

## Burlington Care Home Care Home Service

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Glasgow  
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**Type of inspection:**

Unannounced

**Completed on:**

5 April 2019

**Service provided by:**

Four Seasons (No 11) Limited

**Service provider number:**

SP2012011926

**Service no:**

CS2012311227

## About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services can be found on our website at [www.careinspectorate.com](http://www.careinspectorate.com)

The service registered with the Care Inspectorate on 16 January 2013.

Burlington Care Home is registered to provide care and support to a maximum of 90 older people on a permanent basis and respite care for up to four people. At the point of inspection, there were 85 residents living within the home. The provider is Four Seasons (No 11) Limited.

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 and 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

During the inspection, we were supported by an inspection volunteer. An inspection volunteer is someone who has either used services before or is familiar through having someone close receiving care and support from services.

We received a number of positive comments in relation to some of the staff who provided support including: "Some staff are better than others." We also heard how the football group attended by some of the male residents generated good discussions and helped build relationships.

We also heard some positive comments from relatives: "Staff are tuned into XXXX [resident], I am happy with the care and staff keep me informed of changes."

We also heard a number of comments which suggested that there could be improvements in relation to food choices and having a better range of activities to match the abilities and preferences of residents.

## 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 well do we support people's wellbeing?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staffing?	3 - Adequate
How good is our setting?	4 - Good
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

### How well do we support people's wellbeing?

**3 - Adequate**

People benefited from staff taking the time to help them dress appropriately with clothing and matching jewellery that matched their preferences on how they wished to appear. However, staff did not consistently demonstrate responsive care and the values of compassion and warmth when interacting with people who used the service. We shared examples, with the service, where we thought there could be improvements made.

People who used the service had opportunities to offer their views about a range of aspects of the service. However, meetings with the management team were primarily used for information sharing and were not being used to fully involve people with the ongoing development and improvement of the service.

Having meaningful things to do is important for helping people develop and maintain interests and for having a sense of wellbeing. Activities were offered within the home and some people were supported to attend clubs within the community. However, we were not confident that the right match between activities offered and the abilities/preferences for people who used the service were consistently provided. For example, people who were unable to participate or tolerate group activities being offered alternative opportunities. We shall make an area for improvement in connection with this. (See area for improvement 1)

People benefited from staff using a range of tools to help them monitor their health and wellbeing status and identify if any actions were needed to help people keep as well as they can be. However, we were not confident that the service consistently and accurately completed records when monitoring people who may be at risk of unintentional weight loss and may be at risk of dehydration. We shall make an area for improvement in connection with this. (See area for improvement 2)

People who used the service could be confident that staff referred for input from external professionals when they had concerns relating to changes to any individual's health and wellbeing needs.

## Areas 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.

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.

## How good is our leadership?

### 3 - Adequate

The management team used daily meetings with representatives from each department to ensure that there was appropriate planning and resources allocated to benefit people who used the service. For example, allocating staff to accompany residents to appointments.

People who used the service had some opportunity to be involved in the ongoing development and improvement of the service, for example the production of new menus. However, we concluded there should be a greater level of involvement from residents for example to help make improvements to the environment. To work in true partnership, people who use the service should be routinely involved with quality assurance audits and help the management team identify priorities for improvement.

People who used the service could be reassured that there was a suite of audits used to check key areas of the service including areas that relate to the health and wellbeing of residents. However, as it currently stands the service is not particularly good at reflecting how outcomes for residents could be improved.

We were not confident that these audits were being used effectively to meet the needs of residents. For example, many care reviews were out of date, meaning that care may not be suitably responsive for meeting the current needs of each person. We would like to see greater involvement with people using the service with the production of care plans and care reviews. We shall make a requirement in connection with this area. (See requirement 1)

We were not confident that there was appropriate leadership within units and staff were not always clear of their responsibilities when responding to the needs of each person. We shall make this an area for improvement. (See area for improvement 1)

We were not confident that the service consistently devised strategies/interventions through learning gained when incidents occurred which can have a detrimental impact on people's wellbeing. We shall make this an area for improvement. (See area for improvement 2)

## Requirements

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.
- 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.

## Areas for improvement

1. 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.

2. 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.

## How good is our staff team?

**3 - Adequate**

People who used the service could be confident that the service monitored their needs and used this information to identify the amount of staff required to provide support. Changes to the deployment of staff at meal times meant that there was greater opportunity for people to be assisted by staff. Having an additional staff member who can drive the minibus also meant there was greater opportunity to offer outings both within and outwith the local community.

People who used the service benefited from greater continuity of support as a result of the service successfully reducing the number of agency staff used. However, we found examples where staff practice could improve including adhering to best practice when administering medications to ensure residents are kept safe. We identified staff did not always use natural opportunities to engage meaningfully with people using the service and believe that there should be greater monitoring of staff practice. We concluded that the area for improvement in connection with this area, made previously, had not been met. This will be repeated. (See area for improvement 1)

Having well-trained staff who are competent and skilled is important for ensuring people receive responsive and appropriate care and support. We recognised that the management team had carried out a training need analysis in consultation with the staff working within the service. There was a high level of compliance for staff undertaking mandatory training. However, we identified that the current training programme was not always aligned to staff member's specific role or designed around the particular needs of people currently being supported for example, condition specific training such as neurological conditions. We shall make an area for improvement. (See area for improvement 2)

The management team should consider more creative ways to ensure staff working on night shift have better opportunities to access necessary training and staff meetings. Having positive working relationships between staff groups is important for taking a "whole home" and consistent approach to benefit people using the service. We believe that this is an area that should be worked on by the management team with greater collaboration with staff to take forward.

