

Cumbria County Council

Burnrigg Court

Inspection report

Burnrigg
Carlisle
CA2 6JU

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The service is registered to provide accommodation and personal care for up to 60 people and 34 were currently receiving support. People who use the service have a range of care needs and this includes people who are living with dementia.

People's experience of using this service and what we found
People said they felt safe and staff know how to protect them from abuse.

People and their relatives told us they experienced staff who were kind, caring and respectful. People's care was person-centred. Staff knew people well and were knowledgeable about their individual needs and wishes.

The service was clean and tidy and infection control practices were well managed to minimise the risk of the spread of infection. The service would be able to respond to COVID-19 and other infection outbreaks effectively. We signposted the provider to further resources regarding testing staff within the service.

Medicines were generally well managed. Some medicines risk assessments needed to be put in place, and this was addressed immediately by the registered manager. We have made a recommendation regarding medicines management.

There were enough staff to meet people's needs, although we were told by staff at times there had been some shortages. This was being addressed via a safe recruitment drive. We made a recommendation regarding monitoring of staffing levels.

Staff training included an induction and ongoing training and development. Staff were supported in their roles.

People received a nutritious and balanced diet. Systems were in place to ensure that people's healthcare needs were met, which included working in partnership with healthcare professionals.

People were able to maintain relationships important to them and activities took place within the service. We have made a recommendation regarding activities to further enhance them.

Systems were in place to monitor the quality of the service being provided. The management team were open and responsive.

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

Why we inspected

This service was registered on the 1 May 2019 and this is the first inspection.

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

Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Burnrigg Court

Detailed findings

Background to this inspection

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

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

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience caring for someone who uses this type of care service.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with 15 people who used the service and five relatives about their experience of the care provided. We communicated with the whole staff team, verbally or via email for feedback, including the registered manager and deputy manager. We spoke with the quality assurance and governance manager for the provider throughout our inspection.

We contacted local district nurse teams, a GP and two local authority care managers. Any information received was used to support the inspection findings.

We reviewed a range of records. This included care records for eight people and multiple medicines records. We looked at two staff recruitment records and a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We continued to review the information the provider had sent us.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. The provider had safeguarding policies and procedures in place to support staff in ensuring no harm came to people.
- Staff had received training in safeguarding people from abuse. Staff understood how to recognise and report abuse or any poor practice. They felt confident if they reported any concerns, they would be acted upon.
- People told us they felt safe and their relatives confirmed this. One person said, "I feel safe. They are looking after me very well. The staff like to make sure you are comfortable."

Using medicines safely

- People's medicines were managed safely, and they received them when required.
- Medicines were generally disposed of correctly. Denature containers were being used which hold substances to destroy controlled drugs but should only be used in nursing homes. The registered manager confirmed these had been removed immediately. Medicines waiting to be taken for disposal were not fully following current guidance for storage.
- Staff responsible for managing people's medicines had completed training and had checks on their competency completed.

We recommend the provider reviews their medicines policy and ensure they are following current best practice guidance.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were somewhat assured that the provider was accessing testing for people using the service and staff. Some staff were not always tested in line with government guidance. This was addressed immediately by the provider.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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

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

- Risks to people's health and safety had been assessed and kept under review. Medicines risk assessments were not always in place. The registered manager confirmed action had been taken to immediately address this.
- Accidents and incidents were documented and reported appropriately. Professional advice was sought when needed, including referrals to falls teams or GP's. Relatives were informed of any incidents or accidents arising with their family member. One relative said, "They were pro-active in calling the ambulance when [person] was unwell. They kept us well informed throughout the incident."
- The premises and equipment were regularly maintained and tested to keep people safe. This included fire safety procedures. Following feedback, the registered manager updated personal emergency evacuations plans with further details for emergency services.
- To keep people safe, the provider had purchased a defibrillator, with staff trained to use it. This machine gives an electric shock to the heart of people in cardiac arrest and can save lives.

