

Burlington Care Home Care Home Service

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Type of inspection:

Announced

Completed on:

21 July 2020

Service provided by:

Guthrie Court Limited, a member of the
Four Seasons Healthcare Group

Service provider number:

SP2005007863

Service no:

CS2019377885

About the service

This was a focused inspection to evaluate how well people were being supported during the COVID-19 pandemic. We evaluated the service based on key areas that are vital to the support and wellbeing of people experiencing care during the pandemic.

This inspection was carried out by inspectors and advisers from the Care Inspectorate, Health Improvement Scotland and a public health representative.

The service was registered with the Care Inspectorate on 14 February 2020.

Burlington Care Home is registered to provide care and support to a maximum of 90 older people. At the point of inspection, there were 55 residents living in the home. The provider is Guthrie Court Limited, a member of Four Seasons Healthcare Group.

The home is situated in the Queenslie area of Glasgow on the edge of a housing estate close to the M8 motorway. The two-storey home is purpose-built. All bedrooms are single occupancy and have en-suite shower facilities. There are communal bathrooms and toilets throughout the home. There are four units to allow for smaller group living. Each unit has its own sitting room and dining room. There is access to a garden area.

Burlington Care Home is part of the Four Seasons Healthcare Group. The home's aims and objectives are generic to the group and include:

"We are committed to providing the highest possible standards of care. Residents will be treated as individuals and cared for with respect and dignity within a safe, comfortable and homely environment which provides stimulation and encourages independence where appropriate."

What people told us

People told us that staff were kind and friendly. They said,

"The people who work here are nice"

"There is always plenty of people about to help you"

We were told that the food was good. People said,

"I enjoy my meals, there's always good choices"

"The food is fine, there's plenty of it"

"You get a drink whenever you want, the staff are always bringing drinks"

We spoke with a visiting family member. He had no concerns about the care his relative received at Burlington. He commented that "my relative is very settled here, that puts my mind at rest".

He said, "communication is really good" and that staff kept him up to date with any changes in his relative's health.

He commented that the arrangements for visiting are "well organised".

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How good is our care and support during the COVID-19 pandemic?	2 - Weak
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Further details on the particular areas inspected are provided at the end of this report.

How good is our care and support during the COVID-19 pandemic?

2 - Weak

7.1 People's health and wellbeing are supported and safeguarded during the COVID-19 pandemic.

People living in Burlington Care Home benefit from being supported by staff who are familiar with their needs and preferences. Staff were aware of the importance of maintaining individuals' privacy. People were supported with compassion and respect. We saw warm relationships between people living in the home and the staff teams.

To help prevent people living in the home feeling isolated staff were supporting people to keep in touch with their friends and family with the use of technology such as Facetime and Skype. There were arrangements in place to safely support people to have a one to one visit from a family member in the garden area.

When there were changes in individuals' health staff contacted relevant healthcare professionals and sought advice and support. This ensured that individuals' health needs were being appropriately managed.

People should have a personal plan which details their current care and support needs and directs staff how best to manage those needs. Personal plans were up to date and reflected individuals' current needs. However, there was a continued need to fully reflect the knowledge staff have of individuals' preferences and choices. There was little evidence that the individual or their family had been involved in developing the plan of care. This was the subject of a previous requirement and will continue in this report.
(See requirement 1.)

The service was using generic care plans templates for aspects of care and support regarding the COVID19 pandemic. However, there was a need to develop the content of the plans to have a more person-centred focus. And demonstrate regular evaluation of the effectiveness of the care plan for the individual. This included ensuring that anticipatory care plans fully detail individuals' end of life care to respect individuals' wishes and choices.
(See area for improvement 1.)

7.2 Infection control practices support a safe environment for both people experiencing care and staff.

During our visit on 15 July 2020, we identified that immediate action was required to ensure that people living in the home were protected from harm and the risk of infection. The cleanliness of the home and of the equipment used by people living in the home needed immediate improvement.

There was a need for deep cleaning of all areas of the home. This included communal areas, individuals' bedrooms and areas used by staff. We noted high levels of wear and scratches on handrails, doors and walls which impacted on the effectiveness of cleaning and disinfection. Staff changing rooms and other storage areas were cluttered and dirty. There was a need for immediate action to ensure that the furniture and equipment used by people was cleaned to an acceptable standard to reduce the spread of infection.

To ensure that the provider took immediate remedial action to resolve this, we issued the provider with a letter of serious concern on 16 July 2020. We made a requirement for a deep clean of equipment and the environment to be completed within 72 hours.

