

Gentilwood Limited

# Burwood Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service

Burwood Nursing Home (hereafter referred to as Burwood) is a residential care home providing personal and nursing care to up to 58 people. The service provides support to older people. At the time of our inspection there were 37 people using the service.

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

People and their families described care as outstanding. One person told us, "You have a great life. The staff can never do enough for you." Staff were kind and respectful of people, recognising their strengths and skills. People's individuality was respected. People were involved in decisions about their day to day lives and staff respected people's choices. People had their dignity and privacy respected and were supported to maintain their independence.

People had person centred care that reflected their care needs, individuality and lifestyle choices. People's skills were showcased and celebrated. People spent their time enjoying activities meaningful to them, reflected their past hobbies, interests and life histories. People felt able to raise concerns and knew they would be listened to and actions taken. People received outstanding end of life care with support extending to families.

People had their eating and drinking needs met with a strong emphasis on an excellent dining experience. People had an opportunity to feedback comments and ideas and share recipes with the catering team. The building and grounds provided an environment that enhanced people's lives and innovative technology had been used to aid inclusion of all people living at Burwood. People had access to healthcare services and were enabled to follow a healthy lifestyle which had a positive effect on their wellbeing. 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.

Leadership was described by people, their families and staff as outstanding and described the culture of the home as inclusive and supportive. The management team were visible, led by example and put people at the heart of everything they did. Staff were motivated and passionate about their roles. Staff wellbeing was championed. Quality assurance processes were multi-layered, robust and effective at sustaining an outstanding service.

People felt safe. Staff understood how to recognise abuse or poor practice and the actions needed if they had concerns. People were supported by a high level of staff who had the skills to meet their needs. Recruitment practices ensured staff were suitable for their roles. People had their medicines administered safely by trained staff who had their competencies checked regularly. Risks to people were assessed and staff understood actions needed to mitigate the risk of harm whilst respecting people's freedoms and choices. Infection, prevention and control practices kept people safe from preventable harm.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for the service under the previous provider was outstanding, published on 8 August 2018.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 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 safe.

Details are in our safe findings below.

Good 

### Is the service effective?

The service was exceptionally effective.

Details are in our effective findings below.

Outstanding 

### Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding 

### Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding 

### Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding 

# Burwood Nursing Home

## 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

Burwood is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under one contractual agreement dependent on their registration with us. Burwood is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority and health commissioners. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and four relatives about their experience of the care provided. We spoke with 12 members of staff including the registered manager, director and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with nurses, health care assistants, activity staff, chef and administrator. We also received written feedback from 28 staff sharing their experience of the service.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse as they were cared for by staff that knew them well and who had completed safeguarding training. Staff demonstrated they understood their role in recognising and reporting concerns of potential abuse or poor care practice.
- People told us they felt safe. One person said, "I feel safe; if there were concerns I would speak to (provider or registered manager). I wouldn't stand for it."
- The management understood their legal responsibilities for reporting potential safeguarding incidents to external bodies ensuring people would be safeguarded.

Assessing risk, safety monitoring and management

- People had their risks assessed, monitored and reviewed. This included risk of skin damage, falls, malnutrition and risks associated with health conditions.
- People and their families were involved in decisions about managing risk. A relative told us, "(Name) had a fall and (provider) called me and we discussed things to ensure his safety. He now has his bed against the wall, rails on the bed, gets hoisted to chair and a floor alarm. It's all helped and no further falls."
- When needed, specialists carried out risk assessments. This included speech and language therapists assessing people at risk of choking. We observed people being supported with eating and drinking in line with their safe swallowing plans.
- People had personal emergency evacuation plans in place that provided key information to assist emergency services in the event of an incident that required people being evacuated. Staff were trained in fire safety and completed regular fire drills. Records showed us fire safety equipment was checked, maintained and serviced appropriately.

Staffing and recruitment

- Staff had been recruited safely. Checks included employment history, references and a disclosure and barring service check (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Nursing staff's registration status had been checked and a record of renewal dates kept and monitored.
- People, relatives and the staff team told us that staffing levels were good. We observed people receiving care at times they chose and in an unhurried way.

