published 29 June 2018). This service has been rated requires improvement for the last two consecutive inspections. Prior to that inspection they had been rated as inadequate.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to good governance and failure to notify us of significant events.

Please see the action we have told the provider to take at the end of this report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 ●

Burley Hall Care Home

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.

Inspection team

The first day was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The subsequent days were carried out by one inspector.

Service and service type

Burley Hall Care Home 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 service did not have a manager registered with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The first two days of the inspection were unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals 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 six people who used the service and seven relatives about their experience of the care provided. We spoke with eleven members of staff including the manager, three nurses, a unit manager, three senior care workers, a hostess, a care worker and the chef.

We reviewed a range of records. This included six 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 provider to validate evidence found. We looked at training data and quality assurance records. We spoke with a professional who regularly visited 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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

- The provider had a range of risk assessments in use to protect people from harm. Risk assessments were undertaken by senior staff and control measures were recorded in people's care plans.
- Some of the information in relation to the management of risk lacked essential information to help control the risk. For example, the records in relation to a person's risk from choking lacked some essential information in relation to the consistency of their drink and food. This was raised immediately, and the manager acted to mitigate the risk.
- Moving and handling plans contained information about the hoist and slings people were to use when assisted to move, but some plans lacked information about all the equipment in use to move the person safely.
- There was a good range of assistive equipment at the home such as specialist seating and showering equipment which provided support to people with reduces sitting balance. There was not always a record of the assessment for the suitability of the assistive equipment in people's care plan.
- There was a record to show staff had been trained to use some equipment at the home, but this had not included every piece of assistive equipment.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was 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.

The provider responded immediately during and after the inspection. They confirmed the actions they had taken to improve safety. Information how to manage people's risks had been recorded and communicated to the relevant staff.

- Checks to ensure the building was safe and met legal requirements were completed, recorded and certificates were in place. Robust health and safety checks were in place and regulatory compliance was maintained.

Systems and processes to safeguard people from the risk of abuse

- The provider had their own policy "Speak up" to encourage staff to raise concerns about their colleagues. All the staff we spoke with told us they were confident to speak up about their colleagues and many had done so.
- The manager was aware of their responsibility to report abuse to the local authority safeguarding team.

- Staff had been trained in safeguarding adults and were able to spot the signs of abuse

Staffing and recruitment

- The manager used the registered provider's dependency tool to help determine the numbers of staff required. They told us they were using more staff hours than the tool indicated due to the complexity of the people living there.
- The use of agency staff was high although there had been a recent recruitment drive for permanent staff who were undergoing recruitment checks. Relatives told us there had been a lot of different staff at the home who did not know their relatives well. One said, "A lot of agency staff often at weekends and they don't know them. I don't know if they read up about them." Another said, "Terrible number of staff coming and going. Very unsettling."
- Recruitment practices were robust to ensure people with the right qualities were employed and the manager told us no one would start at the service until all checks had taken place.

Using medicines safely

- Medicines were managed safely. There were some areas which could be improved. For example, Medication Administration Record (MAR) did not contain Information about how the person liked to take their medicines such as with water or on a spoon. Topical cream records were in place, but staff were not consistently recording they had applied creams.
- The provider had systems in place to check staff competency before staff worked unsupervised.
- The provide was in the process of creating two new medication rooms to improve the storage of medicines and accessibility for staff.

Preventing and controlling infection

- On the whole the home was clean and free from malodour. However, there were some areas which required a deeper clean and this was actioned immediately, after we raised this with the manager.
- Staff were provided with personal protective equipment such as gloves and aprons. We noticed staff going in and out of the kitchen to make hot drinks, without protective equipment.
- We observed the lunchtime experience and noted people were not asked if they wished to wash their hands before mealtimes.

Learning lessons when things go wrong

- The provider had a system in place to capture accidents and incidents and these were recorded electronically. The manager analysed the type of accidents each month and the outcome. It wasn't clear from this information how lessons were learnt and shared with staff.
- Our discussions with the manager showed when things went wrong they were learning lessons and acting to minimise the risk of further accidents and incidents occurring. However, they were not recording these to show how effective their actions had been.
- The manager told us clinical risk was discussed daily at the "Take 10" meeting where staff present on the day attended to communicate information. This showed there was a mechanism for sharing information to improve the safety of care with individual staff, but this needed to be strengthened and formalised.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff received a thorough induction into the service. They completed an induction booklet and had their knowledge checked. New staff are supported with a buddy and mentor to develop their practice.
- Supervision sessions had not taken place as frequently as required. Staff had not received an end of year appraisal to set and review objectives to review the past year.
- The provider had a new policy which was due to be implemented and changed supervision sessions to four each year including a session at the beginning of each year to set objectives and at the end of year to review objectives. The manager told us supervisions would be more reflective going forwards to develop and maintain higher care standards.
- The manager was developing staff skills to deliver person centred care. They had arranged for the Dementia bus (an experience of what dementia might be like by using specialist equipment) to improve staff knowledge and skills to support people living with dementia. This took place on our last day of inspection; staff, relatives and stakeholder feedback had been very positive.
- Infection control champions had recently received training by the local infection control lead nurse. Tissue viability nurses visited the home shortly after our inspection to provide training for staff to improve skin health.
- We were provided with a training matrix following this inspection which showed the training each member of staff had undertaken. From the information gathered at inspection, there were gaps in some staff skills and knowledge. Some training had been undertaken several years ago and despite being in date according to the matrix, staff would benefit from re-training.