During our subsequent visit to the service on 20 July 2020 we noted that a deep clean of the environment had taken place. We checked equipment used by people living in the home and found them to be clean. We saw the frequency of cleaning activity throughout the service had improved. This included regular cleaning of frequently touched surfaces, like handrails, keypads, and door handles. The staff room and store cupboards had been tidied and cleaned.

Handrails had been repainted which meant they could be effectively cleaned. We were told that a complete refurbishment of the home was to start on 27 July. This will help ensure that people experience an environment that is well looked after and well maintained.

This requirement has been met within the timescales.

Newly revised audit systems had been developed to ensure regular and focused monitoring of the cleanliness of the home. These audits had only recently been implemented. We therefore could not assess the sustainability of the cleanliness of the home.

This will be the subject of a requirement. (See requirement 2.)

During our visit on 15 July 2020, we identified that immediate action was required to ensure that people experiencing care were safeguarded by staff who practiced effective infection prevention and control in line with current Health Protection Scotland (HPS) guidance.

We were told that staff had access to training regarding infection control procedures and the correct use of Personal Protective equipment (PPE). However, we observed that staff practice did not reflect current infection prevention and control practices. This included inconsistent use and disposal of PPE and poor compliance with social distancing and handwashing.

The care of people who were in isolation was not being managed in line with current guidance.

There was a need for the provider to ensure that measures were immediately put in place to support effective infection prevention and control. This included making sure that the correct PPE was available at point of use. And that staff had access to hand washing facilities and alcohol-based hand rub (ABHR) at frequent points within the home.

We had serious concern that these ineffective measures to control infection would negatively impact on the health, welfare and safety of people living in the home by increasing the risk of the spread of infection.

To ensure that the provider took immediate remedial action to resolve this, we issued the provider with a letter of serious concern on 16 July 2020. We made a requirement for measures to be put in place to support staff practice and coordinate the delivery of care in a way which promotes effective infection control practice and be completed within 72 hours.

During our subsequent visit to the service on 20 July 2020 we noted that staff practice had improved. The care of people who were in isolation was in line with current HPS guidance. Staff were able to demonstrate their understanding of the correct use of PPE and reflect on current guidance regarding infection prevention and control practices. Staff were more aware of the need to social distance when possible. Access to correct PPE at the point of use had improved. There was an increase in the availability of ABHR and designated handwashing facilities. We observed staff using these facilities in line with current guidance.

This requirement has been met within the timescales.

We expect the provider to sustain the improved level infection control and prevention practice. This will be the subject of a requirement and is detailed in section 7.3 of this report.

7.3 Staffing arrangements are responsive to the changing needs of people experiencing care.

We saw that there were sufficient staff on duty to meet needs of people living in the home. The management team used the outcomes of dependency assessments to inform staff levels and the skill mix of care teams. Ongoing reviews of staff levels make sure there are appropriate numbers of staff to meet the health, welfare and safety needs of people living in the home.

The service had an appropriate contingency plan in the event that staff are absent due to COVID-19. This would ensure that sufficient staff available to continue to meet people's needs.

Appropriate strategies were in place to ensure that any agency staff assigned to the service had an induction to familiarise them with the service and the people living in the home.

Staff training had taken place regarding infection prevention and control, including PPE training. It was clear during the visit of 15 July that staff were not using the instruction and direction from training to inform their practice. We had serious concerns that poor infection control and prevention practice would not safeguard people in the home from the risk of infection. This resulted in the Care Inspectorate issuing a letter of serious concern to the provider on 16 July 2020, as detailed in section 7.2 of this report, which the provider responded to in the timescale required.

To ensure that appropriate standards are sustained the provider must implement systems of direct observation and supervision of staff practice. These systems must assess staff practice and competency regarding infection prevention and control practice in line with HSP guidance. This includes, but is not limited to, the care of people who are in isolation, use and disposal of PPE, adhering to social distancing and effective hand washing. (See requirement 3)

Requirements

1. By 21 September 2020 the service provider must ensure quality assurance systems result in positive outcomes being achieved for people using the service. This includes but is not limited to:
 - ensuring care plans are produced in partnership with people using the service
 - ensuring care reviews are planned and completed when there are changes to the health and wellbeing needs of each person and these are carried out within a maximum period of six months.

This ensures that care and support is consistent with Health and Social Care Standards:

1.19 "My care and support meet my needs and is right for me."

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 210/2011. Regulation 4(1) Welfare of users.

2. By 21 September 2020 the service provider must ensure that acceptable standards of infection control and prevention and cleanliness of the home and equipment used by residents are sustained.

