

Burlington Care (Yorkshire) Limited

York House

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

York House is a purpose-built care home providing personal care to 35 people at the time of the inspection. The service can support up to 36 older people, some of whom are living with dementia. The home stands in its own grounds with an enclosed garden and car parking.

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

We found one breach of the regulations in relation to medicine management. Medicines were not always safely managed.

People and their relatives were positive about the service and the care provided. The recruitment of staff was safe and staff received induction and undertook mandatory training.

Staff were kind, caring and compassionate. The home was welcoming and friendly. It was clear people and staff had formed good relationships. People and relatives were involved in decision making. Staff respected people's privacy and dignity.

People told us they thought the food was good. People were cared for by staff who knew how to keep them safe and protect them from avoidable harm. There were suitable and sufficient numbers of qualified staff to support people in line with their assessed needs.

Staff were responsive to people's needs and wishes and knew people well. People were offered choices and encouraged to remain independent. People's views were sought and action taken to improve the service from these.

The registered manager was proactive and visible within the home. They operated an open-door policy. People, relatives and staff knew them well.

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 provider was working within the principles of the Mental Capacity Act.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 9 October 2018). The service remains rated requires improvement. This is the second time the service has been rated requires improvement.

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 enough improvement had not been made and the provider was still in breach of regulations.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Enforcement

We have identified a breach in relation to safe care and treatment at this inspection. You can see what action we have asked the provider to take at the end of this full report.

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 findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

York House

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

The inspection team consisted of an inspector and an assistant inspector. Day two of the inspection was carried out by an inspector.

Service and service type

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

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

Notice of inspection

Day one of the 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. 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 four people who used the service and one relative. We spoke with the registered manager,

the operational manager and eight members of staff including senior care assistants, care assistants, administrator, cook and laundry assistant. We also spoke to three visiting healthcare professionals.

We carried out observations in the communal areas of the care home. We reviewed a range of records. This included two people's care records in detail, one person's care records in a specific area and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were also reviewed.

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.

Using medicines safely

- Where people were prescribed medicines to take 'as and when required' (PRN) more detailed information was required to guide staff on when to administer them. We found one person did not have a PRN protocol in place for a medication.
- People did not always receive their medicine as prescribed. We completed a check of the medicine administration records (MARs) and carried out an ad hoc stock count. We found there were five consecutive days whereby one person had been administered one PRN tablet instead of two and they had 13 tablets remaining when MARs indicated there should have been 14 tablets. There was one occasion another person had been administered 2.5ml of medicine instead of 1.5ml and a further person had been administered their morning medicine but this had not been recorded on their MARs.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate medicine was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (g) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We raised our concerns with the registered manager and deputy manager who took immediate remedial action. Medical advice was sought regarding the wrong dose administered from a healthcare professional and their advice was followed. There was no adverse effect for the person. Additional auditing measures were also introduced to address our concerns.

- Training records confirmed that staff had received training on the administration of medicines and had their competency regularly assessed. However, we found one member of staff's competency had very recently expired. We spoke with the registered manager who immediately arranged for a medicine assessment to take place.
- People had individual medication administration records (MARs). We found action plans were put in place and acted upon for areas of concern identified through the audit process.

Staffing and recruitment

At our last inspection the provider had failed to ensure there were sufficient numbers of suitably qualified, competent, skilled and experienced staff deployed to meet people's care and treatment needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

