

Burlington Care Limited

Bessingby Hall

Inspection report

Bessingby
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Ratings

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

Summary of findings

Overall summary

About the service

Bessingby Hall is a residential care home providing accommodation and personal care to up to 50 people. The service provides support to younger adults, older people, people living with dementia and people who have physical disabilities. At the time of our inspection there were 32 people using the service.

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

People were happy living at the service and they were supported by well trained staff. Staff understood their roles and knew what was expected of them. Risks to people were assessed and reviewed on a regular basis. Staff were recruited safely and understood the principles of keeping people safe. Medicines were managed safely.

The environment was dementia friendly with accessible gardens. People and their relatives told us there were a wide variety of activities to participate in. Staff had clear knowledge of people's diverse needs and care and support was tailored to meet people's preferences.

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.

The registered manager had embedded a strong ethos of person-centred care which placed people's wellbeing at the heart of their work. Quality assurance systems in place, monitored the service effectively and drove improvements when they were needed. 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.

The last rating for this service was requires improvement (published 20 April 2021).

Why we inspected

We received concerns in relation to the practice of staff for people who had a DNACPR in place. As a result, we undertook a focused inspection to review the key questions of safe, effective, responsive and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, effective, responsive and well led sections of this full 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

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 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 ●

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 Health and Social Care Act 2008.

Inspection team

The inspection was completed by one inspector 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.

Service and service type

Bessingby Hall is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Bessingby Hall is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

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 the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us

annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with six people who used the service about their experience of the care provided. We spoke with four relatives about their experiences of the service. We spoke with six members of staff including the registered manager, compliance manager, deputy manager, senior care worker and care workers, a cook, housekeeper and activity worker. We reviewed a range of records. This included three people's care records in part, and multiple medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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. The registered manager shared a report 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. The registered manager sent us further information which included quality assurance documents for health and safety at 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe at the service. People told us "Yes I am safe, there has been nothing to feel unsafe about" and "The staff make me feel safe, if I need anything they are always there to support me."
- Staff knew what action to take to ensure people were safe and protected from harm and abuse.
- The service had a safeguarding policy in place and the registered manager followed internal and external processes to keep people safe.

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

- Risks to people were recorded, managed appropriately and reviewed on a regular basis.
- Staff were aware of risks to people and provided support in a pro-active way to reduce them.
- People lived in a safe environment. Health and safety checks were regularly completed. A plan was in place to ensure people had continuity of care in the event of an emergency. Fire drills were regularly conducted by staff.
- Accidents and incidents were recorded and investigated. A review to learn from trends or patterns of incidents was in place. The registered manager ensured that learning was communicated with the full staff team.

Staffing and recruitment

- Safe recruitment processes were in place. All required checks had been undertaken prior to staff commencing employment and consistently recorded.
- There were enough staff to meet people's needs in a timely manner. Staff carried out their duties in a calm unhurried manner.
- Staff had time to speak with people and spend time with them which helped promoted their wellbeing.

Using medicines safely

- People received their medicines as prescribed.
- Medicines were received, stored, administered and returned in a safe effective way.
- Staff were competent at administering medicines safely and completed the medicines administration record (MAR) accurately to confirm medicines had been given.
- Medicines audits were completed monthly. This checked the safe storage of medicines, whether staff had received training, the recording of records and if people had received their medicines as prescribed.

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 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's infection prevention and control policy was up to date.

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

Visiting in care homes

- The provider safely facilitated people receiving visits from their family and friends.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they moved to the service to ensure their individual needs could be met.
- Detailed care plans and risk assessments were created from assessments to ensure staff had an appropriate level of information to support people's individual, diverse needs and preferences.
- People and their relatives were fully involved in discussions about their care and support with information gathered used to develop care plans. One relative told us, "I have discussions with them [staff] all the time."

