

## Burlington Care Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
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**Service provided by:**  
Guthrie Court Limited, a member of  
the Four Seasons Healthcare Group

**Service provider number:**  
SP2005007863

**Service no:**  
CS2019377885

## About the service

Burlington Care Home is registered to provide care and support to a maximum of 90 older people. The provider is Guthrie Court Limited, a member of Four Seasons Healthcare Group.

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

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".

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 three inspectors and an inspection volunteer from the Care Inspectorate.

## What people told us

To gain the views of people experiencing care we spent time speaking to five residents during the inspection visit. People said that they were happy with their care and spoke positively of the staff and the care they experienced. People stated they felt safe.

"Staff have been good and the home is lovely"

"I had been here before and I was looking forward to coming in again".

We had the help of an inspection volunteer and they made contact with seven relatives to gather their views on how the service had communicated with them and supported them to stay in contact with their loved ones. All people spoke highly of the effort made by staff to keep them informed of the wellbeing of their family member. We were told that communication was very good, and visiting was flexible to meet people's needs.

"Communication has been great particularly on a local level."

"My mum shows no signs of being unhappy. She loves the company and has really picked up since moving to the Home."

"Staff have tried to interest him in activities and have been very vigilant about his mood."

"Staff have been really good. Mum has thrived in the routine."

"As well as taking good care of mum, the staff have been supportive of me and my family which has made all the difference."

"Overall it has been a very positive experience. The staff seem to have got the measure of my relative and treat him with respect and dignity."

## 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 care and support during the COVID-19 pandemic?	4 - Good

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**

We evaluated how well the service supported the wellbeing of people experiencing care. We found that there were some strengths that just outweighed weaknesses with some key areas of performance needing to improve. We assessed the performance of the service in this area to be adequate.

We observed people receiving compassionate, kind, and caring support from all staff. Catering and domestic staff were also seen to have positive and kind relationships with residents helping them to feel valued.

Residents stated they felt safe and cared for, 'I feel safe here. I have been in before and was looking forward to coming back'.

There was evidence of involvement in their own support planning and in some day-to-day aspects of living in the home. Residents' meetings had taken place but should be promoted further to gather current views from people as to how best to improve their day-to-day experiences. This could ensure that people's choices, preferences, and wishes are fully considered.

Families had been asked to help identify memories and preferred activities to help people reminisce. Rooms were personalised with photographs, TV's and some had their own fridges allowing them access to snacks and drinks when they wished. This helped residents with a sense of belonging and supported their independence.

Organised and informal activities were offered to residents and a plan was in place to increase opportunities for people including those who opted not to be included in group activities or who remained largely in their bedrooms. People had recently enjoyed organised outings to local parks.

The service followed Scottish Government's "Open with Care" guidance to support visits. This included indoor visiting in line with people's wishes and trips outside of the home. Relatives and people living in the home spoke of the positive impact that this had on their wellbeing. People told us that communication from the service during "lockdown" was very good. This meant that people were kept informed and had prevented people from becoming socially isolated.

People should be confident that their personal plan is regularly evaluated to ensure that it continued to meet their needs. Most personal plans we reviewed were aligned to best practice guidance, reflected people's current needs, and directed staff to meet those needs.

We saw examples where robust assessments were not always carried out prior to admission. This is important to ensure that people's needs can be met. Some plans were not completed in a timely manner after admission. This could impact on appropriate care being delayed. The process of assessment and review of care plan information prior to and on admission should be reviewed. (See area for improvement 1).

We spoke with an external community psychiatric nurse (CPN) who supported people living with dementia and other mental health conditions. The CPN confirmed that staff had a confident and proactive approach when supporting people and that their advice, medication, and direction were followed. We observed that the dining experience for people in one unit of the home was very busy with not enough room for everyone who needed to be seated. The noise level also appeared to cause distress to people with some leaving the table. The environmental needs of people living with dementia should be reviewed. (See area for improvement 2).