Using medicines safely

- People had their medicines administered by staff trained in safe medicine administration and who had

their competencies regularly checked.

- Some people had medicines prescribed for as and when required. Not all these medicines had protocols in place detailing any additional information needed to ensure appropriate, effective use of these medicines. We discussed this with the registered manager, and they were completed during our inspection.
- Controlled drugs, (medicines that have additional controls due to their potential for misuse), were stored in accordance with current regulations.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- In line with current government guidance the home was open to visitors. Visitors were required to have evidence of a negative lateral flow test. There were no restrictions to movement around the home. Visitors were required to wear a mask.
- People were also supported to keep in touch with families and friends through video and telephone calls and social media.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and used to review a person's care and support plans. The registered manager completed a monthly analysis to identify any trends or learning. Actions taken had included referrals to other agencies such as the community mental health team to seek support with a person's agitation.



# 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.

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- People, and where appropriate families, were involved in pre-admission assessments to establish their care and support needs. One person told us, "They asked me questions before I moved in and found out my likes and dislikes."
- When people had specific clinical needs specialist health professionals had been involved in assessments. This included specialist nurses working in the community palliative care team and physiotherapists.
- Assessments were completed using nationally recognised assessment tools that reflected best practice and met legal requirements.
- Assessments included any specialist equipment needed such as pressure relieving mattresses and moving and handling equipment.

Staff support: induction, training, skills and experience

- Staff completed an induction and had ongoing training and support that enabled them to carry out their roles effectively. Staff induction included the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Training was provided specifically for people's individual needs. A nurse told us, "A patient with a PEG, (PEG allows nutrition, fluids and/or medications to be put directly into the stomach, bypassing the mouth and oesophagus), is a planned new admission so a nurse nutritionist is going to come and carry out the training and check our competencies."
- One person, who had a medical background, was living with motor neurone disease (MND). They offered to talk with staff in small groups to share their experience of the condition, how it progressed, the problems they faced and treatments. Also a MND nurse specialist provided training to the staff team. A nurse shared, "Because of this, it has aided me in the way I care for (name) and has enabled me to empathise more with (persons) condition, I am aware of the signs and symptoms to look for, and (name) knows that she can talk to me if (person) has any concerns."
- Staff consistently described training and professional development as outstanding. One staff member told us, "(Provider) wants to make the best of everybody." Another told us, "I'm incredibly impressed with training, very thorough, lots of cross checking, able to ask if unsure and its on-going."
- Staff consistently told us the support and opportunities were excellent. Examples included sponsorship to complete nurse associate training, diplomas in health and social care and kitchen assistants learning cooking skills.

- Staff shared knowledge and skills with colleagues. A nurse told us, "We work together as a team always learning. An example is we know our equipment well, such as syringe drivers, we support our bank nurses with training, support them in building up their confidence."
- Nursing staff had kept up to date with clinical best practice and completed a range of training including catheterisation and end of life care.

