

SheffCare Limited

# Burnt Tree Croft

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Burnt Tree Croft is a residential care home that provides accommodation and personal care for adults with a range of care and support needs. This includes adults who are living with dementia. The home can accommodate up to 40 people in one adapted building over three floors. At the time of this inspection there were 37 people using the service.

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

People felt safe at Burnt Tree Croft and they were cared for by staff who knew how to protect people from abuse. Some improvements were needed to the management of risk, to ensure staff consistently reviewed and acted upon identified risks. People were supported by staff who responded to them promptly, however there were times when staff could have been deployed more effectively to promote people's safety. Some people had not received topical medicines such as creams, as prescribed, however there was no evidence people had suffered any harm because of this. People's medicines were ordered, stored and disposed of safely and people were protected from the spread of infection.

People were cared for by staff who knew them well. People and their relatives told us staff were kind and caring. People had enough to do, to keep them meaningfully occupied. People provided positive feedback about the activities and entertainment on offer. People had opportunities to provide feedback about the care they received and to raise any concerns. People knew how to complain, and we found any complaints were acted on appropriately.

Staff received training in a range of different areas to ensure they had the right skills to deliver effective care. Staff were happy with the training they received, and people told us the staff knew what they were doing. However, staff told us the support they received via supervision meetings was not always effective. We found improvements were needed to the communication between staff and managers, to ensure staff had opportunity to raise ideas or concerns about the service and request any additional support they needed to undertake their roles effectively.

People were happy with the food available at Burnt Tree Croft and they were encouraged to drink enough. People and their relatives were happy with the quality of care they received. People's independence was promoted and their dignity was maintained. 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.

Staff told us they enjoyed their jobs and it was evident they had a clear desire to provide good quality care to people. However, the morale of the staff team was low. Staff felt their ideas for improvement were not acted upon by the registered manager or provider and staff told us they were not kept informed about changes to the service.

The provider and senior staff regularly completed a range of checks and audits to assess the quality and safety of the service. The registered manager used the results of these audits to make improvements to the service. However, some of the systems used to monitor the safety of the service were not embedded and therefore were not effective; they had not identified some of the issues we observed during this inspection.

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

#### Rating at last inspection

The last rating for this service was good (published 19 July 2016). There was also an inspection on 21 January 2019, however the report following that inspection was withdrawn as there was an issue with some of the information we gathered.

#### Why we inspected

This is a planned inspection because of the issue highlighted above.

#### 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### 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 section below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Burnt Tree Croft

## 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 completed 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.

#### Service and service type

Burnt Tree Croft 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 CQC. This means the manager and the provider are both 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 the local authority and Healthwatch (Sheffield). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection, due to the timing of the inspection. This is information we require providers to send us annually, to give some key information about the service, what the service does well and improvements they plan to make.

#### During the inspection

We spoke with nine people who used the service and three relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, deputy manager, care workers and other ancillary staff. We spoke with a community health professional and the provider's quality manager who both visited the service during this inspection.

We reviewed a range of records. This included four people's care records and multiple medication records. We checked a variety of records relating to the management of the service, including staff files and policies and procedures.

We spent time observing the daily life in the service and we looked around the building to check environmental safety and cleanliness.

#### After the inspection

We sought some more documents from the registered manager. They were provided in a timely manner and were used to inform our judgements.

# Is the service safe?

## Our findings

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

At the inspection completed on 16 June 2016 (published 19 July 2016), this key question was rated good. At this inspection this key question has been rated 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

- The provider had systems in place to assess and manage risks to people, however some risks were not consistently reviewed and acted upon. For example, we found staff were aware of an ongoing risk posed to people on one floor of the home at night, however insufficient action had been taken by the provider to manage that risk.
- Where risks were identified, people's support plans contained guidance for staff about how to manage those risks. For example, where people were at risk of falling, their care plans contained clear information about the support they needed to mobilise safely.
- Staff completed regular checks of the building and the equipment they used, to ensure the premises and equipment remained safe. All necessary safety certificates were in place.

### Staffing and recruitment

- Staff were not always deployed effectively throughout the home. One staff member was deployed on each floor of the home at night. On one floor, the staff member was required to monitor a person who regularly attempted to enter other people's bedrooms, however when they were required to deliver care to other people in their bedrooms, they were unable to monitor the person effectively.
- During this inspection we observed staff were able to respond to people promptly, to ensure their needs were met and they remained safe. People living at Burnt Tree Croft raised no concerns about the staffing levels, however a relative who visited the home regularly commented, "There's never enough staff for what they have to do. The staff do manage the best they can though."
- Staff regularly felt stretched and said they did not always have time to engage with each person as much as they wanted to. A staff member commented, "There's not enough staff. There's lots of sickness, so they're short-staffed a lot." Staff were confident there were enough staff to keep people safe, however they told us the staffing levels meant they could not perform their roles to the best of their ability and this impacted on their morale.
- The provider used safe recruitment practices when employing new members of staff. The registered manager was in the process of recruiting additional staff, so they could reduce agency staff usage within the home.

