

# Burlington Care Limited

# Southlands

## Inspection report

15 Hobman Lane  
Hutton Cranswick  
Humberside  
YO25 9PE

Tel: 01377270271

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

Date of inspection visit:  
10 January 2023

Date of publication:  
21 February 2023

## 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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Southlands is a residential care home providing accommodation and personal care for up to 48 older people who may be living with dementia or a physical disability. At the time of the inspection, 29 people were using the service.

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

The provider had systems in place for oversight and monitoring the safety and quality of the service which under the new manager had resulted in improvements. However, these improvements were on-going and further work was required regarding the deployment of staff and activities for people. The provider was actively recruiting to support this.

Risks to people's health and safety were identified and records had been updated to reflect these. This ensured staff had up to date information about people they required. Fire safety processes had been improved and regular checks were consistently completed to ensure staff knew the correct action to take to support people in the event of a fire. People's medicines were managed safely and lessons learnt were acted upon, shared with staff and put in to practice.

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.

People were supported by kind and caring staff. Staff felt more supported by the new manager and were receiving regular training to support them in their roles. People's dining experiences and improved and staff were aware of people's specific dietary needs. Relatives felt people's wellbeing had improved due to the improvements made at the service.

Improvements already made, required time to be embedded across the service. The new manager was aware of further improvements that were needed and they were committed to making positive changes.

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 and update

The last rating for this service was inadequate (published 01 November 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 01 November 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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.

### Follow up

We will request an action plan and meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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 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 not always responsive.

Details are in our responsive 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** ●

# Southlands

## 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 carried out this inspection. An Expert by Experience sought feedback from people's families by telephone. 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

Southlands 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. Southlands 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 not a registered manager in post. A new manager had been recruited and intended to register with CQC.

#### 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 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 the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with the manager, 2 senior care workers and 4 care workers. We spoke with 2 people who used the service about their experience of the care provided. We spoke with 6 relatives via telephone. We reviewed a range of records. This included 4 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service 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.

# 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 inadequate. 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.

### Staffing and recruitment

At our last inspection the provider had failed ensure sufficient numbers of skilled and competent staff were deployed within the service. This was a breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff, people and their relatives felt the staffing levels were improved. However, they also felt this could be further improved. Comments included, "There's a more stable staff team now, however on a weekend there is less staff" , "Staffing has improved, but we still need more to be able to spend more time chatting to people" and "We have got some new staff which has helped, but we do need more."
- The provider was using a dependency tool to assess staffing levels and looking at how the deployment of staff within the service could be improved.
- Further improvements were needed with staffing levels to support the domestic side of the service. The provider was still recruiting further staff to support this.
- The provider had recruited a number of new staff since the last inspection. This had reduced the number of agency staff used by the service and provided people with a more consistent staff team.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to assess risks to people and appropriately mitigate identified risks. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Fire safety had improved. All staff had up to date training and had attended a recent fire drill. Further fire safety checks had been implemented to ensure any risks were identified and mitigated.
- Risks to people health conditions were identified, recorded and reviewed. Care plans contained information to reduce and mitigate risks related to people's health conditions.
- People with on-going skin damage received regular positional changes which were recorded. Assessments were completed for people to determine the level of risk related to their skin condition and to ensure staff

were aware of the support required.

#### Using medicines safely

At our last inspection the provider had failed to ensure the safe management of medicines. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People received their medicines as prescribed.
- Staff received training in the administration of medicines. This included completing a competency assessment before being able to administer medicines without supervision.
- Records relating to people's administration of topical medicines were in place and monitored to ensure these were administered as prescribed.
- Care plans relating to people's medicines had been reviewed and contained the correct information.
- The provider and manager regularly monitored medicine records completed by staff. This enabled the management team to identify further development needs for staff and embed best practice.

At the last inspection we recommended the provider reviews and updates their recruitment processes to ensure robust staff recruitment records are in place.

- Recruitment was safe and robust. Records showed appropriate checks had been completed prior to staff commencing their employment.