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

- People had their eating and drinking needs understood and met. This included specialist diets, allergies and likes and dislikes. The chef explained, "We have one person with a nut allergy, so they're not used anywhere in the home. We keep one fryer separate to avoid any cross contamination and prepare food in a different area."
- Strong emphasis was placed on people having excellent food and drink experiences. People were encouraged to provide feedback and share menu ideas. A resident food committee met quarterly. One person told us, "I went to a meeting to talk about things that could improve, to offer help. The chef takes on ideas; feel listened to. Got the gravy improved." A staff member told us, "The head chef always listens to any suggestions or ideas on how we may overcome any nutritional issues we may encounter with our residents and often implements what I've suggested."
- People's individuality, past special memories and current food preferences were respected and acted upon. One person had a family lemonade recipe that they loved, and it was shared with the chef. The person was thrilled to tell us, "They, (chef), now makes a fresh jug every day and pops it in my room fridge to enjoy." Another person told us, "I just mentioned one day how I'd love a pork chop and (carer) said I'll go and get you one. She bought it in from the butchers; it was lovely." One person had picked some raspberries from the garden and told us, "Really enjoyed them as my dessert."
- Opportunities for people and staff to share meals culturally important to them took place on International Food Day. The provider told us, "Staff are very keen to bring in a home cooked national dish and are proud to share this with residents and their colleagues." The chef said, "The International Food Day is one of our celebrated high lights. Staff and residents really looked forward to a feast, seeing their eyes and senses light up gives me a great sense of achievement!."
- The main kitchen had been designed to be open plan enabling people in the dining area to watch and engage with catering staff enhancing their mealtime experience. We observed people interacting with the kitchen team, who knew them well, chatting about the menu, sharing banter and having fun.
- We observed people who required some support with their meals being helped at the person's pace, staff interacting with the person respectfully, ensuring the person's dignity and providing gentle encouragement when needed.
- People's rooms had a fridge which meant they had independent access to their favourite snacks and cold drinks. One person told us, "We've a great selection of snacks, a tuck trolley comes around and has things like kit kats, you can choose things for your room and it's free."
- Family and friends were able to join people for a meal and make a donation to a charity. People had the option of taking their meals in a variety of settings including their rooms, dining room, small kitchenettes around the building and the Railway Tavern, an on-site pub. A relative told us, "My brother enjoys a pub lunch with dad, it's proper boys time." We observed people in the 'Railway Tavern' enjoying a meal together with an alcoholic drink of their choice.

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

- People were supported to enjoy a healthy lifestyle. A staff member told us, "Some residents like exercising every morning. We've bought some weights and last week we tried Thai Chi." One person explained, "When I first came in I'd fallen and hurt myself. I've got strong since living here." Another said, "It's due to my walks

(around the garden) and the daily exercise class in the morning that I am now fitter than I was before I came in the place."

- Records showed us that collaborative working with other agencies enabled positive outcomes for people. Examples included working with palliative care teams in wound and pain management and following occupational therapist instructions for supporting a person with hand contractures and the use of a splint.
- One person had been discharged from hospital and needed a soft textured diet. They had discussed with staff how they felt they had improved and would like to have a normal diet. Following a swallowing re-assessment by the speech and language team they were able to resume a normal diet. The person shared, "I feel much happier and look forward to my meals now."
- When people needed to be transferred to hospital a transfer form was in place that ensured critical information was shared such as medicines and contact information.
- People had access to healthcare services including GP's, dentists, opticians and audiologists and if needed had the support of a member of staff who knew them well at appointments.

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

- Building design had considered people's safety, well-being and independence. Examples included an air ventilation system that circulated fresh air from outside around the building and underfloor heating that people were able to set to suit their temperature preference.
- Each room had a fixed ceiling hoist, telephone, fridge and en-suite shower room. One person had asked for the hoist to be removed and this had taken place.
- Outside space had been designed using research that identified best practice on the positive impact of nature on older people's well-being. People had level access to the grounds, bi-fold doors enabled people in the lounge to feel they were outside. Cameras had been placed in the grounds so that people could have streamed onto their TV's images of visiting foxes and badgers. We saw video footage of baby blue tits being fed in their nest.
- A fully equipped theatre had been created and was filled with memorabilia significant to the people living at Burwood. This had included original seats from a local theatre which people had memories of attending. At the time of our inspection a video system was being installed so that productions could be streamed into the rooms of people unable to attend a show and to families so that they could enjoy the event live and talk together about it.
- A large cinema screen enabled people with visual impairments to enjoy their favourite films. One person shared, "Having it on a big screen enables me to see the picture much clearer and in return has impacted my enjoyment of watching films."
- A fully operational pub had been created filled with pub memorabilia and a juke box. We spoke with one person who was enjoying lunch and a glass of wine. They told us, "I managed a pub for many years with my husband; this brings back happy memories."

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.

- People had their rights and freedoms respected as staff understood the principles of the MCA and the importance of, whenever possible, enabling people to make their own decisions. This meant care was provided in the least restrictive way.
- Records showed us where assessments demonstrated a person was unable to make a specific decision a best interest decision had been made with the involvement of the person, family and appropriate health or care professionals. Examples included administering medicine and personal care.
- DoLS had been requested appropriately, at the time of our inspection no DoLS had attached conditions.
- We observed staff providing choices to people, listening, giving time and respecting their decisions.

# 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.

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- People described receiving outstanding care. One person become emotional when explaining, "I think the world of (provider) and the staff. They are just amazing." Another person told us, "Staff here are excellent, there is no other word, not one. They do everything they can to make you feel happy. It's more than I feel safe here, I feel comfortable, I felt comfortable as soon as I came in and that makes me feel like I am home." Another said, "It's fantastic here, I would recommend it, why; because you have a great life. The staff can never do enough for you." Another told us, "Carers are wonderful, excellent, friendly."
- Families described care as outstanding. One relative told us, "This is an outstanding home. They do everything they can to make a positive difference to your life, the caring staff are a joy and so caring." Another said, "It really is outstanding. The staff are incredible, right from (management); you know them, and they really know (loved one)."
- Kindness and compassion extended to families. One relative told us, "Care is excellent. It's not just about (name) they care about me and the family. Ask if I'm coping. It's helped enormously."
- Staff demonstrated empathy and compassion. One person explained, "When I moved here it was a big step. Staff have been understanding; they listen, which is what you want." Another shared with us, "My neighbour in the next room gets upset at night and the night staff have gone and read to (them). It calms (them) down." Another person shared, "(Provider) welcomed me into the home; I was nervous, and she came and stayed with me." A staff member explained how a person had received sad news, "We had a long chat and I explained (they) were allowed to be angry and frustrated." They went on to say, "I gave (them) a hug and (they) thanked me for taking the time to sit and talk. I left knowing they felt a bit better in (themselves)."
- The culture of the home was focused on kindness and respect for people. People's individuality, skills and lifestyle choices were celebrated. One person enjoyed welcoming new people to Burwood and helped them settle in. They told us, "It's nice to welcome them to the home and see if there is anything I can help with; it makes me feel wanted." Another person had had a same sex relationship and told us, "They make me feel really comfortable to be me here."
- People's cultural backgrounds were known and staff ensured people's care reflected what was important to them. One person was Indian and an Indian member of staff brought in curry and was able to have conversations in their own language.
- Staff spoke positively and with feeling about their work and caring for people. A staff member told us, "A resident couldn't get any hair rollers to sleep in, so I got some online for her and she is so pleased; just a little thing to me but a big thing to her."

Supporting people to express their views and be involved in making decisions about their care

- People felt they had a voice. One person told us, "They are always asking for my views, from (provider) to the staff who come into my room to clean. I feel very involved in all aspects of my life here. I am very happy." Another explained how they had asked for a different lunchtime arrangement and said, "It made such a difference as it meant I could comfortably talk to a smaller group of people and was still in easy reach to speak with people on the next table. I was grateful, it made such a big difference."
- Staff were respectful of people's wishes. One told us, "It is very important (people) feel they are involved in their care because they know how they want things done."

Respecting and promoting people's privacy, dignity and independence

- People had been involved in a dignity action day and talked about what was important to them and would make their lives better. A staff member explained, "Comments such as valuing people, caring, respect, pride, kindness, all made us reflect and think on how we interact with each other."
- People were cared for by staff who understood what was important to them. One person explained, "(Staff name) knows how I like my hair and comes in every morning to make it just how I like it. They help me with my makeup which is important to me."
- People were encouraged and supported to maximise their independence. A staff member told us, "(Person) is slowly accepting support from the staff but likes to be independent with personal care. (Person) rings the bell and we help (person). (Person) calls the shots; it's important as (person) is happy when (person) can manage [independently]." One person chose to continue to visit their GP independently and staff enabled this by providing transport. Another person, who had worked in a hospital, helped staff set up test kits during COVID. The provider told us, "They loved it."

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People had care and support plans that clearly detailed a persons' care needs and lifestyle choices. Plans were regularly reviewed with people and where appropriate their families. People told us they had their care needs and wishes met. One person stated, "I really am able to be myself."
- People had opportunities to be involved in activities that were meaningful to them. One person was an artist and their relative told us, "(They) got me to bring in (their) pencils. It gave (them) a sparkle, a new lease of life." Another person had created word carvings and took great pride in displaying them around reception.
- People had asked for more exercise which had led to a daily exercise class. One person told us, "I enjoy the shake and wake in the morning, it's very good to get you going; puts me into a good mood for the day."
- Burwood had a full working theatre and pub which provided venues for a range of entertainment and activities. One person told us, "I especially enjoy the pub and go there whenever it's open. It's a fantastic addition to the home, it makes me very happy." Local theatre groups used the theatre for rehearsals and performed shows. During COVID-19 restrictions staff had put on productions. One person said, 'I used to enjoy going to musicals with my husband; lots of fond memories.' Photographs were displayed of many shows including Jubilee celebrations and an ABBA concert.
- People were involved in creating an activity planner for each month. During our inspection there was a Crufts event and staff and families had brought in their dogs with people acting as judges. Everybody was enjoying fussing over the dogs and having great fun. One person told us, "(Staff) gently suggest I do take part in activities and once I'm there I'm always so happy that they encouraged me, it brings me out of myself and makes me feel good. On days when I feel I can't join in they bring activities to my room."
- A minibus was available and used for regular trips. One person told us, "I enjoy the trips around Sandbanks, it makes you feel better when you get out." Another person was settling into Burwood and still had a home in the community. They hadn't fully transitioned leaving their home and staff supported them with regular trips home. They told us, "It has been an advantage being able to go home and collect large items, including my wooden carvings, and say goodbye to my home."
- One person had suggested Burwood create their own Christmas card that people could send to family and friends. Three designs were created, and people chose their favourite with proceeds going to a charity. This had been such a success that a general card with scenes from Burwood had also been created. A staff member told us, "This has been empowering for the resident as they are proud to be at Burwood and this is a way for them to share the appreciation with friends and family."
- People who could not always access the grounds were able to enjoy visiting wildlife as cameras streamed

onto people's TV's visiting foxes, badgers and birdlife. One person who didn't like to leave their room often had enjoyed watching nesting birds and said, "It had a great impact on my wellbeing and there was something to look forward to every day."

- During the COVID-19 pandemic links with a local nursery were maintained through a pen pal scheme with people getting cards and paintings from the local children. One person commented, "It made me happy, made me smile to see it (painting)." Another person enjoyed writing back to the children and shared, "My pen pal has a young child and I enjoy seeing pictures of how he has grown and hearing about his development. This is important to me as I love children, and this has a positive impact on my life."
- Community links included people being involved in charity events that were important to them. This had included one person knitting blankets for a charity stall. When fund raising events took place people decided charities to support which had included Save the Children jumper day, Comic Relief and Motor Neurone Society.

#### 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.

- People's communication needs were known to staff. This included whether people needed glasses, hearing aids or any additional support. If needed information could be provided in large print, picture format or a language other than English.

#### End of life care and support

- People received outstanding care at the end of their lives. People's end of life wishes were known and reflected in the care they received. Care was holistic and person centred. A relative shared their experience during COVID-19 restrictions, "(Registered manager) telephoned to say (relative) needs cheering up. We were able to spend time with (relative) on their last day. Always knew staff were on it; knew what (relative) needed. They navigated line of compassion with safety very well." A member of staff told us how a person's last wish was to enjoy a drink with lifetime friends but normally they couldn't have alcohol due to health conditions. They explained, "I spoke with the departmental head to see if there could be an exception to grant their final wish and the next week it was all arranged and we were able to let (name) friends join (them) for a small gathering and bring a bottle of whiskey."
- Care was responsive to people's changing needs. A nurse told us, "We plan but things don't always go to plan. We discuss straight away what can we do to make this better. Involve families, GP and there's a palliative nurse we can ring with any issues. We manage well as we always involve the person and their family."
- Where people had been assessed as not having capacity to make a specific decision, best interest decisions were taken with people who knew the person well. An example was records noting a family member making decisions with staff and a GP that their (relative) would receive end of life care at Burwood rather than hospital.
- People received care from staff who were skilled in end of life care, shared learning and supported each other with kindness and empathy. A nurse told us, "Staff have different feelings about end of life, and we support them with that; they may never have experienced a person at end of life. We work together as a team, always learning."
- Staff had an opportunity to say goodbye in a remembrance book that is then given to families sharing memories of a person's time at Burwood and the friendships they had made. A staff member told us, "I listened to (family) reminiscing as I could see this was a comfort."