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

- On the first day of inspection the mealtime experience on one of the units had been chaotic and not a good experience. This was fed back to the manager immediately and we found on subsequent days, the mealtime experience had improved.
- We observed one person was inappropriately supported to eat during our inspection which we raised with the staff immediately and afterwards with the manager, as this highlighted a training need for staff.
- People told us how much they had enjoyed their meals and we saw people were offered choice and supported to choose what they wanted to eat at mealtimes. Second helpings were offered to people.
- Staff were not always recording how much people were drinking or a target amount and some of the records we looked at showed a poor intake with no explanation. We raised this with the manager who stated this was the responsibility of the staff member in charge of each unit, and they would ensure actions were recorded.

- The manager told us about some good practice they had introduced for one person. They had been provided with equipment to assist them to drink more and staff reminded the person to drink at every opportunity.
- People's preferences were recorded in their care plan. One relative told us their relation preferred a particular type of breakfast cereal and staff had ensured this had been provided.

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

- During our inspection we saw visits by the GP and district nurses. Wheelchair services had visited the home on the first day of our inspection. We could see from records people were supported by a range of other agencies to promote effective timely care.
- A community nurse had raised concerns about the timeliness of a referral to them in relation to a person's tissue health. However, we received feedback after the inspection that the manager had been approachable, open and honest and improvements had been made in the referral process.
- People were supported to access healthcare services such as GP's, opticians and dentists.

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

- The home was set around a secure outdoor area which was planted beautifully. Most people had aspects to the grounds from their bedrooms, with a plethora of birds and animals to look at, with people delighted to point out rabbits and hens to us.
- The service was designed to be accessible for people using a wheelchair and we saw people independently accessing different areas of the building. The home had a programme of refurbishment in place.
- Some areas of the physical environment were not dementia friendly to assist people to find their bedrooms and toilet area. The manager advised us the provider had a dementia lead who was working on plans to improve the environment to make it more dementia friendly.
- Improvements which had been made included changing the communal areas to smaller discreet sitting areas, a quiet area in one unit and seating along the corridors.
- People and their relatives had been encouraged to bring in their own duvet covers to personalise their bedrooms and make it more familiar to them.

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

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.

- Where people lacked capacity DoLS applications had been made. There were six authorised DoLS in place, which had no conditions attached. 21 applications were awaiting assessment by the local authority. The service kept a tracker for all applications, so they could closely monitor the situation.
- Some staff had a good understanding of the MCA, but some staff knowledge was limited. All staff understood the importance of the MCA principles that needed to be followed which included supporting

people to make decisions, offering choice and acting in their best interests.

- The provider used guidance and standards to ensure policies and practice were updated.

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.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect

Respecting and promoting people's privacy, dignity and independence

- On the whole staff were polite and treated people respectfully. We did make a few observations where staff approach could have been better which we raised with the manager.
- One person's records had been left out on an upstairs corridor which meant this information was not held confidentially. This had not been left out by staff employed by the provider and the manager told us they told us they would report this to the employing authority.
- People were encouraged to maintain their independence throughout the day with mobility and activities of daily living.
- One relative told us their relation was encouraged to remain independent. They said, "[Relative] cleans their own teeth, sees to their own toilet. Staff take [relative] to the shower room and they leave them to do the bits they can them self and help them with the rest."

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

- Everyone we spoke with was positive about the staff and the manager. One relative said, "I felt a lovely atmosphere. I think so still. The staff are very friendly." Another said, "Some of the carers are lovely. Kind, caring and compassionate." Relatives openly told us they preferred the permanent staff as they knew their relatives well.
- The manager was aware of their responsibility in respect of people's protected characteristics and we could see people with protected characteristics were respected at the service.
- The provider was actively promoting equality and diversity and the manager said, "It is covered on induction and in person centred training and knowledge checks."
- People's religious needs were recorded in their care plans.