## Areas for improvement

1. 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 every day practice and how they promote and implement team working.

This ensures that care and support is consistent with the Health and Social Care Standards which state:  
1.24 Any treatment or intervention that I experience is safe and effective.

2. 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.

## How good is our setting?

**4 - Good**

People who used the service benefited from a well-maintained, inviting and generally clean environment. Having single bedrooms with en-suite facilities meant that privacy and dignity was helped to be maintained when personal care support was provided.

Bedrooms were furnished and decorated to reflect the wishes and preferences of each resident.

People could independently access a range of areas on each floor meaning that there were no barriers to them spending time where they wished. However, there should be better monitoring by staff to ensure care needs including nutrition and hydration needs are being met.

People could be reassured that there was a comprehensive range of environmental checks carried out within the home and service contracts were in place for equipment. This helped to ensure that people were kept safe. However, we identified that there could be a better level of detail recorded within care plans for people who used specialist pressure relieving equipment in order that appropriate monitoring can be made.

The enclosed garden area was a real asset and gave residents access to outdoors and helped develop or maintain their interests. We concluded that there was further work needed as far as improving maintenance, promoting access and involving people more in developing how the garden should be used.

People who use the service would benefit from improved signage to help orientate them to communal areas such as dining areas and the garden. We identified that the management team should involve residents more when carrying out audits of the environment including using best practice material to make further improvement.

## How well is our care and support planned?

## 3 - Adequate

Residents could be confident that the service continued to use a range of assessments to help monitor their ongoing health needs. However, the current format and content of care plans had a very medical focus and used less of a person-centred approach. We identified that currently the content rarely captured outcomes that were being achieved as a result of the support and care provided. We were informed that this was an area that the organisation was working on to progress.

People who use the service should be fully involved with the development of their care plans. We were not confident that this was consistently occurring and have made comment under How good is our leadership? We have made a requirement for greater involvement when care reviews are carried out.

Residents may, due to the nature of their condition, exhibit stress and distress behaviours and it is important that they receive the correct and consistent intervention to minimise the emotional impact to them and other people living in the home. There had been some work to reflect more person specific details relating to each resident. However, we were not confident there were sufficient details of strategies and approaches that staff should use to minimise the impact. Based upon our findings, we concluded that the area for improvement, made previously, had not been met and will be repeated. (See area for improvement 1)

## Areas for improvement

1. 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.

## 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 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 every day practice and how they promote and implement team working.

This ensures that care and support is consistent with the Health and Social Care Standards which state: Any treatment or intervention that I experience is safe and effective. (HSCS 1.24)

**This area for improvement was made on 26 April 2018.**

#### Action taken since then

See comments in relation to staff practice under How good is our staff team? Based upon our findings, we concluded that the area for improvement had not been met.

#### Previous area for improvement 2

The service provider should involve people who use the service and relatives/carers in the producing of care plans which accurately reflect their wishes and preferences. This information should be used when planning and delivering care.

This ensures that care and support is consistent with the Health and Social Care Standards which state: I am fully involved in developing and reviewing my personal plan, which is always available to me. (HSCS 2.17)

**This area for improvement was made on 26 April 2018.**

#### Action taken since then

Based upon the sampling of care plans, we concluded that there remained further work for the service to proactively and meaningfully involve people who use the service in the production of care plans. Based upon our findings, the area of improvement is not met and now forms part of requirement 1 under How good is our leadership?

#### Previous area for improvement 3

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 the approach is consistent with Health and Social Care Standards: My care plan is right for me because it sets out how my needs will be met, as well as my wishes and choices. (HSCS 1.15)

**This area for improvement was made on 28 April 2018.**



## Action taken since then

See comments under How well is our care planned? Based upon our findings, we concluded that the area for improvement is not met and shall be repeated.

## Previous area for improvement 4

The service provider should ensure that care reviews are used to check if the care and support provided is achieving good outcomes for people using the service and are actively involved in reviewing the content.

This ensures that the approach is consistent with Health and Social Care Standards: I am fully involved in developing and reviewing my personal plan, which is always available to me. (HSCS 2.17)

**This area for improvement was made on 28 April 2018.**

## Action taken since then

See our findings and the requirement made under How good is our leadership?

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com)

## Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health benefits from their care and support	3 - Adequate

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	3 - Adequate
3.3 Staffing levels and mix meet people's needs, with staff working well together	3 - Adequate

How good is our setting?	4 - Good
4.2 The setting promotes and enables people's independence	4 - Good

How well is our care and support planned?	3 - Adequate
5.1 Assessment and care planning reflects people's planning needs and wishes	3 - Adequate

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