Personal plans captured dietary needs and preferences but these were not always reflected in the choices on offer at mealtimes. We did not see fresh fruit or vegetables being served and it was not clear how additional calories were provided to people using cream or butter. We did not see any home baking being provided. The food available during our visit did not look appetising. (See area for improvement 3).

People could be confident that Covid-19 symptoms and other ailments would be identified. Appropriate escalation of any concerns to health professionals was made so that people received the right treatment at the right time.

We saw that anticipatory care plans were in place. These provided an important opportunity for people to have conversations with carers and loved ones about the type of care that they would like to receive should they become unwell.

The service adhered to current Covid-19 information and guidance around the admission of people to the home from hospital or the community, in respect of testing and isolation. This helped to keep people safe.

## Areas for improvement

1. The service should ensure that prior to admission and following someone's assessed needs that the appropriate plan of care is put in place in a timely manner and evaluated.

This ensures that care and support is consistent with the Health and Social Care Standards, which state that: '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.' (HSCS 1:15)

2. The service should review how they plan and deliver the dining experience for people. This is to take account that some people may find the environment over stimulating causing potential stress and distress. This includes -

a) A review of the number of people sitting to eat at any one time and other environmental factors such as the layout and location of the dining areas which need better managed to ensure a calm and pleasant dining experience for people.

This ensures that care and support is consistent with the Health and Social Care Standards, which state that: 'I can enjoy unhurried snacks and mealtimes in as relaxed an atmosphere as possible.' (HSCS 1.35)

3. The service should review its menu planning and the quality and choice of food on offer to people at mealtimes and throughout the day. This includes -

a) Catering staff should have good current knowledge about people's nutritional needs and work in partnership with care staff to ensure these are met.

b) Catering staff should be aware of and refer to current best practice. 'Eating and Drinking Well In Care - Good Practice Guidance for Older People'.

b) Residents should be more involved in menu planning.

c) Residents should have access to fresh fruit and other snacks out with mealtimes.

This ensures care and support is consistent with the Health and Social Care Standards which states that: 'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning.' (HSCS1.3)

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

4 - Good

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

We evaluated how well infection control practices supported a safe environment for people experiencing care and staff. We concluded that there were several important strengths, which taken together, outweighed areas for improvement. We assessed the performance of the service in this area to be good.

We found good levels of cleanliness throughout the home and the environment was fresh. Mattresses, chairs, tables, and all care equipment checked were in good order and generally clean and followed the daily enhanced cleaning guidance. This included frequently touch surfaces such as door handles. This assured us that people were kept safe from the risk of cross-infection.

Recommended products were being used and were stored safely. We advised the housekeeping team that more frequent changes of water and mop heads should be undertaken. A local risk assessment is required to support any decision taken re frequency.

Communal areas, bedrooms, and bathrooms were clear and free from clutter and equipment. This made the home easier to keep clean. There were appropriate measures in place to maintain social distancing and support people to move around safely, thus reducing the risk of cross-infection. We have identified an area of improvement relating to a specific dining area (See the previous area for improvement 2).

Laundry was managed well, minimising the risk of cross-contamination. This ensured that standards of cleanliness were maintained and the risk of infection for people experiencing care was reduced.

There was a range of auditing and quality assurance measures in place that focussed on infection control with any corrective action being progressed. These measures ensured that practice adhered to current guidelines and helped promote a safe environment.

Staff wore protective personal equipment (PPE) in line with Health Protection Scotland guidance and clinical waste was managed and disposed of appropriately. PPE stations were located throughout the home and were well stocked.

All staff had received training in infection prevention and control, and this informed their practice. Throughout the service, there was guidance reminding staff how to effectively carry out handwashing and the use of PPE.

Overall, people experiencing care could feel confident that the service was reducing the risks of infection throughout the home.

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

We reviewed staffing arrangements. We concluded that there were several important strengths, which taken together, outweighed areas for improvement. However, improvements were required to maximise wellbeing and ensure that people consistently have experiences and outcomes which are as positive as possible. We concluded the performance of the service in this area to be good.

