

## Burlington Care Limited

# The Limes

### Inspection report

Scarborough Road  
Driffield  
Humberside  
YO25 5DT

Tel: 01377253010  
Website: [www.burlingtoncare.com](http://www.burlingtoncare.com)

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

The Limes is a care home which provides accommodation and personal care for those who may have dementia or a physical disability. The service can support 97 people in one adapted building, with a separate unit for people living with dementia. At the time of the inspection 75 people were using the service.

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

People were not always receiving a service that provided them with safe, effective, well led care. We received mixed feedback from people about their experiences at the service. Some people's experiences were positive, however other people did not experience this same level of care or support.

Risks to the health and safety of people were not consistently monitored and mitigated. This included risk associated with catheter care and individual health conditions. Staff had not always had sight of people's care plans or risk assessments. Medicines were not managed safely.

There was insufficient staff to meet people's needs. People and staff reported delays in providing care due to staff shortages. The tool used by the provider to calculate staffing levels did not always contain accurate information about people's support needs.

Staff moral was low and staff did not always feel supported or listened to. Staff did not always benefit from training and constructive supervision to support them in their role.

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 mealtime experience for people was poor and did not always follow best practice. People and staff gave negative feedback about the meals provided.

The provider lacked the appropriate systems and processes to drive forward improvements in a timely manner. The provider's own systems of oversight had not identified the concerns we found during the 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 18 October 2017).

### Why we inspected

The inspection was prompted in part due to concerns received about medicines, staffing and management oversight. A decision was made for us to inspect and examine those risks.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment, staffing and management oversight at this inspection. We have made a recommendation about the mealtime experience at the service.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from 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 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service effective?**

The service was not always effective.

Details are in our effective 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** ●

# The Limes

## 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

Two inspectors, a specialist advisor and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. A second Expert by Experience made phone calls to people's relatives. The specialist advisor looked at medicines.

#### Service and service type

The Limes 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. The Limes is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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. We sought feedback from the local authority. 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 the registered manager, deputy manager, team leaders, head of housekeeping, and care workers. We spoke with nine people who used the service about their experience of the care provided and ten relatives. We reviewed a range of records. This included seven people's care records 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 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.

#### Following the inspection

We continued to seek clarification from the provider and registered manager to validate evidence found. The registered manager sent us further information which included a variety of records relating to the management of the service, including staff training records, policies and procedures.

# 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 good. At this inspection the rating has changed to 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; Learning lessons when things go wrong

- Risks to people's health and wellbeing were not always appropriately assessed and monitored. Care plans and risk assessments were not always in place to inform staff about people's health needs and the risk associated with them.
- Safety issues had not always been identified or addressed in a timely manner. We found shortfalls with some fire doors which the provider's safety checks had not identified.
- The registered manager implemented a risk assessment to address the faulty fire doors at the service. However, this lacked detail on which doors required more regular checks.
- Accidents and incidents were monitored and reviewed. However, themes were not always identified within this monitoring to address and prevent reoccurrence.

Whilst we found no evidence people had been harmed, people were placed at risk of harm by the failure to assess and mitigate risks to people's health, safety and wellbeing. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- People's medicines were not always administered safely. For example, one person was receiving regular doses of a medicine that was prescribed as a 'as and when' required medicine. We found staff continued to administer this medicine twice a day. The service was unable to find the prescribers information to show why this medicine was been given on a regular basis.
- Guidance and records were not always in place to support the safe administration of topical medicines. Medicines trained staff were signing to show administration however, they had not applied this medicine or received confirmation from care staff that it had been given.
- Protocols for 'as and when required' medicines did not contain sufficient details to inform staff how and when these medicines should be given.
- Staff did not always complete medicine records to show the safe administration of medicines.

Whilst we found no evidence people had been harmed, however people had been placed at risk of harm as a result of the issues we found. This was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The registered manager told us they had commenced an investigation in relation to the concerns found with medicines.

### Staffing and recruitment

- People and staff did not feel there was enough staff. Comments included "Staffing levels are really bad, we are rushed all the time", "Staffing levels are a problem" and "I think they'd be a lot better off if they had some more staff on."
- The service used high amount of agency staff to support staffing shortfalls. At times these staff lacked knowledge of people's needs, putting people at risk of not receiving care in line with their preferences.

We recommend the provider considers reviewing the deployment of staff at the service and update their practice accordingly.

- Recruitment processes were safe. Pre-employment checks were performed on staff to ensure they were suitable to work at the service.

### Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to ensure that people were protected from abuse. Referrals to the local safeguarding team were completed in a timely manner.
- Staff received safeguarding training and were aware of the action to take to ensure people were safeguarded from abuse.
- People told us they felt safe at the service. One person told us "Oh yes, very safe here, it's a very nice place to stay". Another person told us "It's very nice here, they're all very good. The place and the people make me feel safe, they're all very nice."