In order to do this the provider must:

- undertake to use the providers quality assurance processes for infection prevention and control, including regular environmental cleanliness audits, cleanliness audits for equipment used by residents and regular observations of staff practice. The quality assurance process must follow the latest available government guidelines and best practice guidance.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: "My environment is secure and safe". (HSCS 5.17)

and

"I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment". (HSCS 5.22)

and

"I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes". (HSCS 4.19).

This is to comply with Regulation 10 fitness of premises Social care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011. (SSI 2011/210)

3. By 21 September the provider must implement systems to assess and monitor staff competency regarding infection prevention and control practice in line with Health Protection Scotland COVID-19 Information and Guidance for Care Home Settings. This includes, but is not limited to, use and disposal of PPE, adhering to social distancing and effective hand washing.

This is to ensure care and support is consistent with the Health and Social Care Standards which state:

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes'.

(HSCS 3.14); and

"I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes". (HSCS 4.19).

This is to comply with Regulation 4(1) welfare of service users Social care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011. (SSI 2011/210)

Areas for improvement

1. The provider should develop the content of personal plans that support care during the COVID-19 pandemic to reflect a more person-centred approach. Care plans should be regularly evaluated to detail the effectiveness of the plan of care for the individual. This includes, but is not restricted to, ensuring that anticipatory care plans fully detail individuals' end-of-life care to make sure that individuals' wishes and decisions are respected.

This is to ensure care and support is consistent with the Health and Social Care Standards which state:

'I am supported to discuss significant changes in my life, including death or dying, and this is handled sensitively'. (HSCS 1.7); and

'I experience high quality care and support based on relevant evidence, guidance and best practice'. (HSCS 4.11)

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

The service provider must ensure quality assurance systems result in positive outcomes being achieved for people using the service.

This includes but is not limited to:

- ensuring care plans are produced in partnership with people using the service; and
- ensuring care reviews are planned and completed when there are changes to the health and wellbeing needs of each person and these are carried out within a maximum period of six months.

This ensures that care and support is consistent with Health and Social Care Standards:

1.19 "My care and support meets my needs and is right for me."

It also complies with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 210/2011. Regulation 4(1) Welfare of users.

Timescale: To be completed by 28 June 2019.

This requirement was made on 16 May 2019.

Action taken on previous requirement

There was a continued need to ensure that care plans are developed in partnership with people using the service.

This requirement will continue with an extended timescale. This is detailed in section 7.1 of this report.

Not met

Requirement 2

People experiencing care were not appropriately protected because the home was observed to be unclean. This included in individual bedrooms, communal areas and staff areas.

Due to the severity of the concern, you must take the following action immediately and complete within 72 hours of receipt of this letter (which was sent by email on 16th July 2020 at 17.00 hours).

- ensure that enhanced deep cleaning is undertaken throughout the home with specific focus on equipment that people use;

- implement a programme to ensure the regular and robust cleaning of 'touch points' within the home;
- review the schedule for on-going cleaning of all areas of the home and all equipment used; and
- implement regular audits of the environment and equipment used by people to ensure the good standards of cleanliness in the home and of the equipment used by people are sustained.

This should be done in accordance with all appropriate Public Health guidance and Health Protection Scotland guidance of 20.06.20 version 1.52 entitled "COVID-19 Information and Guidance for Care Home Settings". This is to comply with Regulation 4(1)(a) and (d) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This requirement was made on 16 July 2020.

Action taken on previous requirement

The service carried out a deep clean of all areas of the home, including communal areas, individuals' bedrooms and staff areas. Housekeeping procedures had been reviewed to ensure that they adhered to current guidance and increased frequency of cleaning.

Newly revised audit systems had been developed to ensure regular and focused monitoring of the cleanliness of the home. These audits had recently been implemented. We therefore cannot assess the sustainability of the cleanliness of the home. This issue will be the subject of a separate requirement as detailed in section 7.2 of this report.

Met - within timescales

Requirement 3

People experiencing care were not appropriately protected because staff were not effectively implementing safe infection prevention and control practices.

Due to the severity of the concern you must take the following action immediately and complete within 72 hours of receipt of this letter (which was sent by email on 16th July 2020 at 17:00 hours).

-Put in place and implement measures to ensure consistent management and leadership in the service, to support staff practice and coordinate the delivery of care in a way which promotes effective infection control practice.

This must include, but is not limited to:

- arranging that staff have access to the correct type of PPE for the work they are to carry out, in line with current Health Protection Scotland guidance;
- ensure all staff, including ancillary staff, are trained and can demonstrate the correct the donning and doffing of PPE;
- provide adequately stocked PPE stations, which include facilities for the disposal of PPE, and are placed appropriately throughout the home for staff to easily access;
- increase staff knowledge and understanding of infection prevention practice which is not exclusive to but includes particular reference to supporting people in isolation, hand washing and adhering to social distancing;

- improve access to alcohol-based hand rub (ABHR) throughout the home for staff to easily access; and
- implement systems to monitor that training effectively informs staff practice.