- The registered manager used a dependency tool to help determine the numbers of staff required and rotas showed the number of staff identified as being required, were deployed. We asked people and a relative whether there were enough staff and received mainly positive responses. Comments included, "Yes, there seems to be enough staff. I can always find someone to talk to" and "Staff do well to say they have busy times." However, a visiting healthcare professional told us they sometimes had to wait for staff to become available.
- Some staff we spoke with told us it was hard when someone phoned in sick and the service was short staffed until cover was provided. They also said some days were busier than others. Another staff member said they sometimes missed their break in order to support a person when other staff were busy. However, they also said they were happy to do this and felt people were not impacted. We did not observe people having to wait to be supported during our inspection and call bells were answered in a timely manner.
- The service rarely used agency staff which helped to provide consistent service delivery for people living in the home. Staff said they covered for colleagues if needed but were never under pressure to do so.
- Recruitment practices were of good quality and suitable people were employed.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure appropriate risk reduction plans and the recording of the use of equipment were in place. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- People had a number of individual risk assessments which were relevant to their specific physical and psychological needs, including, where appropriate the use of assistive equipment. These covered areas such as nutrition, falls, dehydration and manual handling.
- Risks were reviewed regularly to ensure people were supported to have as much control and independence as possible.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. A person said, "I've never felt unsafe here." A relative told us, "It seems to be safe. There are always staff here."
- Staff were aware of the different types of abuse and understood their responsibilities in reporting any concerns they may have.
- The registered manager reported any concerns in accordance with requirements.

Preventing and controlling infection

- People were provided with hand wipes to clean their hands before and after mealtimes.
- Staff observed good infection control practice by wearing personal protective equipment such as gloves and aprons when assisting people.
- We identified a piece of moving and handling equipment was not clean and there was a malodour on an upstairs corridor. We raised these observations with the registered manager for remedial action to be taken.

Learning lessons when things go wrong

- There were monthly reviews of all accidents and incidents to ensure appropriate action had been taken at

the time, and whether any changes needed to occur in care delivery or the use of different equipment. Any patterns in terms of type or person affected were considered to ensure all risks had been minimised as far as possible.

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 last inspection this key question was rated as requires improvement. At this inspection this key question has now improved 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

- Care records included a detailed preadmission assessment. This included information about people's wishes, choices and the support they needed. This would help ensure the home could meet people's needs. These assessments were used to develop care records and risk assessments.
- People's care and support needs were reviewed monthly or when people's needs changed with people or where appropriate, their representative.
- People told us their support needs were met at the home. A person told us, "I often don't need to ask for much as they [staff] already know what I need."
- Staff knew people well. They had access to electronic up to date care records and got to know people's changing needs through good communication within the staff team and at daily handover.

Staff support: induction, training, skills and experience

- New staff completed a three-day in-house induction, followed by a period of shadowing more experienced staff. Staff were supported to complete the care certificate. The care certificate is an identified set of standards that health and care professionals adhere to in their working life.
- Staff had the skills, knowledge and experience they needed to carry out their roles effectively. A relative told us, "Yes, staff seem well trained."
- Records showed staff completed a range of training the provider considered mandatory which was up to date.
- Regular staff performance conversations were held throughout the year with the management team to support staff to develop in their roles. Staff received annual appraisals.

Staff working with other agencies to provide consistent, effective, timely care

- Information was shared with other agencies if people needed to access other services such as hospitals. For example, the provider participated in the 'Red Bag' scheme initiative which gives reassurance to people they have everything they need with them when they are admitted to hospital. The bags also provide hospital staff with up-to-date information about a person's health.

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

- We found people's nutritional needs were met. Food was stored and prepared safely. The home had received a five-star food hygiene rating. Five is the highest score available.
- People told us the meals were good and there was always plenty to eat and drink. Comments included, "The food is pretty good" and "The food is fine. It varies from time to time, its tasty. The roasts are nice."

However, another person said, "They don't tell me what's for lunch."

- We observed a lunch time meal. The lunch time food was home cooked and looked appetising and was served in a relaxed atmosphere. People were given time to eat at their own pace and seemed to enjoy their meal.
- People could help themselves to cold drinks, readily available in lounges and their bedrooms. Regular hot and cold drinks were also served throughout the day.

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

- The design and layout of the building was appropriate for the needs of the people who lived there. All bedrooms were en-suite.
- We saw some bedrooms were personalised and contained pictures and photographs of things that were important to people.
- Secure outdoor spaces were accessible for people to use if they so wished.