Staffing levels were responsive to the changing needs of the people and were regularly assessed. This allowed for people to be supported throughout the home, facilitated family contact, and additional measures to maintain good hygiene and infection control practices.

Staff told us that they benefited from an approachable management team and from mutual peer support. However, the manager and the deputies should consolidate their individual strengths and work more cohesively as a team. This would ensure a more consistent approach in achieving better outcomes for people experiencing care.

Training had been provided in all key areas of infection prevention and control and staff said that they had found this training to be very informative and reassuring. They were also supported to keep up to date with current best practice with a designated infection prevention and control champion to support and monitor good practice.

People could be confident that learning was put into practice, including checks on PPE use, hand-washing techniques, enhanced cleaning regimes, and social distancing.

The service had implemented staff testing for Covid-19 in line with current guidance. This followed best practice and assisted with the continued protection of people and staff from harm.

## 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

This area for improvement was made following a complaint investigation.

The provider should ensure that the care home has a clear assessment and accurate care plan regarding how they give residents their prescribed medication. In addition, the provider should ensure that all staff involved in giving residents their medication know exactly what is required for each resident.

This is to ensure care and support is consistent with Health and Social Care Standard 3.19: My care and support is consistent and stable because people work together well.

**This area for improvement was made on 28 October 2020.**

#### Action taken since then

Medication plans and relevant sections within general care plans were reviewed. They were found to be person centred, have a good level of detail regarding people's medication preferences and were clear in how best to support people well. Staff we spoke with were knowledgeable and showed awareness of residents' current needs and demonstrated they were proactive in seeking out external professional input for specific conditions.

This area for improvement has been met.

#### Previous area for improvement 2

This area for improvement was made following a complaint investigation.

The provider should ensure that effective care planning is paramount when managing nutritional care for residents, and that all information is included to inform good practice. To support this, the provider should ensure that all staff supporting residents have a clear understanding about expectations with regards to the formulation of robust care planning pertinent to nutritional care.

This is to ensure care and support is consistent with Health and Social Care Standard 1.23: My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.

**This area for improvement was made on 28 October 2020.**

#### Action taken since then

There was evidence within the majority of residents' care plans sampled that nutritional needs had been assessed and gave clear direction to staff to support people with their eating and drinking needs. People's BMI and MUST tools were in place and monitored as appropriate.

However, this information was not reflected in the meals offered to residents in the dining setting and nutritionally food in general was found to be inconsistent. Therefore assessed needs may not always have been met.

This area for improvement has been met in part. Refer to areas for improvement under, How well do we support people's wellbeing? 1.3.

## Previous area for improvement 3

This area for improvement was made following a complaint investigation.

The provider should ensure that where residents exhibit distressed behaviours, robust care planning needs to be in place, that considers all aspects of presenting behaviours, possible cause, and effective interventions to support the individual. In addition, the provider should ensure that staff have adequate knowledge and understanding in relation to supporting residents who are showing signs of distress.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

**This area for improvement was made on 28 October 2020.**

### Action taken since then

There was evidence of good assessments regarding some people's stress and distress behaviours and how best to support them well. Strategies and de-escalation techniques were evident in some plans but not in others. Staff could speak knowledgeably about what would work well with certain individuals when they became distressed but this was not always reflected within care plans and was not reflected within the lunchtime experience and environment in specific units.

Mealtimes were seen to be at times uncoordinated and not always well managed. People were seen to be becoming distressed and staff struggled to try and ensure the experience was calm and pleasant for residents. The environment and increasing numbers of residents attending at the same time needs to be reviewed.

This area for improvement has been met in part. Refer to areas for improvement under, How well do we support people's wellbeing? 1.3.

## Previous area for improvement 4

This area for improvement was made following a complaint investigation.

The provider should ensure that proper investigation is initiated when an individual has unexplained marks or bruising to their body, in order to ascertain possible cause.

This is to ensure care and support is consistent with Health and Social Care Standard 4.14: My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.

