Manage Care Homes Limited

Burleigh 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
Burleigh House is a care home providing accommodation for up to 44 older people, some of whom are living with dementia. At the time of the inspection there were 41 people living at the home.

People's experience of using this service and what we found
People and their relatives told us they felt safe and that staff were kind. They told us the staff team did a good job. Staff told us people were well cared for and they would be happy for their relatives to live at Burleigh House. Visiting professionals also gave positive feedback about the home.

Staff spoke with people nicely and gave them choices about their day. However, on the day of the inspection, some people were not always dressed appropriately for the weather, such as not wearing socks or appropriate footwear or clothing such as short sleeves. It was not clear if this was people's choice or an oversight. Visiting professionals told us they had never had concerns about people's welfare in the home. While staff knew people well, care plans needed further development to ensure they were personalised and included all care needs.

Medicines were managed safely in the most part. Supervisions were carried out with staff if an error occurred and audits needed to check that plans for medicines prescribed as needed were in place.

Staff knew how to recognise and report abuse. However, unexplained injuries, such as bruises or skin tears, that were either observed on the inspection or recorded on people's body maps, were not always logged on the registered manager's incidents and accident overview. As a result, they were not aware of all injuries and they had not been investigated. Following the inspection, the provider submitted information stating that one injury was a scratch and they had not considered this to require recording. They also stated that they were not able to see injuries on another person's arm as reported by us. We were also advised that when some injuries had occurred, they liaised with the visiting nurse or GP who did not raise concerns. However, there was a lack of oversight and monitoring of these injuries to help identify themes or trends and to ensure all appropriate actions had been taken.

Training relating to infection control and COVID-19 had been delivered. Staff felt confident in their knowledge. However, we did note that the chef did not wear a mask in the kitchen. There were processes in place to help keep people safe from being at risk of COVID-19 and there had been no cases in the home.

Staff training, supervision and support was given, and staff felt they could go to the registered manager if they had any concerns. There was a robust recruitment process in place to help ensure staff employed were suitable to work in a care setting.

Since the last inspection, a new registered manager had been in post since February 2020. There were quality assurance systems in place, however these needed to be further developed to ensure they were

robust. The provider and the registered manager were committed to make the required improvements and started implementing new systems following the inspection.

Rating at last inspection
The last rating for this service was Good (published 10 October 2017).

Why we inspected
CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We undertook a targeted inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in part due to concerns received about people's safety and welfare. A decision was made for us to inspect and examine those risks.

We inspected and found there was a concern with safety and welfare of people, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe and well-led.

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 coronavirus and other infection outbreaks effectively. Please see the safe section of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Burleigh House on our website at www.cqc.org.uk.

Follow up
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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well led.

Details are in our well led findings below.

Burleigh House

Detailed findings

Background to this inspection

The inspection
This was a focused inspection to check on information of concern we had received about the service.

Inspection team
This inspection was undertaken by one inspector.

Service and service type
Burleigh House 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 who was 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
We gave five minutes notice so we could ensure that measures were in place to support an inspection and manage any infection control risks. The provider was not aware of our inspection prior to our visit on 25 November 2020.

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 did not request a 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. We had requested information from the provider prior to the inspection and this information was used as part of the inspection plan.

During the inspection
We spoke with five members of staff including the registered manager. We spoke with four people who used

the service and received feedback from five relatives. We contacted the local authority for their feedback. 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.

After the inspection
We continued to seek clarification from the provider to validate evidence found and reviewed information the registered manager had developed to help address the issues identified by us. We spoke with the provider and the registered manager who gave us assurances about action already taken and further actions planned to address the shortfalls.