Supporting people to live healthier lives, access healthcare services and support

- Records showed people had access to external health professionals and we saw this had included GP's, district nurses, chiropodists, dentists, and speech and language therapists. A visiting healthcare professional found one person had not had their personal care needs met as expected. We informed the registered manager to enable further monitoring to take place.
- Oral care plans were in place for people where appropriate. The registered manager told us some people were on a waiting list to register at a local dentist for routine dental care.

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.

- Where people were deprived of their liberty, the registered manager worked with the local authority to seek authorisation for this to ensure it was lawful.
- The care records we looked at contained appropriate and person-specific mental capacity assessments. These ensured the rights of people who lacked the mental capacity to make decisions were respected.
- Staff had received appropriate MCA and DoLS training and could explain what it meant.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; policies and systems in the service supported this practice.
- Care records were developed with people and where appropriate, their authorised representative. We saw consent had been sought for people to receive care and treatment.

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 last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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 supported by staff who were kind and considerate. A person told us, "I like it here." Another person said, "It's a lovely place."
- We observed staff interacted with people in a kind and sensitive manner. People seemed relaxed and comfortable in the company of staff. We saw staff were caring and took a genuine interest in the people they supported. A member of staff told us, "It's a lovely home and I love my job. When I know people are happy with my performance, it means so much to me to feel that I have helped someone." A visiting healthcare professional told us, "Everything is alright here. It's a nice friendly home".
- All staff we spoke with were knowledgeable of people's likes and dislikes and it was clear staff knew people well. There was laughter and friendliness observed between staff and people throughout the inspection.
- Everyone we spoke with was positive about the staff and managers. A person said, "I think the staff are very caring."
- Through talking with staff and reviewing people's care records, we were satisfied 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's care was tailored to meet their individual preferences and needs. People looked well cared for, clean and tidy.
- People we spoke with were happy with the care that was offered to them by staff and informed us that staff considered their preferences and respected their choices.
- The registered manager understood when advocacy services would be appropriate and they knew how to access this. An advocate is a person who can speak on another person's behalf when they may not be able to do so, or may need assistance in doing so, for themselves.

Respecting and promoting people's privacy, dignity and independence

- Staff understood it was a person's human right to be treated with respect and dignity and to be able to express their views. We observed all staff consistently spoke to people at eye level to engage fully with the person and give them their undivided attention. Staff were consistently polite, courteous, engaged and treated people respectfully.
- Staff respected people's right to privacy. We observed staff knocking on bedroom doors and asking if they

could enter people's bedrooms.

- People were supported to remain independent. A person told us, "If I need help with washing, [staff] help me."
- People were able to maintain contact with those important to them. We observed visitors were greeted in a warm and friendly manner and it was clear staff knew them well. A person told us, "My friends and family come to see me."
- People's private and confidential information was stored electronically.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved 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 records were person centred and contained sufficient information for care staff to be able to meet people's assessed need. For example, we saw one care record detailed staff needed to reassure and encourage a person with their personal care rather than do this for the person. This meant staff had clear information on the person's individual preferences.
- Records included important information about the person, such as contact details, personal history and living arrangements.
- Staff were knowledgeable about people's likes and dislikes.
- During our inspection we heard a person telling a member of staff they fancied an ice cream. We saw the afternoon tea trolley included ice cream and cones and everyone was offered this additional choice.

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 registered manager was not aware of the AIS. However, we found the principles of the standard were followed in some areas of the home. For example, menu options were displayed in a picture format to help people choose what they would like to eat and audio books for people to listen to. We discussed the requirements of the AIS and will check that this has been progressed at the next inspection.