Improving care quality in response to complaints or concerns

- People had been given information about the complaints policy and details were displayed around the building for families and visitors. One person told us, "I know how to raise concerns and know I would be listened to; (Management) make you feel really comfortable."
- Records demonstrated the complaints policy was responsive to concerns and used to drive quality.

# 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.

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management team had exceptional leadership skills that put people living at Burwood at the heart of everything. People, their families and the staff team consistently described an outstanding, inclusive culture where everybody felt valued. One person told us, "(Management team) lead Burwood extraordinarily well, caring for everybody living here is at the heart of everything they do: there is nothing you can ask that is too much." A relative said, "(Provider) is exceptional, and is always looking at imaginative ways to provide the best experience for people."
- The management team were visible, worked alongside staff, leading by example. A staff member told us, "The culture is kind, caring, warm, supportive and individual, recognising people's strengths." Another told us, "(Management team) are dedicated to the work, people feel safe and secure with them, and they make sure people have a lovely life; never bored."
- Staff were highly motivated, spoke passionately about the service and were extremely proud to work at Burwood. A staff member told us, "The residents are number one and we all work together as a close-knit team to ensure the safety, wellbeing and happiness of the residents. I enjoy going to work and feel very valued and proud of my workplace and to be part of the Burwood team." Another said, "(Management team) are truly dedicated to our residents and the care is exceptional; I feel lucky to have found such an incredible team to be part of." Another told us, "I constantly sing the praises of the home to others and I believe it's an outstanding place to live and work."
- Staff well-being was championed. Staff had access to wellbeing resources designed for front line workers which included free counselling sessions, dealing with prolonged stress at work and caring for yourself. A menopause group had also been started to support some of the staff team. A staff member told us, "Staff care activities have included yoga classes, meditation and many more."

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

- The registered manager understood the requirements of the duty of candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. Records showed us they fulfilled these obligations, where necessary, through contact with people and families.

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

- Managers and staff understood the scope of their roles and worked together as a team to provide

outstanding care to people.

- Quality assurance systems were multi layered and robust ensuring outstanding care was sustained. When actions were identified they were monitored and reviewed regularly. The provider shared lunch with people every day and used the time as an opportunity to gather feedback and ideas to share with the team. One person told us, "(Provider) sits with us most lunch times, chats with us and asks our views on things to do with the home and whether we have any suggestions."

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

- People, relatives and staff had a range of opportunities to be involved in the service. This included regular meetings, social media, newsletters and informal chats.

- Links with the community had been established and included student volunteers from a local grammar school, a local hospice who provided support to staff and joined in fund raising events and a local care home that shared facilities and activities.

Working in partnership with others

- The management team worked with other organisations and professionals to ensure people's care and support was in line with best practice guidance. This included National Institute for Clinical Excellence, (NICE), Skills for Care and Partners in Care, a local health and social care partnership group.

- Links had been made with local groups including the 'Neighbourhood Forum Committee'. Collaborative working had included dementia friendly issues in the local community such as access to local cafes and shops.

- Links with the local health commissioners had included forums looking at hospital discharge. The provider told us, "It provided an opportunity to share ideas and best practice."

- Links with a local university had included a dementia workshop looking at therapeutic environments. The provider told us, "Learnt the importance of a calm, quiet environment in dining room. Also led to us ensuring there were enough clocks around building to help people with orientation."