Staff support: induction, training, skills and experience

- People were supported by a well-trained and experienced staff team. Records showed that staff training for the service was 100%. New staff told us that they received a good induction and support when commencing employment.
- Staff told us they felt supported in their roles. One staff member said "The registered manager is good, if I were to request additional training this would be sourced without delay."
- Staff felt supported by the management team and received regular supervision meetings to develop their practice.

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

- People received the support they needed to maintain a balanced and healthy diet.
- Staff knew people's food and drink preferences. Care plans contained information of people's food preferences and specific instructions around their diets and cultural requirements relating to these.
- People told us they enjoyed the food at the service. One person told us, "The food is good, there is always plenty of choice."

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

- Staff supported people to access a range of healthcare professionals. People were regularly reviewed by external professionals involved in their care.
- Regular reviews of people's care plans took place to make sure they accurately reflected their needs, wishes and choices.
- Records of professional visits were recorded. Outcomes of these visits were reflected in people's care plans and communicated with their relatives. One relative told us, "They [staff] can get a doctor in straight

away, there is no problem with that."

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

- There were some areas of the environment that required redecoration. The registered manager was aware of this and it had been raised with the provider.
- People had free access to secure outside spaces. Dementia-friendly signage aided people's orientation around the service.
- People's bedrooms contained personal items such as photographs, ornaments and items of importance to them and their wellbeing.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Where people were deprived of their liberty, the registered manager submitted applications to the local authority to seek authorisation to ensure this was lawful.
- People were involved in decisions about their care; staff understood what action to take to make sure decisions were taken in people's best interests.
- The service was working within the principles of the MCA. When people lacked mental capacity to make specific decisions, a best interests decision meeting had taken place.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

- Care plans were person-centred and developed around people's needs. These clearly outlined how people wished to be supported.
- People were provided individualised care and support. Staff spent time with people having meaningful conversations, whilst gaining information about people's life histories, experiences and things of importance.
- Where people expressed their interests and wishes the service worked in a person-centred way to achieve positive outcomes for people.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Information was available in an accessible format to meet peoples' needs. Peoples' communication needs were assessed and recognised.

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

- Activities were tailored to meet people's individual needs, preferences and interests.
- The registered manager and all staff shared a passionate commitment to exploring people's ambitions and supporting them to achieve these.
- The service supported people to maintain regular contact with relatives. Relatives were kept informed about what people were doing through telephone calls, emails and newsletters from the service.

Improving care quality in response to complaints or concerns

- The service had a process to ensure complaints were investigated and responded to. People and relatives told us they had no complaints but knew how to raise a complaint if necessary.

End of life care and support

- The service was able to provide care to people at the end of their life if needed.
- Care records showed the service had explored people's preferences and choices in relation to end of life care.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager worked directly with people and led by example. They were knowledgeable about people's needs and worked with staff to demonstrate and promote a positive culture within the service.
- The registered manager and staff were passionate about providing a person-centred approach to people. Care plans reflected people's required support and these were monitored by staff to ensure they remained correct and up to date.
- People and their relatives told us, "I speak a lot with the registered manager and I know they have put a lot in place about [person name] needs and they always have time to listen too" and "The registered manager is very good and always takes time to listen to me."
- Staff were happy in their work and felt supported by the registered manager.
- There was a positive and welcoming atmosphere throughout the service and people and staff had developed good relationships.

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

- The registered manager was clear about their roles and responsibilities..
- Systems and processes were in place to assess, monitor and review the quality and safety of the service. These supported the registered manager to effectively manage performance and drive improvements.
- The registered manager had submitted notifications as required by duty of candour legislation.

Continuous learning and improving care; Working in partnership with others

- The registered manager was consistently monitoring the service to identify opportunities to reflect on practice and learn lessons to share with the staff team.
- The home worked closely with health and social care professionals to ensure people received joined up care. The registered manager had developed relationships with health care professionals.

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

- People, relatives and staff were encouraged to give feedback about the home.

- Staff had opportunities to express their opinions in supervisions and team meetings.
- The service worked closely with other agencies to ensure good outcomes for people.