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

- York House had an activity organiser. A weekly activity planner was displayed on both floors within the home and detailed the planned activities for each day. Activities included day trips, shopping trips, films, games, reminiscence quizzes and rummage boxes and boards.
- Feedback from people about the activity's organiser was mainly positive. Comments included, "I never get bored, I'm usually doing stuff" and "We make some lovely things with [activity organiser], they have helped me a lot. The things I have made are in my bedroom." However, a person told us, "I get bored all the time but I went to Blackpool last week."
- Children from a local primary school and children from a child-minding group regularly visited the home and spent time playing games, arts and crafts and singing with people. The registered manager told us feedback from people had been extremely positive.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. A copy of which, along with details how to make a complaint, was available for people and visitors in the reception.
- We saw there were a mixture of formal complaints and informal concerns recorded on the complaints register for this year. We saw these were investigated appropriately and responded to.
- People and their relatives told us they felt could raise concerns with the staff and senior management team if they had anything they wanted to complain about. They also said they felt they would be listened to and any concerns would be addressed appropriately.

End of life care and support

- People were supported to make decisions about their practical preferences for end of life care. However, we found some care records recorded limited person-centred information relating to end of life wishes. We discussed these findings with the registered manager who was receptive to working towards respectfully gathering information to enable person-centred care to be provided at the end of a person's life.
- The home had recently received a written compliment regarding the quality of end of life care provided by the registered manager and staff, which stated, 'Thank you for your love and care you gave to [Person]. All your efforts were very much appreciated'.

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. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider had failed to ensure there were systems and processes in place to ensure compliance with the regulations. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

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

- During the inspection we found that systems and processes were not fully established and operated effectively to ensure the service was meeting the fundamental standards in terms safety. As identified earlier in the report, medicines were not always managed safely. The registered manager was not aware of their responsibilities in relation to the Accessible Information Standard.
- Audit processes were in place to monitor the quality of the service. For example, care plan audits and bedrails and bumpers audits. When issues had been identified, action had been taken to make improvements. However, we found concerns regarding medicines management as identified earlier in our report had not been identified through the existing checking processes and quality audit systems.
- Providers are required by law to notify us of certain events in the service and records showed we had received all the required notifications in a timely manner.
- The registered manager understood their legal requirements. They were open to change, keen to listen to other professionals and seek advice when necessary.

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

- There was a registered manager in post who provided leadership and support. They received support from a deputy manager. We found the management team open and committed to making a genuine difference to the lives of people living at the service.
- The registered manager had an 'open door' management approach which meant they were easily available to people, relatives and staff.
- All staff we spoke to were extremely positive about the senior management team and told us they felt supported by the registered manager. Comments included, "[Registered manager] is good. She always listens to us", "She is really good. She is fantastic" and "It's the best team I have ever worked with."

- There was a positive atmosphere at the home. We saw people and staff interacting with each other throughout the day and enjoying each other's company.

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 understood their responsibility relating to the duty of candour and evidence showed they acted accordingly and in line with requirements.

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

- Feedback from people and relatives was sought via a survey. Positive feedback about the quality of care was received. Actions taken from feedback received were shared with people and relatives using a 'you said, we did' theme.
- Staff meetings were held regularly. Staff told us they had plenty of opportunities to provide feedback about the service. However, we found the provider did not seek formal feedback from staff.
- The service had received several thank you cards which contained numerous positive comments from relatives about the service.

Continuous learning and improving care

- There was an open culture where staff were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to people.
- The home had appointed 'champion' staff roles, for example medicine and infection control champions. These staff members were responsible for becoming knowledgeable about their topic and sharing information with the rest of the staff team.
- The registered manager told us they attended good practice events provided by the local authority.

Working in partnership with others

- People benefitted from the partnership working with other professionals, such as GPs, nurses and a range of therapists.
- The registered manager had forged good links for the benefit of the service with the local community. For example, people regularly attended a local dementia café. Initial discussions had also been held with a local supermarket store which was looking into their staff members volunteering and providing companionship visits to people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The management of people's medicines was not always safe.