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

- People's care was tailored to meet their individual needs and preferences. The home operated a "Resident of the Day" where each person's care was reviewed.
- Relatives told us they had been involved in devising their relation's care plan initially, although they had not seen the completed care plan. One relative said, "They have consulted with me. The communication is good."
- The manager understood when advocacy services would be appropriate and had referred several people to the advocacy services, although had been told there was a waiting list for this service. An advocate is a person who can speak on another person's behalf when they may not be able to do so, or may need assistance in doing so, for themselves.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question deteriorated to 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

- We saw a detailed pre-admission assessment carried out by one of the nurses for a person who was due to stay at the home.
- Most care plans were very detailed, but some contained conflicting information. They were regularly reviewed but the care plan section was not always updated.
- The provider had a document which supplemented each care plan with information on what a normal day looks like for the person. This was useful to provide staff with at a glance information about the person and their preferences. The area for staff to record information about the person was very small, which limited the information recorded and for the full potential of the document.
- Daily records were recorded at each shift. Some of these records were detailed, some were not which showed a lack of consistent care recording. For example, staff were not always recording when care interventions were carried out such as positional changes, frequency of oral hygiene or if they had been supported with continence requirements.

This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

- Information was available to people in different formats. People's communication needs were recorded in their care plans.

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

- The home employed two activities coordinators who organised a programme of activities including themed events, entertainers and games. We saw times during the inspection where people were engaged in activities but at other time there was very little going on.
- The manager had recently changed the activities coordinators hours to ensure they worked at a time to suit people living at the home. Staff were encouraged to support people with meaningful occupation outside of the activities coordinators hours.
- Relatives told us more could be done in terms of activities for their relations to make it more meaningful.

Some wanting more intellectual activities, whilst others wanting more entertainment.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy which outlined the process to be followed in the event of a complaint.
- Relatives told us they had made informal complaints to the manager and in most cases, there had been an improvement. Informal complaints were not recorded which meant themes and trends could not be determined.

End of life care and support

- The service supported people at the end of life. We saw detailed end of life care plans supporting a person to end their life at the home as an alternative to hospital care.
- People's preferences and choices in relation to end of life care were recorded.

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 the last inspection this key question was rated as Requires improvement. At this inspection this key question has remained the same. 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; 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

- Providers have to by law notify CQC of all incidents that affect the health, safety and welfare of people who use services. CQC had not been notified of significant events. This included notification when DoLS were authorised, safeguarding incidents and when a service user had sustained an injury.

The failure to notify CQC of all incidents that affect the health, safety and welfare of people who use services is a breach of Regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

- Since our last inspection, three different manager' s had been at the service which had negatively impacted on this service and the improvements made at the last inspection had not been sustained. The current manager has been in post since February 2019 and was in the process of registering with CQC.
- The provider's management team were providing support to the new manager, assisting them to make the necessary improvements at the home.
- The manager was open and honest with us during the inspection and was aware they needed to make improvements at the service. People and relatives consistently told us the manager listened and resolved issues when they arose.

Continuous learning and improving care

- Individual audits were carried out by staff which the manager oversaw. Some of these audits had not been sufficiently robust as they had not led to improvements.
- Information from informal complaints and the analysis of accidents and incidents had not been used to show where improvement had been made.
- Provider audits had been thorough and had identified areas for improvement. However, these had yet to be made and sustained. The manager was working on improving care. They told us their first priority was to improve the experience of people living at the home, which impacted on their time to improve the non-direct activities.
- The manager had observed staff practice identifying areas to improve. This included undertaking a night shift, so they could involve night staff in the process.

- They were encouraging all senior staff to address poor performance immediately, "To nip it in the bud."

The issues we found related to the governance at the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The lack of management stability had affected the culture of the home and the ability to sustain improvements and motivate staff. Staff have been positive about the introduction of the new manager and most were engaged in making improvements.
- There were areas where staff were not performing. For example, some staff were not consistently completing daily records to evidence care had been provided which meant they were not meeting the standard of care required by the provider. The manager confirmed to us where performance was falling below an expected standard, this was being managed.
- Staff told us they valued the open and inclusive management style of their new manager, who listened to them and was making positive changes.
- Most of the staff we spoke with were committed to the service and passionate about providing person-centred care to the people living there. There had been a high turnover of staff and an increase in agency use, some leavers had returned, and new permanent staff were waiting for checks to be completed to start in post.

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

- Regular resident and relative meetings were taking place to engage and involve people.
- Relatives told us they felt listened to when they made suggestions to improve care. One said, "I am thankful they have listened to me and have done as much as they can."
- The provider sought the views of staff, people and their relatives using questionnaires. They shared the recent staff survey with us, information had been collated to show where the management needed to focus on in terms of staff wellbeing.

Working in partnership with others

- The manager had forged links with the local Dementia Friends group. Some members of the group attended the Virtual Dementia Tour Bus at the home.

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	Regulation 18 Registration Regulations 2009 Notifications of other incidents
Treatment of disease, disorder or injury	Failure not notify CQC of incidents as required by legislation

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	17(2)(a) Ineffective governance, auditing systems and processes to assess, monitor and improve the quality and safety of the service. 17(2)(b) Failure to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. 17(2)(c) Failure to maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided.