

Porthaven Care Homes No 2 Limited

Bourne Wood Manor Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Bourne Wood Manor is a care home providing personal and nursing care to 47 people aged 65 and over who may be living with dementia, have sensory impairment, or general frailty. The service can support up to 64 people. The home is bright and spacious and provides accommodation over two floors. Communal spaces include a bistro area, a hair salon, a family dining room, and a cinema room. Many of the rooms have direct access to the garden.

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

Staffing levels in the home were adequate despite recent recruitment challenges. On the day of inspection we observed that the way the staff were organised did not provide many opportunities for engaging with people.

Staff were recruited safely and appropriate checks made to ensure that people had the right values and experience for the role. When the provider used staff from an agency, appropriate checks were made and they were given an induction which included being shown around and meeting the people that they would be supporting.

People and relatives that we spoke with told us they were happy with the care provided at Bourne Wood Manor and felt safe. We received a lot of positive feedback about the new registered manager from relatives and staff, although some people felt communication from the service could be improved upon.

People's risks were understood and well managed, with a focus on positive risk taking. Medicines were well managed and infection control procedures were robust and effective.

The new registered manager was very passionate about her role and the home. They had a clear vision and many ideas for improvement to enhance people's lived experience at Bourne Wood Manor. They understood their responsibilities and engaged well with other organisations, healthcare partners and the regulator.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 1 February 2019).

Why we inspected

We received concerns in relation to staffing levels at the home. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe section of this full report.

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.

The overall rating for the service has remained the same. This is based on the findings at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bourne Wood Manor on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Bourne Wood Manor Care 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 Care Act 2014.

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 and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Bourne Wood Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information such as notifications, share your experience forms, and safeguarding information we had received about the service since the last inspection. We sought feedback from the local authority. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and two relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, residential care manager, deputy manager, care and housekeeping staff and the leisure and wellness co-ordinator.

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, rotas and call bell audits. A variety of records relating to the management and oversight of the service, including policies and procedures were also reviewed.

After the inspection

We spoke to 11 relatives of people living at the service and two members of staff. We received feedback from two health professionals who regularly visited the service. We continued to review a range of records and sought clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- People and relatives told us they felt there were enough staff on duty to support people. One relative said, "I have never seen anything that makes me think they are short of staff." Another comment made was, "You don't have to be sitting around too long to be conscious that there are a fair number of staff about. It is a comfort to know they are on hand if needed." Some people told us staff did not have time to sit and have a cup of tea or chat, but that they were nice and helpful.
- Prior to the inspection, we had received concerns about staffing levels and their workload. One said, "On many days we are short." Several staff we spoke with told us they were busy but that safety is not compromised. One said, "We are very busy but staff are being recruited and they do use agency staff. They use regular staff where they can." Another said, "The team is getting stronger now."
- We observed staff were very busy on the day of inspection and did not appear to have sufficient time to sit with people. We spoke to the registered manager about this and they made changes to the distribution of staff to improve levels of interaction. The provider had used a dependency tool to calculate the number of staff required on each shift. This was reviewed monthly and adjusted to meet people's needs if they had increased or changed.
- The provider had made us aware of recent staffing challenges at the service. They had recently appointed several new care staff who were undergoing reference checks and induction procedures. Recruitment records showed that robust checks were made and new staff received sufficient training and induction to the role before supporting people without supervision.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt well cared for and safe living at Bourne Wood Manor. One said, "I have no concerns, I feel safe in the home." One relative told us the environment was safe. The relative said, "The garden is secure and there is coded access." Another said of their family member, "She is safer here than she would have been at home. If she becomes ill, there is someone around for her." Another said, "They are very hot on safety here. [family member] has an extra low bed to try to reduce the risk of her falling."
- Staff we spoke with were very knowledgeable about safeguarding. They could describe the signs that may indicate abuse, and felt able to raise concerns internally to their line manager, or if needed, to external organisations such as CQC or the local authority. One said, "If nothing gets done when we raise a concern, it needs to be escalated. We have the safeguarding team phone number on the wall upstairs."
- The registered manager was aware of their responsibilities and safeguarding concerns had been appropriately recorded and reported to the local authority.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff we spoke with knew people well and could describe the ways in which they kept people safe. One

example given was of a person who was prone to falling, who needed two carers to support them when moving, and had sensor mats which needed to be in place to alert staff when the person got up, and also a soft mat by their bed for safety. One relative told us when the person's needs changed, "They very quickly assessed what his needs were and reacted accordingly."

- We observed people being supported to move appropriately following the guidance in their care plan. People had been provided with call bells so they could summon assistance when required. One person had a larger buttoned call bell as they had difficulty using the standard type. Risk assessments had been reviewed each month and new information and guidance had been shared with the staff team.
- Care plans contained information to guide staff to reduce risks. One care plan guided staff how to support a person with diabetes with their blood sugar levels. They were advised of signs to watch for, what they should do if they had a hypoglycaemic attack and what foods to offer. Another example guided staff to support a person who sometimes had episodes of breathlessness by reassuring the person, opening doors and windows, and gently rubbing their lower back.
- The registered manager had encouraged people to live their lives the way they wanted, even where this involved a level of risk. They were supported to be as safe as possible, with risk assessments put in place. One person who liked to go to town on the bus was supported to do so, and staff reminded the person to take their mobile phone and call if they had any difficulties. One person said, "I enjoy going out into the garden for a walk. The staff leave me to it – they respect my choice."
- Accidents and incidents had been recorded in detail and lessons learned had been shared with the staff team to prevent them from reoccurring. Following several recent falls in the home, a movement activity session had been introduced to improve people's muscle tone and stamina. The results were being monitored to evidence that this had been effective in reducing the number of falls in the home.

Using medicines safely

- The management of medicines was safe. People were supported to administer their own medication if they preferred. One relative said, "The medicines are given to her at the right time and in the proper way." Another told us that when the nurse was administering medicines, they were advised to wait until she had finished to talk with her. The relative said, "This clearly showed me they were prioritising the residents over visitors which is as it should be." Another said, "They have a good regime as far as medicines are concerned."
- Senior care staff administered medication as well as the nurse on duty. Certain medicines were only administered by the qualified nurse. Staff had received training and competency checks prior to administering medicines unsupervised. Medicine records were checked by the nurse daily to ensure there were no missed medicines. Staff we spoke with told us that if repeated mistakes were made, they would be required to repeat their training.
- Records showed that where medicines were given as and when required, there was guidance for staff which advised them what the medicine was for and when the person may need it. Where medicines were given covertly, there was a risk assessment and authorisation from a GP in place and recorded.

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 meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff told us the management team were approachable and supportive. One said, "[registered manager] is very approachable. She has an afternoon where she sits in the library and anyone can go to her." People told us they knew the manager and they felt able to approach her with any issues or concerns. One person we spoke with said, "I can easily find her to speak to when I need to."
- People had been involved in the day to day decisions within the home. Some had taken up the role of "Resident Ambassador" for the home, and fed back issues, concerns and ideas to the registered manager. They had also acted as the "welcome team" for people who were moving into the home and had been involved in the recent recruitment of new staff. One person said, "We have resident's meetings every month where they keep us up to date with any changes."
- Some relatives we spoke with said they felt communication from the management needed improvement. One relative said, "It would be nice to receive regular updates" and "One thing that could definitely be better is communication." Records we looked at showed us that relatives were appropriately informed of accidents and incidents. One said, "I would say that I am informed when I need to be." Following this feedback from our inspection, the registered manager had arranged a meeting with relatives, and arranged for a newsletter update to be sent out. They had also set up a volunteering scheme so that families could get support with activities and gardening to become more involved.
- The service had entered and won several awards with the involvement of people who live there, such as Best Care Home Garden in the Farnham in Bloom contest. They had also been presented with best dementia sensory garden and best chef of the year awards by the provider. The registered manager told us this made her feel very proud of the home and the people who lived there.

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

- The registered manager had a clear vision for the home of "striving for excellence" and "getting it right first time". People we spoke with were complimentary about the home, and were proud to live there. One person told us, "I am very pleased to be able to call this my home."
- People were able to continue much-loved hobbies and interests whilst being supported at the home. One person told us how much they enjoyed gardening. The person said, "I love going out in the garden, and I grow lots of vegetables out here – I love being outside." Another said they had wanted to attend yoga

sessions and had spoken to the new activities co-ordinator, who had arranged these sessions to start soon. People were asked what activities they would like to do and action was taken to make it happen. One person said they had always wanted to visit the Royal Albert Hall and the trip had been arranged and a shopping trip organised for them and their friends to buy sparkly outfits to wear for the occasion.

- Relatives we spoke with told us they liked the atmosphere in the home. Some comments included, "Atmospherically, it [the home] is lovely. The people who work there are extremely engaging and know the residents by their first name." Several said the home was, "Friendly and welcoming." Another said, "I am very impressed with the way in which management interact with the residents and know all of their names."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was very visible in the service and planned a walk-around observation of the home each day. A meeting of department heads took place daily during which issues of the day were discussed and actions put in place, for example any staffing issues and how these would be managed for the day, as well as plans for any new person moving in to the home. A clinical handover sheet included changes to people's needs and had been updated daily and shared with the team.
- Monthly meetings were held between the nurses and team leaders. A key worker system had been introduced so that each person living at the home had a named staff member who would get to know them in more detail and be the nominated contact with their family.
- Staff had supervision meetings with their line manager to discuss any concerns, areas for development, and received feedback on their performance.
- The provider had carried out regular audits of the home environment and management records to ensure that areas for improvement were promptly acted upon. We saw that issues raised were addressed promptly and the record signed off once complete.

Continuous learning and improving care

- Staff performance had been monitored by the management team, and action had been taken when necessary to support staff to improve their practice and the quality of care provided.
- The provider had analysed incidents and events to identify trends and themes. This helped them to prioritise areas for improvements. A recent analysis of falls within the home had been completed to identify whether there were patterns to those falls that could be addressed.
- Learning from events and incidents had been shared with staff through handovers, and daily clinical meetings to improve practice.

Working in partnership with others

- The registered manager had developed good relationships with relevant agencies and health professionals. One told us, "Bourne Wood Manor is a lovely home. Residents always appear well looked after and happy. Staff are very welcoming and helpful and implement any advice I give them to support their residents." Another said, "I have noticed some positive improvements with communication amongst care staff."
- People had received specialist support when required. The provider had made links and worked closely with professionals from other services to provide them with additional expertise. These included specialist Parkinson's nurses, Hospital at Home consultants, tissue viability nurses, the speech and language therapy team (SaLT), and Dementia UK. They had also worked closely with the hospice to support end of life care provision.