Requires Improvement

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 Good. At this inspection the rating has deteriorated to 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

- Staff told us that the registered manager was frequently around the home ensuring staff were working safely. The registered manager told us they were often delivering care to check it was done correctly and to provide supervision to staff.
- People had individual risk assessments. However, one person had an entry on their body map stating they had developed a pressure ulcer four days before the inspection. Three staff who were supporting this person were not sure of the status of this sore area. Therefore, we were not assured that the person was receiving the appropriate care for this area. Following the inspection, the person was seen by a district nurse who confirmed it was a moisture lesion and not a pressure ulcer. Staff received one to one supervision about recording accurately.
- We observed one person sitting in a wheelchair without a cushion for in excess of two hours. Staff told us their skin was intact and they would sit on a pressure relieving cushion when in the lounge.
- The same person was noted in their moving and handling care plan to be 'resistant' to staff when they transferred them with a stand aid. The person did not have a care plan in place to minimise the risk of harm or anxiety from this process. Following the inspection, a plan was put into place to provide guidance to staff.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and that staff were kind. We saw and heard staff speaking with people in a warm manner. Staff knew how to recognise and report abuse.
- However, one person was observed to have dressing on their arm. We asked how thy had injured themselves. They told us, "This happens when the (sling) straps are taken off, [staff] can be heavy handed, mostly they are OK."
- Some injuries, such as bruises or skin tears, that were either observed on the inspection by us or recorded on people's body maps, were not logged on the registered manager's incident and accident overview.
- We reviewed three people's notes, and observed a fourth person, who had unexplained injuries. When an accident or incident form was completed, the registered manager completed actions on the form to show what had been done to mitigate risk. These injuries were not recorded on an accident or incident form.
- The registered manager was not aware of all injuries and told us therefore an investigation into injuries was not completed and the registered manager could not know if they needed to be reported.
- Following the inspection, the provider submitted information stating that one injury was a scratch and they had not considered this to require recording. They also stated that they were not able to see injuries on

another person's arm as reported by us. We were also advised that when some injuries had occurred, they liaised with the visiting nurse or GP who did not raise concerns. However, there was a lack of oversight and monitoring of these injuries to help identify themes or trends and to ensure all appropriate actions had been taken.

Using medicines safely

● Medicines were stored securely and there was a signature sheet of staff to ensure they could be identified.
● However, for medicines prescribed on an as needed basis for one person we reviewed, there was not a care plans to instruct staff when this would be needed.
● Medicine audits were completed. However, the form used to record this did not include checks to ensure that people's as and when needed medicines had a care plan in place to guide staff on when it was needed.
● We counted five boxes of medicines and found that they were accurate in relation to the records in most cases. However, one of the medicines counted had one too many tablets indicating a missed dose.
● Following the inspection, a supervision was carried out with the staff member following it being identified at the inspection.

Preventing and controlling infection

• The home had remained free of COVID-19 at the time of the inspection.
● The provider's pre COVID-19 infection prevention and control policy had not been updated but it had been supplemented by sharing information and guidance at staff meetings. Staff had signed to say they had understood it.
● However, individual risk assessments for people who may be more vulnerable, for example for people or staff from black, Asian or minority ethnicities (BAME), people living with dementia or other health conditions, had not been considered. Following the inspection, the registered manager told us these were being implemented.
● The provider was ensuring staff were using Personal Protective Equipment effectively and safely in most cases. However, we noted that the chef had their mask on their chin.
● We asked the registered manager about this who said it was because they worked on their own. However, a staff member had just left the kitchen and we were in the kitchen at the time. In addition, they were responsible for people's food.
● Public Health England guidance states, 'Mask use in this scenario is not used for protection of the staff member wearing the mask but is to prevent them passing on COVID-19 from their mouth and nose to other people in the care home.'
● While we were aware that staff were receiving weekly COVID-19 tests, this practice must be reviewed and addressed to prevent unnecessary risks to people.
● We were assured that the provider was preventing visitors from catching and spreading infections.
● 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 was meeting shielding and social distancing rules.

We have also signposted the provider to resources to develop their approach.