#### Preventing and controlling infection

At our last inspection the provider had failed to ensure effective infection control practices were followed. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Whilst some improvements had been made with the cleanliness of equipment and furniture, further improvements were required to ensure that areas of the environment could be effectively cleaned. The provider was aware of these areas and an action plan was in place to replace carpets and flooring.
- Due to the lack of domestic staff some areas of the service were untidy and not maintained to a satisfactory standard.

#### Visiting in care homes

- The service ensured that current government guidance and best practice was adhered to and ensured people visiting the home did so safely.

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

- People and their relatives felt the service was safe. Comments included, "I like it here, I feel safe" and "Yes, I am safe here."
- Staff understood their role in protecting people from harm and abuse.
- The provider has systems and processes in place to safeguard people. Referrals to external agencies were made appropriately.



### Learning lessons when things go wrong

- Accidents and incidents were monitored, reviewed and analysed by the provider to look for themes and trends. Lessons learnt were recorded and shared across the staff team.

# 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.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed ensure staff received appropriate support, training and development. This was a breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18

- Staff had received relevant training to carry out their roles effectively. Records showed, and staff confirmed that they had completed training in relation to people's health conditions. Comments from staff included, "We have done lot of training recently, including face to face training, including, moving and handling and diet and nutrition" and "The nutrition training was really good and we have mental health training this week."
- The provider and manager were arranging a variety of face to face training to further enhance staff knowledge to support their role.
- Staff felt more supported within their role. All staff had received a supervision from the new manager and further meetings were planned to ensure staff support was maintained. The manager was addressing yearly appraisals for staff.
- Newly recruited staff completed an induction program to help them understand their role and responsibilities and to support them getting to know people and their needs.

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

At our last inspection the provider failed to ensure people's nutritional needs were met. This was a breach of regulation 14(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 14.

- Improvements had been made to make people's mealtime dining experiences more flexible. People now received meals at times appropriate to the day and their needs. For example, breakfast was more organised and coordinated ensuring people were offered breakfast in bed if they declined to attend the dining room.

- People had a variety of choice regarding their meals, staff offered second helpings and confirmed with people they had finished their meals before removing their plates.
- The cook and staff were fully aware of people's dietary needs and ensured that there was plenty of choice to support people's diverse needs. A picture menu had been developed to support people to make informed choices regarding the food and drinks they wanted.

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.

At our last inspection the provider failed to ensure the effective oversight of safeguards for people deprived of their liberty placed people at risk of their rights not being upheld. This was a breach of regulation 13(5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- The provider had completed a full review of people who lacked capacity and who were deprived of their liberty. Appropriate authorisations were in place and this was reflective within people's care plans.
- Care plans contained information of people's mental capacity status: Where specific conditions were in place for people, relating to restrictions, these were recorded and adhered to.
- Staff sought consent from people prior to providing care and showed understanding of the importance of this.

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

- The manager and staff were working with health professionals to ensure people received timely support when needed.
- The manager had implemented a new system to support effective communication from health professionals visiting the service. Health professionals were asked to complete a record of their visit and include any advice given, this ensured staff were able to provide appropriate care for people's health needs. Two health professionals told us, "We can really see the improvements, it's like a different service."
- Care plans contained information and advice from health professionals to inform staff on their advice.

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

- Some areas of the service required updating. Flooring in some communal areas required replacing. The provider had identified this and this was action planned to be replaced.
- Peoples rooms were personalised and homely.

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

- People's assessments formed part of their care plan and the care plan was developed over time as staff got to know people and their needs, these were updated regularly and reflected people's needs.
- Best practice guidance was used to support assessments of people needs.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed 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 received care and support to meet their diverse needs.
- Staff were kind, calm and attentive to people's emotions and support needs. For example, when staff were supporting people who were distressed, their interactions enabled people to become calm and accepting of the support required.
- Staff knew people well and felt improvements within the management and leadership of the service was having a positive impact on people's wellbeing. One staff told us "Everyone is feeling more valued, the people are getting more attention and they are much happier."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Staff included people in decisions about their care, however, at times staff missed opportunities to offer choice. The provider completed regular audits to monitor dignity and respect which had identified missed opportunities from staff to offer choice and this was addressed with staff.
- The provider and manager were in the process of reviewing care plans and people's relatives were invited to contribute to them. A relative told us, "We've been fully involved in her care review and they [manager] keep us informed. Previously they didn't always let us know when something happened."
- People felt respected and told us staff maintained their privacy. One person told us "They [staff] know what I like and when I like to be left alone. I don't like them touching my things and they [staff] respect that."
- Relatives also told us staff were caring and had noticed improvements within the service. Comments included, "It's better now since the new manager's taken over. They've got more staff and [relative name] is more confident with the staff", "There are some wonderful staff and they do their best to care for [relative name]" and "We've got a very good staff now; we've got new staff, there's a nicer atmosphere and everybody's pulling together as a team."