**This area for improvement was made on 28 October 2020.**



**Action taken since then**

Body maps were evident in care plans reviewed and gave good examples of how the home managed wounds and investigated unexplained bruising. They evidenced further how things were improving for people and provided photographic evidence and good detail and recording of approaches and treatment as appropriate.

This area for improvement has been met.

**Previous area for improvement 5**

This area for improvement was made following a complaint investigation.

The provider should ensure that assessments undertaken for the use of bedrails are supported with clear decisions, and that they are fully discussed with individual residents where appropriate, and family members.

This is to ensure care and support is consistent with Health and Social Care Standard 3.19: My care and support is consistent and stable because people work together well

**This area for improvement was made on 28 October 2020.**

**Action taken since then**

Bedrail assessments were found within care plans as appropriate. Appropriate discussions were recorded and bedrails were monitored to ensure they functioned appropriately. This was well recorded.

This area for improvement has been met.

**Previous area for improvement 6**

This area for improvement was made following a complaint investigation.

The provider should ensure that oral health care assessments are completed accurately, and that care planning demonstrates effective oral health support.

This is to ensure care and support is consistent with Health and Social Care Standard 3.19: My care and support is consistent and stable because people work together well.

**This area for improvement was made on 28 October 2020.**

**Action taken since then**

Oral health care plans were evident within most care plans reviewed and provided a good level of detail on how best to support people who had their own teeth and also those who had dentures, supporting people to keep mouth and teeth clean.

Attention should be paid to ensuring these plans are put in place as soon as residents are admitted and take account of people with specific support needs which require additional oral health attention.

This area for improvement has been met.

## Previous area for improvement 7

This area for improvement was made following a complaint investigation.

The provider should ensure that residents care and treatment needs are properly assessed and supported with a detailed care plan.

This is to ensure care and support is consistent with Health and Social Care Standard 3.14: 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.

**This area for improvement was made on 28 October 2020.**

### Action taken since then

Care plans reviewed were generally clear, easy to navigate and provided good detail overall of how best to support people and their identified needs. However, there were a few inconsistencies in some aspects of pre-admission and ongoing assessment of needs. This could result in delay of timely support and care.

This area for improvement has been met in part. Refer to areas for improvement under, How well do we support people's wellbeing? 1.3.

## Previous area for improvement 8

This area for improvement was made following a complaint investigation.

The provider should ensure that when the care home experiences an outbreak of infection, that this is clearly communicated to family members, in accordance with infection prevention and control guidance.

This is to ensure care and support is consistent with Health and Social Care Standard 4.11: I experience high quality care and support based on relevant evidence, guidance and best practice.

**This area for improvement was made on 28 October 2020.**

### Action taken since then

Feedback from families confirmed communication from the service was good particularly around management and impact of Covid-19 outbreaks and impact potentially on visiting. We saw that regular updates are sent to families to keep them updated on the home's current status and there was good communication at unit level between the staff and families re their loved ones vaccinations, testing and general welfare.

This area for improvement has been met.

## Previous area for improvement 9

This area for improvement was made following a complaint investigation.

The provider should ensure that concerns raised with staff by family members are appropriately dealt with in order to demonstrate how issues are resolved.

This is to ensure care and support is consistent with Health and Social Care Standard 3.17: I am confident that people respond promptly, including when I ask for help.

**This area for improvement was made on 28 October 2020.**

## Action taken since then

There was good evidence within care plans and unit recordings of regular communication with families and of providing assurances re any concerns they may have. Feedback from families confirmed they felt able to call the home any time and share any concerns they had and were always responded to positively .

"As well as taking good care of mum, the staff have been supportive of me and my family which has made all the difference."

This area for improvement has been met.

## Complaints

Please see the section, What the service has done to meet any areas for improvement we made at or since the last inspection.

You can also see our website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

## Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health benefits from their care and support	3 - Adequate

How good is our care and support during the COVID-19 pandemic?	4 - Good
7.2 Infection control practices support a safe environment for people experiencing care and staff	4 - Good
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	4 - Good

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