Staffing and recruitment

- The provider followed safe recruitment processes. Identity and security checks were completed before staff started work at the service to ensure they were suitable to work with vulnerable people.
- There were sufficient numbers of staff deployed to meet the needs of people living in the service. Some staff commented there had been some shortages due to sickness and holidays.
- People said staff were busy. One person told us, "I have never heard the call bell go off for a long time, but the staff are very busy." The registered manager was aware of the staffing issues and had a recruitment drive in place to fill vacant posts. Dependency tools were not always used to assess if enough staff were on duty to meet people's needs. The registered manager told us this would be addressed.

We recommend the provider follows best practice guidance to formally review staffing levels, using recognised tools.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The building was purpose built, bright and welcoming. It was designed to help meet people's care needs, including installed ceiling hoists, wheelchair accessibility and access to a secure large garden area.
- Bedrooms were attractive, well laid out and furniture was dementia friendly. People's bedrooms were also personalised and reflected their personal interests.
- The registered manager had plans in place to develop the garden area and was supporting people to involved with this.

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

- Staff worked with other health and social care services in providing a multi-agency approach to people's care. One relative said, "The memory team has been into see [person] since their admission. The GP does the rounds every Wednesday. The residents also can have hearing and eye tests in the home."
- Care records contained information about each person's health needs and the support they needed to remain as independent as possible.
- Staff assessed people's oral healthcare and encouraged people to maintain good oral hygiene.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed.

When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Mental capacity assessments had been completed to identify when a person lacked capacity to make a specific decision.
- People's consent was sought and where people lacked capacity, a best interests decision was made with appropriate families or professionals involved.

- The registered manager and staff were working within the principles of the MCA. The registered manager reviewed any DoLS applications each month.

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

- People's needs, preferences and wishes were assessed. Their care and support was regularly reviewed.
- Staff were knowledgeable about the care needs of people they worked with. One staff member was able to explain what one person preferred to eat without having to refer to records. One staff member said, "We have been through such a lot with COVID and have got to know the residents even more so. It's a joy seeing them now being able to go out with their families and do things as before."

Staff support: induction, training, skills and experience

- Staff had received an induction into the service and were suitably trained to meet people's care needs with refresher training taking place as required. Staff felt valued and appreciated the support given to them by the registered manager and deputy manager.
- Staff were observed as confident in their abilities to support people with a wide range of needs and conditions.

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

- People received support to sustain a good balanced diet, which included help and encouragement to eat meals and drink fluids.
- People's special dietary requirements were met, and referrals were made to specialists, such as dietitians, when necessary.
- People told us they enjoyed the food prepared and had a choice of meals and refreshments available to them. One person said, "The food is good and plentiful. You can have a drink any time." During the inspection some items in food which had been decanted into other containers did not have a 'use by' date on them. The registered manager was going to address this.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated with kindness and compassion. People were positive about the staff teams caring attitude. One person said, "They are caring and very nice." A relative said, "The staff are so kind. They know [person] likes singing and they try to play music to them. They helped by sewing on labels, sorting out their room... pictures etc., when we were not able to come in."
- There was a positive culture within the service. Staff were attentive, polite and showed a patient attitude. One staff member said, "Its been such a difficult time for everyone during this pandemic. The residents have not always been able to see their families due to the restrictions placed upon everyone. We have done our very best to bridge the gap and keep people safe and happy, but it's been hard."
- Staff respected people's differences. During a singing session staff respected the choice of those who did not want to join in.

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

- People and relatives were asked their views on the care being delivered. We overheard conversations to confirm this.
- The registered manager had undertaken surveys with people and their relatives at the service, although the COVID-19 pandemic had impacted on the regularity of this.
- The registered manager had collected positive feedback from professionals and relatives.

Respecting and promoting people's privacy, dignity and independence.

- People were treated with dignity and respect. There were respectful interactions from staff when they supported people.
- People were supported to maintain their confidence in continuing with their independence. One person told us, "Staff encourage me all the time to keep going. I would not have reached this age without their help in that."
- People's privacy was maintained. One person told us, "There is a lock on my door. They knock and wait before coming in." People's personal data was stored securely and treated confidentially.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers. The provider was meeting these standards.