# 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. The rating for this key question has remained requires improvement. This meant people's needs were not always met.

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

At our last inspection the provider failed ensure care was personalised and met people's needs, placed people at risk of not receiving appropriate support to meet their needs. This was a breach of regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Whilst there had been improvements to peoples care records, staff did not always naturally recognise or respond to people's personal care needs. For example, we observed 2 people who had been supported with personal care and not received adequate nail care. We highlighted this to staff and they took immediate action.
- Care plans were person centred, reviewed regularly and contained detailed information about peoples, likes, dislikes and preferences.
- A newly appointed activities co-ordinator was working with people and their relatives to identify activities they would like to complete. Some people had taken part in activities and the manager recognised more support with activities were required and was actively addressing this.

### End of life care and support

- During the inspection a visiting relative expressed concern about the end of life care of their relative. The manager immediately addressed this and updated the persons care plan to ensure staff took appropriate action.
- Staff had received training in end of life care and demonstrated a good understanding of how to plan, record, support and deliver people's end of life wished

### 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 accessible formats. The provider had introduced further accessible information to support people to make informed choices.
- People's communication needs were clearly recorded within their care plans.

#### Improving care quality in response to complaints or concerns

- People and their relatives felt there had been improvements at the service since the new manager arrived and were confident that if concerns were raised, they would be responded to appropriately.
- All complaints were logged and the provider followed systems and processes in place to address these.

# 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 inadequate. 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

At the last inspection the provider had failed to implement and operate effective systems to maintain the safety and the quality of the service placed people at risk of harm and of receiving a poor-quality service. This was a breach of regulation 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Governance systems were in place to monitor the quality of the service. Where actions had been identified they had not always been completed in full before been signed off as completed. The provider and manager were aware of this and were regularly reviewing all systems, to ensure actions were fully completed. This had supported them to continue improving the service.
- The provider was taking a pro-active approach to address gaps in oversight of the service delivery. The manager was able to demonstrate action they had already taken to improve the service and embed new ways of working.
- Where concerns had been identified at the last inspection, appropriate planning and action had been taken. This included improvements to fire safety, record keeping, activities and staffing. In addition to this, new systems of working and enhanced training for staff had supported the service improvement. Any further identified concerns or issues at the service were detailed on the providers on-going action plan with clear timescales to be addressed.
- Staff felt the new manager was supportive and spoke positively about them. Comments included, "They [management team] are approachable and have engaged with me a lot. They [management team] ask me how people are and ask for my feedback and they check it out and act, if needed" and "The service is more organised, and communication is so much better. There is a more positive atmosphere, and this is down to the new manager. I am confident if manager stays, improvements will continue."

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

- Improvements were needed to enhance partnership working with external agencies. The service had implemented a system to support effective communication and information sharing with professionals. This was to support people to receive holistic, person centred care.
- The manager was positive about the improvements made so far at the service and was passionate about continuing to make further improvements.



- People and their relatives spoke positively about the improvements made at the service and explained how the new manager was enhancing people's wellbeing. Comments included, "The new manager is very transparent, very approachable. They [manager] are easy to approach, very proactive and acts on things" and "It's a better place since the new manager took over. They [manager] are easy to talk to and I think that now it's a friendly and well organised place."

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

- People and staff felt more involved in the service. Meetings were held to share information and give opportunities for people and staff to give feedback to the manager.
- The manager worked in an open and transparent way when incidents occurred at the service in line with their responsibilities under the duty of candour. This meant they were honest when things went wrong.
- Relatives told us that they were informed if there were incidents or accidents involving their loved one.