This should be done in accordance with all appropriate Public Health guidance and Health Protection Scotland guidance of 20.06.20 version 1.52 entitled "COVID-19 Information and Guidance for Care Home Settings".

This is to comply with Regulations 4(1)(a) and (d) and Regulation 9(2)(b) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This requirement was made on 16 July 2020.

Action taken on previous requirement

We noted that staff practice had improved. People being cared for in isolation was managed in line with HPS guidance. There was consistent use and disposal of PPE. Staff were able to demonstrate their understanding of the correct use of PPE and reflect on current guidance regarding infection prevention and control practices. Staff were more aware of the need to social distance when possible. Access to correct PPE at the point of use had improved. There was an increase in the availability of ABHR and designated handwashing facilities. We observed staff using these facilities as per guidance.

Met - within timescales

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

The service provider should ensure that activities offered better match the needs and preferences of individuals who use the service. These activities should help maintain and develop individual's interests and skills.

This ensures that care and support is consistent with the Health and Social Care Standards:
2.22 "I can maintain and develop my interests, activities and what matters to me in the way that I like".

This area for improvement was made on 16 May 2019.

Action taken since then

This area for improvement has been implemented.

Previous area for improvement 2

The service provider should ensure staff complete monitoring records fully for those people who have been identified as being at risk from unintentional weight loss and dehydration.

This ensures that care and support is consistent with the Health and Social Care Standards:

1.19 "My care and support meets my needs and is right for me".

This area for improvement was made on 16 May 2019.

Action taken since then

This area for improvement has been implemented.

Previous area for improvement 3

The service provider should ensure that all staff are clear of expectation of fulfilling their role ensuring responsive care is provided to people who use the service. There should be a process of regular monitoring of staff practice to ensure that this is occurring.

This ensures that care and support is consistent with Health and Social Care Standards:

1.19 "My care and support meets my needs and is right for me"

3.19 "My care and support is consistent and stable because people work together well".

This area for improvement was made on 16 May 2019.

Action taken since then

This area for improvement has not been implemented. Issues regarding the monitoring of staff practice will be the subject of a requirement. This is detailed in section 7.3 of this report.

Previous area for improvement 4

The service provider should ensure that they reflect on learning obtained when accidents and incidents occur and use this learning to help identify strategies and approaches to help better protect people who use the service.

This ensures that care and support is consistent with Health and Social Care Standards:

3.20 "I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities".

This area for improvement was made on 16 May 2019.

Action taken since then

This area for improvement has not been implemented. Issues regarding the monitoring of staff practice will be the subject of a requirement. This is detailed in section 7.3 of this report.

Previous area for improvement 5

The provider needs to ensure that staff adopt a consistent approach to supporting individuals. In order to do this, they need to introduce a monitoring system which identifies how well staff implement techniques they learn in training in their everyday practice and how they promote and implement team working.

This ensures that care and support is consistent with the Health and Social Care Standards:

1.24 "Any treatment or intervention that I experience is safe and effective".

This area for improvement was made on 16 May 2019.

Action taken since then

This area for improvement has not been implemented. Issues regarding the monitoring of staff practice will be the subject of a requirement. This is detailed in section 7.3 of this report.

Previous area for improvement 6

The provider should ensure that staff undertake training to help equip them with the necessary skills and knowledge (including condition specific training) for their role and help them provide more responsive care and support.

This ensures that care and support is consistent with the Health and Social Care Standards:

3.14 "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow professional and organisational codes".

This area for improvement was made on 16 May 2019.

Action taken since then

Not assessed

Previous area for improvement 7

The service provider should ensure that care plans for supporting people who may exhibit stress and distress reactions are fully developed by incorporating recommendations made by external professionals and include a process of regular re-evaluation to check the effectiveness of the strategies and measures put in place.

This ensures that care and support is consistent with Health and Social Care Standards:

1.15 "My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices"

This area for improvement was made on 16 May 2019.

Action taken since then

This area for improvement has not been implemented. Issues regarding personal planning will be the subject of a requirement. This is detailed in section 7.1 of this report.

Detailed evaluations

How good is our care and support during the COVID-19 pandemic?	2 - Weak
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	3 - Adequate
7.2 Infection control practices support a safe environment for people experiencing care and staff	2 - Weak
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	3 - Adequate

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