- People's communication needs had been assessed and recorded in their care plans. On one unit they had the use of picture cards to support this.
- Consideration was given to environmental factors that may impact on communication. For example, the use of face masks. This included ensuring people's hearing aids were in good working order.

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.

- People were supported to maintain relationships with friends and relatives important to them. This had been enhanced during the COVID-19 pandemic, and include use of video calling so that people could continue to see relatives who were not able to visit due to government restrictions.
- Staffing were responsible for planning activities that people enjoyed. There were some activities occurring, but staff required further training to ensure they met everyone's needs, particularly those people living with dementia. The manager told us that COVID-19 had impacted on this element of the service.

We recommend the provider review activities provided to ensure they meet the needs of all the people at the service.

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

- Care records were person-centred, reflected people's care needs and included information about people's likes and dislikes.
- People received care and support which met their needs. One person said, "The ones (staff) I see most of the time have got to know me. They are all willing to help in any way." A relative said, "Since [person] has been in the home, [person] has had a new lease of life. The care is brilliant."
- People had choice in day to day decisions about how they were cared for and supported.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to complain if they needed to. One person said, "I haven't had to make a complaint, but if I did, I would speak to anyone on hand and they would deal with it."
- A complaints policy was on display, and was available to people and their relatives in an accessible format.

End of life care and support

- The service provided care for people at the end stages of life. The management team described the care and support they had in place which included working with other healthcare professionals to ensure people were comfortable and treated with care and dignity at this stage of their life.
- A relative told us they could not have been happier with the end of life care being received by their loved one. They told us, "Staff have been amazing, I cannot praise them enough." Another relative told us that at one point their loved one was thought to be approaching the end stages of life but then rallied. They said, "They [staff] thought [person] was at the end of their life and their care was exemplary."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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.

- Managers and staff were clear about their roles and responsibilities. Staff roles continued to be developed, including the supervisor roles. One staff member said, "The supervisor team are not always sending the same message to staff and will contradict one another." The registered manager was aware of this and was addressing it.
- The registered manager and provider had regular audits and checks in place to monitor the quality of the service. When issues were identified, action was taken to address these.
- CQC had been notified of significant events which had occurred, in line with the provider's legal obligations. These included serious injuries or allegations of abuse. Some notifications had not been required. We discussed this with the registered manager and signposted them to further guidance.
- The registered manager was open and transparent when things went wrong. They proactively learnt from accidents and incidents and any issues which needed to be addressed.

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

- Staff told us the morale of the staff team was good and they felt supported by the registered manager and deputy manager. We did receive a small number of less positive comments regarding the senior care staff team, which the registered manager was made aware of and was already dealing with.
- The management team praised staff efforts throughout the COVID-19 pandemic and commended them for their hard work and dedication to keep people safe.
- The management team were open to feedback and supported the inspection throughout.

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

- Communication was generally good. However, some relatives thought this could be improved. One relative said, "One change for the better would be a communication by email or letter once a month to let us know about the current situation in the home and what is happening." The registered manager said they were going to review communication.
- People and their relatives told us they found staff to be approachable and involved them in how care was delivered. Interactions between people, relatives and staff were positive.
- Meetings had taken place for people, so that their views could be heard, and action taken to address any

issues arising.

Working in partnership with others

- The service worked well with other organisations, including speech and language therapists and physiotherapist.
- Staff acted on recommendations made by a variety of healthcare professionals. For example, one person at risk of choking, had been involved with the speech and language team (SALT). There was a specific food and nutrition plans in place to help keep mealtimes safe.

Continuous learning and improving care

- Electronic care records were in place which were easy to navigate and provided staff with information to help support people with their needs. Records had not been backed up fully in case of a power cut. The registered manager addressed this immediately and printed off pertinent information to ensure crucial information about people's care needs was always available to staff.