### Preventing and controlling infection

- Staff did not always ensure PPE was used effectively and safely. We observed staff wearing their masks under their noses.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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.

### Visiting in care homes

- The provider was facilitating visits in line with guidance.



# 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 outstanding. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff were not sufficiently supported in their role to access training to enable them to meet people's needs. The provider's training matrix demonstrated staff were not fully up to date with their training. Some staff training was six months out of date. Staff confirmed this. Staff told us training had to be completed in their own time and this was sometimes difficult when working long hours. Following the inspection, the provider told us staff were paid for the training undertaken and were supporting staff to complete training during working hours.
- Staff were not always trained in all areas relevant to the needs of the people they supported, such as diabetes and catheter care.
- Staff received limited supervision to support them in their role. Many staff did not know how frequent their supervisions were meant to be. The provider had not followed their own policy in relation to the supervision of staff. The policy stated supervision needed to be completed every 12 weeks and this was not always completed.

The failure to ensure staff received sufficient support, supervision and training was a breach of Regulation 18, (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- People's lunch time experience was observed to be inconsistent across the two units. Best practice was not being followed including a lack of choice and poor practice when supporting people with their meals.
- Staff did not always recognise where people needed assistance with their meals.
- Staff told us that there was a lack of choice for people who required a specialised diet.

We recommend the provider consider current guidance on mealtime experiences for people and take action to update their practice accordingly.

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

- Care plans and risk assessments were generic and did not reflect people's diverse needs. Care plans and risk assessments for people's specific health conditions were not always available or did not contain adequate information.
- People's daily monitoring records were not always accurate or completed consistently.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People were supported to access health care services such as doctors and district nurses.
- There were records of contact with health professionals which indicated referrals were made and visits arranged where needed by health services. However, it was not always evident their advice or actions were followed up by staff.

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

- The environment did not always follow best practice and the use of dementia friendly signage could have been improved to help guide people within the units.
- Areas of the service required refurbishment. The provider had identified this within their quality assurance monitoring.
- The building was adapted to meet people's needs. Some people's bedrooms were homely and personalised.

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.

- Peoples capacity to consent to care and treatment had been considered in line with the Mental Capacity Act 2005.
- Where best interest decisions had been made, documentation was not always fully completed to show what discussions had taken place in relation to people's care and treatment.
- Staff gained consent from people before providing any care and 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 our last inspection we rated this key question good. At this inspection the rating has changed to 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Governance systems had failed to identify and address the shortfalls found at inspection. When monitoring systems had identified minor areas for improvement, appropriate and timely action had not always been taken to address this.
- The provider and registered manager lacked oversight of staffing levels and staff deployment to ensure people's needs were being met.
- Records required further improvement to ensure they captured and reflected people's care and support had been delivered in line with their care plan. For example, daily charts and medicine records were not reliable to confirm care had been delivered.
- Documentation was not always completed, clear or available. For example, food and fluid charts were not always completed correctly and where care plan audits identified gaps, these were not always promptly addressed.

Failure to maintain accurate, complete and contemporaneous record and assess, monitor and improve the quality and safety of the service was a breach of Regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The service did not always work in line with its values. People were not always encouraged to be independent and join in activities where they were able.
- People did not always feel involved in the running of the service.
- Staff did not feel listened to, valued or supported. Some staff expressed they did not always feel people safety was considered. Staff comments included, "Sometimes they listen sometimes they don't", "There is no control or boundaries. The care staff are under appreciated" and "The staff moral is low."
- We received mixed feedback about the service and management team. One relative told us, "There are different levels of care depending on which staff are in. The level of care is inconsistent." Another told us, "There is a good atmosphere and if I ring up staff are always attentive and informative."
- The provider understood their role in terms of regulatory requirements. For example, notifying CQC of events, such as safeguarding's and serious incidents as required by law

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The leadership and governance of the service did not support the delivery of person-centred care. Staff told us they did not have the time to read care plans and risk assessments to ensure they provided care appropriately.
- The management team worked closely with other agencies and professionals when required to meet people's needs.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to ensure the safe management of medicines and appropriate risk management was in place regarding the environment.</p> <p>Regulation 12 (1) (2) (a),(b),(d),(g)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to have sufficient oversight of the service and have systems in place to drive forward improvements.</p> <p>Regulation 17 (1) (2) (a) (b) (c) (d)(ii)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider failed to ensure there was sufficiently trained and supported staff, who were effectively deployed to meet people's needs.</p> <p>Regulation 18 (1) (2) (a)</p>