Staffing and recruitment

● People told us staff were normally available when needed. One person said, "You sometimes have to wait

a few minutes but not too long."
● The provider and registered manager had increased the number of staff on duty. The registered manager told us, "Our decision to proactively increase staff numbers has also been justified during the COVID-19 period resulting in us being able to even further care for and keep safe our residents. We continually monitor and review staffing needs, including also listening and taking feedback from staff and planning for any required changes in advance."
● There were no staff vacancies at the time of inspection. Some staff had left during the pandemic and these posts had been filled.
● Robust recruitment procedures were in place to help ensure staff employed were suitable to work in a care setting. Checks included those for employment references, criminal records and proof of identification.

● Staff told us training and supervisions were provided, and they felt supported. We noted from the training matrix that training was up to date.

Learning lessons when things go wrong
● Staff meetings included up to date information and reminders about safe practice in relation to COVID-19.
● We also noted that issues found on the inspection had been identified or addressed through staff meetings.
● Following the visit, the registered manager sent us copies of implemented documentation to help support the required changes. However, this needed further development to ensure it was effective.

Requires Improvement

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 Good. At this inspection the rating has deteriorated to 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people and Engaging and involving people using the service, the public and staff, fully considering their equality characteristics, Continuous learning and improving care

- People told us that staff met their needs. One person told us, "Everything is perfect." Relatives also gave positive feedback about care people received. One relative said, "I see a lot of the same staff they are friendly helpful warm and make myself as a visitor feel very welcome. My [family member] looks very well cared for. I think [staff] have been amazing."
- A visiting health professional also told us that they found the home's staff to ask for advice and support when needed to help them meet people's needs. They told us they felt staff supported people appropriately.

- Information we received prior to the inspection stated that people were not always offered baths or showers. We received mixed views from people about if baths and showers were offered. We reviewed five people's daily notes for November 2020 and found staff recorded 'personal care given'. We asked the registered manager if there was an overview for checking if people had their needs met and were told there was no overview of if baths had been given. However, following the inspection, we were provided information that showed that people had baths as there were records of temperature checks for when baths were given.
- While staff knew people well, care plans needed further development to ensure they were personalised and included all care needs. For example, with what people liked to wear.
- Staff told us that they felt people were looked after well and would be happy to have a relative of their own living at the service.
- The appearance and comfort of people who were more dependent, had not always been considered. People did not have socks or stockings; some people did not have long sleeves on. One person told us they were cold. Another person who was seen to be wet from saliva and food did not have any clothes protection on, nor was offered to change.
- Feedback from the provider following the inspection was that due to the chiropodist being in the home on the day of the visit may have been the reason people did not have socks or stockings on. However, it was not clear if no socks or stockings was people's preference, for ease of staff or just an oversight
- The deputy manager had completed checks on these matters for previous days. Those reviewed all stated that people were dressed appropriately. However, the registered manager acknowledged this may not have been considered.

●Visiting professionals stated they had never had any concerns about people's appearance and welfare in the home.
● There were resident meetings in the home and feedback was recorded on an action plan if needed.
● Staff told us that the registered manager was visible in the home, responsive to issues, checking how things were and guiding staff. One staff member said, "[Registered manager] is always around on the floor checking."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements and 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 told us they were working on addressing shortfalls in the home. There were audits in place.
● However, the audits had not been fully effective as the points raised on the inspection had not been identified through quality assurance systems. For example, the Commission identified two instances where audits failed to identify failures to record or investigate unexplained injuries and ensuring the care needs and preferences were clearly identified in care plans.
● Following the inspection, systems were being put in place to reduce the risk of reoccurrences. The provider and registered manager gave assurances of actions already taken and further actions planned to make the required improvements.
● Staff told us that the registered manager provided guidance and leadership to them. One staff member said, "I like it here, it's homely, more family orientated (than previous home they worked in). We are treated respectfully, residents and staff."

Working in partnership with others
● The registered manager was in contact the local authority and engaging with CQC to support the inspection and help identify any shortfalls. The service was also a gold member of a local care providers association. This association helps providers with training and keeping up to date with guidance.
● During the pandemic the provider had been working with Public Health England to help ensure they were up to date with guidance.
● The provider and the registered manager were open to feedback and wanted to use this to improve and develop the service further.