### Using medicines safely

- Improvements were required to the medicines management system, to ensure people always received their medicines as prescribed. We found staff did not always follow the administration instructions for people's topical creams. People's medicines records showed staff had administered additional doses of

topical creams to various people on up to four occasions during the month of this inspection.

- Medicines were ordered, stored and disposed of safely by staff.
- Staff were patient and respectful when they supported people to take their medicines. They offered medicines to people in a discrete manner to promote people's privacy and dignity.

Systems and processes to safeguard people from the risk of abuse

- The provider used appropriate systems to safeguard people from abuse. Staff received training about how to safeguard adults from abuse; they were knowledgeable about their responsibilities in this area. The registered manager made appropriate referrals to the local safeguarding authority, when required.

Preventing and controlling infection

- People were protected from the spread of infection. The provider had a policy which staff were required to follow to promote effective infection control practices. All staff received training in infection control.

Learning lessons when things go wrong

- The provider had suitable systems in place to learn from any accidents or incidents. All accidents and incidents were recorded by staff and analysed by the registered manager each month, to try to identify any themes or trends. This information was used to help reduce the risk of repeat events.



# 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 inspection completed on 16 June 2016 (published 19 July 2016), this key question was rated good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled; they carried out their roles effectively. Staff completed training in a range of different subjects to ensure they had the right skills and knowledge to deliver effective care. A person commented, "All the staff I've come across seem well-trained. When I've asked them for anything, they've always sorted it out pretty quickly."
- Staff gave mixed feedback about the quality of support they received from the provider and registered manager. Some staff told us their supervision meetings were not effective as they did not have opportunity to discuss anything or raise any ideas or concerns. We checked a selection of the home's supervision records and found some were very brief and did not evidence comprehensive discussions had taken place between managers and staff, to ensure staff were adequately supported and supervised.

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

- The provider used effective systems to ensure people's needs were assessed and kept under review. Staff assessed people's needs before they moved into Burnt Tree Croft and a detailed support plan was written for each person, to guide staff in how to care for them.
- People and their relatives were happy with the care they received at Burnt Tree Croft. A person commented, "I'm very happy with the care here."

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

- People's nutritional and hydration needs were met. When people required a special diet because of medical or cultural reasons, this was catered for. Kitchen staff were provided with information about people's dietary requirements and people's care records contained information about their dietary needs and preferences.
- A range of good quality food and drink options were provided. People were happy with the food and drinks on offer. People commented, "The food here is lovely. I get what I ask for, and, if they haven't got it, they get it in for you" and "I can't fault the food, there's always a couple of choices."

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 organisations to deliver effective care and support to people. Staff regularly requested input from community health professionals such as the GP and district nurses. This supported staff to achieve good health outcomes for people.
- Staff supported people to maintain their health. The community health professional visiting the home on

the day of this inspection told us staff made appropriate, timely referrals to their service and they acted on any advice they were given.

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

- The premises had been adapted to meet the needs of people using the service, including people living with dementia. Bathroom doors and doors to communal rooms had appropriate signage displayed on them.
- Further improvements could be made to the signage displayed within the home, in accordance with good practice guidance. For example, research into dementia friendly environments suggests directional signage that can be seen from all areas of the home can help to alleviate anxiety, and support people to navigate around the home more effectively.
- People were happy with the facilities available in the building and they had been supported to personalise their bedrooms, so they felt at home.

#### 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, whether any deprivations of liberty had the appropriate legal authority and whether any conditions on authorisations to deprive a person of their liberty were being met.

- Staff understood the importance of supporting people to make their own decisions. They obtained consent from people before care was delivered.
- People's capacity to make decisions had been assessed, when appropriate, to ensure staff worked within the principles of the MCA. Best interest decisions were recorded in people's care records, when necessary.
- The registered manager submitted DoLS applications to the local authority, to ensure restrictions on people's liberty were correctly authorised. When authorisations were granted or were made subject to conditions, people's care records were updated so all staff were aware of them. The registered manager had oversight of the authorisations in place and when they were due to expire.

# 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 inspection completed on 16 June 2016 (published 19 July 2016), this key question was rated good. At this inspection this key question has remained the same. 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

- Staff were kind, caring and compassionate and they treated people well. People commented, "The staff are very good. They do come in and chat. They are marvellous" and "I find the staff are caring. I don't want for anything."
- Staff demonstrated a good knowledge of people's personalities, individual needs and what was important to them. This supported staff to respect people's individuality and preferences. A person commented, "The staff all know me well. They are ever so good."
- Care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

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

- People and their relatives were involved in the assessment and care planning process, to ensure they remained involved in decisions about their care. A person commented, "I presume they have done a care plan. They [staff] did go through everything with me. They listened to me."
- People were afforded choice and control in their day to day lives. Staff asked them what they wanted to do during the day and where they would prefer to spend their time. We observed staff respected people's choices.
- Staff regularly communicated with people's relatives to ensure they were kept informed about their family member's care. A relative commented, "The communication is very good. I visit regularly so staff keep me informed of anything I need to know, but they telephone me as well if there are any issues."

