

Burlington Care Limited

Bessingby Hall

Inspection report

Bessingby
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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

Bessingby Hall is a residential care home providing personal care to 43 people aged 65 and over at the time of the inspection. The service can support up to 65 people in one adapted building, with a separate unit for people living with dementia.

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

A new management team had recently been appointed and were making improvements since our last inspection. They had identified where improvements were needed and had plans in place to embed them fully into the service.

People living at Bessingby Hall were happy and felt well cared for. Staff were recruited safely and understood the principles of keeping people safe. Risks to people were assessed and reviewed on a regular basis.

Staff were fully supported to understand their roles and responsibilities. People received their medicines as prescribed and the environment was clean and welcoming.

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.

We received positive feedback from staff, relatives and health professionals about the improvements made and the new management team. Quality assurance systems in place, monitored the service effectively and drove improvements. Lessons learnt were used as learning opportunities to continuously develop the service.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 09 July 2019) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We received concerns in relation to the management of medicines and people's pressure area care needs. As a result, we undertook a focused inspection to review the key questions of Safe and Well-led only. 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.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has not changed and the service remains requires improvement. This is based on the findings at this inspection. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe and Well-led sections of this report.

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

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Bessingby Hall

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

This inspection was carried out by two inspectors, a specialist nurse advisor 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.

Further inspection activity was completed via telephone and by email, which included speaking with staff who worked at the service, relatives of people and reviewing additional evidence and information sent to us by the provider. Inspection activity started on 23 March 2021 and ended on 29 March 2021.

Service and service type

Bessingby Hall 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. 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.

However, the registered manager had left the service in December 2020. The service was being supported by the provider's senior management team. They had employed two new managers, one to manage the residential unit and one to manage the dementia unit. Both managers were expected to apply to become registered with CQC.

Notice of inspection

This inspection was 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 eight people who used the service and four relatives about their experience of the care provided. We spoke with eleven members of staff including the quality improvement manager, two managers, two deputy managers, senior care workers, care workers, kitchen and cleaning staff. We reviewed a range of records. This included six people's care records and multiple medication records. 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 three staff files, training data and quality assurance records. We spoke with two professionals who regularly visit 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

At our last inspection the provider failed to effectively monitor and review of risks to people. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- The provider had implemented person centred care plans with appropriate risk assessments. Further work was needed to ensure staff had information around how to meet desired outcomes for people.
- Following the inspection, the manager informed us they were implementing a new system to ensure care plans were updated quickly and efficiently.
- Areas within the service required maintenance work to ensure safety. Ongoing action plans supported the provider to address these. For example, the call bell system within the residential unit was old and did not always work effectively. The provider had increased staffing numbers and had an allocated staff member checking on people every half an hour.
- Accidents and incidents were responded to appropriately.

Using medicines safely

At our last inspection the provider had failed to provide robust management of medicines, which put people at risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- Medicines were managed safely.
- Staff responsible for the administration of medicines, showed knowledge and understanding of best practice in medicines procedures. Staff were competent at administering medicines safely.
- The management team supported staff and completed ongoing checks to ensure improvements made, continued and were fully embedded.

Preventing and controlling infection

At our last inspection the provider had failed to ensure effective cleaning was carried out. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12

- 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 Personal Protective Equipment [PPE] effectively and safely.
- 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 could be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives felt the service was safe. Comments included, "I feel very safe here", "[Name of relative] is very safe, they communicate with me all the time" and "The staff keep me safe, they're a good bunch."
- The service was working closely with the local authority safeguarding team. Staff were supported to understand correct safeguarding practices.
- The service had a safeguarding policy in place to support the management team to follow internal and external processes to keep people safe.

Staffing and recruitment

- Staff were recruited safely; appropriate checks were carried out to protect people.
- People were supported in a timely manner. One person told us "They [Staff] come when I need them and even when I don't need them, they pop in to see if I am ok."
- Contingency plans were in place to cover staff absence at short notice.

Lessons learnt

- The provider had systems in place to review and analyse accidents and incidents. These were used as learning opportunities with staff during team meetings to embed lessons learnt.

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 and the culture they created in the past had not supported high-quality, person-centred care. New management had made significant improvements which needed time to become embedded within the service.

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

At our last inspection the provider had failed to ensure effective oversight and monitoring of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- Care plans lacked information for staff to support people in line with their diverse needs. Record keeping had improved and the provider was implementing further training for staff to ensure this continued and was fully embedded.
- Systems and processes had improved to ensure the service was assessed and monitored for quality and safety in relation to regulation.
- Staff felt more supported and received appropriate training to meet people's care needs. One staff member told us, "The management team are very supportive. I feel more listened too now."
- An on-going action plan supported the provider to monitor and review the improvements made at the service.
- The registered manager had left the service in December 2020. The provider had ensured the service had adequate management cover to drive the required improvements.
- Two new managers had been recruited by the provider: One to manage the residential unit and one to manage the dementia unit. The whole staff team were interactive and were highly responsive to comments and feedback from the inspection team.

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: Continuous learning and improving care

- The management team were open and honest throughout the inspection.
- Improvements had been made by the management team to ensure incidents and accidents were analysed and lessons learnt were shared with the staff team.
- The provider had encouraged external agencies and health professionals to work collaboratively with them to improve outcomes for people. These included, the local safeguarding team, specialised nurses and

the local authority.

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

- The provider and management team worked collectively with all staff to demonstrate and embed a positive culture and promote person-centred care and support for people.
- Staff were happy in their work and felt supported by the management team. Regular supervisions and meetings were completed to promote staff development and make improvements within the service.
- People and their relatives spoke positively about the management of the service. Comments included, "They now have a new manager who is very enthusiastic and they have really improved the communication for us", "The management has changed, but all for the better, they are happy to speak with me when I want to talk to them" and "When I went in (the service) last week I said to them (manager) what a transformation, the atmosphere was lovely."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others

- People were involved in the running of the service. Monthly meetings supported people to express their views and provide feedback on the care they received.
- Regular communication from the service supported relatives to remain up to date with the changes at the service. One relative told us, "The communication has improved immensely, the new manager is excellent."
- We received positive feedback about the service from a visiting health professional who said, "I have been into a lot of homes in my years and I'm impressed with this one, they are hardworking and I have seen no forms of bad practice."