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people's privacy and they treated people with dignity and respect. Staff knocked on doors and called out before they entered bedrooms or toilet areas.
- People were encouraged to maintain their independence. Their care records explained what they could do for themselves and what they needed staff to support them with. We observed staff provided people with appropriate encouragement and equipment to enable them to complete tasks for themselves.

# Is the service responsive?

## Our findings

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

At the inspection completed on 16 June 2016 (published 19 July 2016), this key question was rated good. At this inspection this key question has remained the same. 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

- People's support plans contained enough information about the support they wanted and needed. They contained information about any preferences people had about how staff should support them. This promoted the provision of personalised care to people.
- Staff knew people well and delivered care in accordance with people's preferences. People's care plans contained information about their life history and interests; this supported staff to build positive relationships and bonds with them.
- We observed staff were responsive to people's needs during this inspection. A person commented, "I am very satisfied with how I've been looked after here."

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.

- People's communication needs were assessed and met. Where people needed support with communication, this was recorded in their support plan so staff knew how to communicate effectively with them.

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 able to take part in different activities according to their interests. The provider employed two activity coordinators who arranged a programme of activities to keep people occupied and entertained. A person commented, "There are plenty of activities. I love the bingo, but I think everyone does!"
- Staff welcomed people's relatives and friends into the home to support people to maintain important relationships.

Improving care quality in response to complaints or concerns

- Complaints were appropriately recorded, investigated and responded to. The provider had a suitable complaints procedure, which was followed by the registered manager and staff.
- People and their relatives knew how to raise any issues or concerns with the registered manager and they told us they were confident any concerns would be acted upon.

### End of life care and support

- The provider had systems in place to support people at the end of their life to have a comfortable, dignified and pain-free death. People were given the opportunity to express how they would like to be cared for at the end of their life.
- Staff worked closely with community health professionals when providing care to people at the end of their lives, such as the GP and palliative care nurses. This helped to ensure people received consistent and coordinated support.

# 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 inspection completed on 16 June 2016 (published 19 July 2016), this key question was rated good. At this inspection this key question has been rated 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.

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

- Communication between the provider, managers and staff did not always ensure staff were made aware of any changes within the home. Staff told us the communication from management to staff needed to improve as they often found out about changes to the service from other staff members. Staff meetings did take place, however they were not regular enough to ensure staff felt they were kept informed about the development of the service. The registered manager told us they would introduce regular 'staff huddles' as a result of this feedback, to improve the communication between managers and staff.
- There were systems in place to allow staff to provide feedback about the service, however they were not always effective. Some staff said if they raised any ideas or concerns about the service, they were not acted upon and no changes were made to the service as a result. This impacted upon the staff's morale.
- People had opportunity to provide feedback about the service in several accessible ways. The provider had developed a dementia friendly questionnaire to support people living with dementia to engage in this process. Residents' meetings took place on each floor of the home, so people could provide feedback verbally.
- People living at Burnt Tree Croft and their relatives told us the registered manager was responsive to any feedback they gave. A person commented, "[The registered manager] does sort things out if you ask them to" and a relative told us, "The manager is good. If I've had something to say, the manager says, 'right, we'll get that sorted' and generally they do get it sorted."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 provider had policies and procedures in place that were designed to create a positive, person-centred culture, however we found the morale of the staff team was low due to a lack of effective communication between managers and staff. Despite this, staff told us they enjoyed their jobs and we observed they were keen to provide person-centred care to people.
- The provider had a policy in place to support staff to comply with the duty of candour. The registered manager did not have a comprehensive understanding of this policy which meant there was a risk it would not always be followed.

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

regulatory requirements; Continuous learning and improving care

- Staff were clear about their roles and responsibilities, though they told us they believed additional staff were needed so they could perform their roles to the best of their ability.
- There were systems in place to monitor the quality and safety of the service, however these systems needed to be properly embedded to ensure areas of improvement were always identified. For example, prior to this inspection staff had been directed to check topical medicines records had been completed twice per day, however these checks had either not been completed or had not identified staff were not always following the administration directions correctly. Other audits had identified where improvements were needed and these had been acted upon.
- The registered manager pro-actively provided information to CQC following significant events at the home, as required by the regulations.

Working in partnership with others

- The service worked collaboratively with a range of different health services to help make sure people received the right support.