

Westgate Healthcare Limited

# Burford House Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service caring?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of this service on 17 November 2015. A breach of legal requirements was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach.

We undertook this unannounced focused inspection on the 12 May 2016 to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Burford House on our website at [www.cqc.org.uk](http://www.cqc.org.uk)"

Burford House Nursing Home provides accommodation and personal care for up to 30 older people, some of who live with dementia. There were 25 people living at the service on the day of our inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People received care that met their needs and where possible were involved in planning their care. Care plans and risk assessments were current and provided up to date information and guidance for staff. People were supported by staff who had been recruited through a robust recruitment procedure. There were sufficient numbers of staff employed at all times to keep people safe.

There were systems and processes in place to monitor the quality of the service. An action plan was in place to address shortfalls identified at the previous inspection. We found that most of the required improvements had been made. However we noted that records were not always updated in a timely or consistent way and this required improvement.

We observed that parts of the building, in particular communal areas and corridors the paint on skirting boards and doorways was very chipped and poorly maintained. Carpets and upholstery was soiled in places. We spoke to the registered manager about the environment which was not pleasant for people who lived at the home. The registered manager told us that a redecoration programme was planned and was due to commence in June 2016.

## 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 ●

We found that action had been taken to improve safety.

People were supported by staff who knew how to recognise and report abuse.

There were sufficient numbers of staff to meet people`s needs safely at all times.

Safe recruitment processes were followed.

People`s medicines were administered by staff who had been trained.

### Is the service caring?

Good ●

We found that action had been taken to improve caring.

People were treated with dignity and respect.

People were involved in planning and review of their care.

People were supported to maintain relationships with family and friends.

### Is the service well-led?

Requires Improvement ●

XXXXXXX

# Burford House Nursing Home

## **Detailed findings**

### Background to this inspection

This visit took place on 12 May 2016 and was carried out by one inspector. The visit was unannounced. As part of the inspection we reviewed information we held about the service including statutory notifications relating to the service. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with three people who used at the service, three members of staff, the registered manager and administrator. We received feedback from five health care professionals who were familiar with the home. We viewed three people's support plans and three recruitment and support staff files. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to complex health needs.

# Is the service safe?

## Our findings

During our previous inspection we observed a person to be seated in their wheel chair with a lap belt in place. We found that the use of the lap belt had not been assessed therefore there were no actions in place to mitigate risks, such as entrapment. During this inspection we observed there were no lap belts or any restraints in use. The registered manager and staff confirmed that they did not use any form of restraint to prevent people from moving around freely.

People told us they felt safe living at Burford house. One person told us, "If I need any help, I call the carer or someone looks in on me every so often". We saw from records and conversations with staff that people had their individual risks assessed and there were plans in place to inform staff on how to keep people safe. Care plans contained information relating to environmental risks and specific tasks such as, moving and handling, skin integrity and the use of bedrails.

Staff had been trained in safeguarding people from abuse and were able to demonstrate they knew how to identify potential abuse and how to report concerns. Information on how to report concerns was displayed around the home.

Accidents and incidents were recorded and reviewed to help identify potential trends and actions had been put in place to mitigate any known risks. This was reported on weekly and copied to the provider so they had an overview on any risks and how they were being managed.

People told us that they felt there were enough staff available to meet their needs. We observed during our inspection that people were mostly supported in a timely way. However at lunchtime we observed a person who was bedbound had not had their lunch brought to their bedroom and not been assisted with their lunch forty five minutes after lunch serving commenced. This was still within the 'lunch period' however the person was unable to communicate whether or not this was an acceptable delay. The registered manager checked and found their lunch was in still in the hot cabinet in the kitchen. They spoke to staff who told the registered manager that they were all busy assisting other people but would assist the person with their lunch in a few minutes when they were free. This suggested that at times of peak demand that people were not always assisted in a timely way.

The registered manager told us they used a 'dependency tool' to assess dependency levels. We reviewed staff rotas and they indicated there were four or five staff on duty at all times and staff told us there was enough staff most of the time. However on the day of our inspection we saw that sometimes people had to wait until staff were free to assist them, for example to be assisted with having their lunch.

There was a robust recruitment procedure in place which helped ensure that staff recruited were suitable to work in a care home environment. Staff files reviewed contained an application form covering full employment history, a minimum of two written references, proof of identity and a criminal records check.

People's medicines were managed safely. There was a system in place for the safe ordering storage and

administration of medicines. We reviewed a recent audit of medicines and saw that people had received their medicines regularly from staff who had been trained in the safe administration of medicines. We reviewed medicine administration records (MAR) and saw these were properly completed and were signed and in the case of controlled medicines they were countersigned. We checked the stock amounts for a sample of medicines and found these were correct, and matched what was recorded both on the MAR charts and in the controlled medicines recording book. Medicines were dated when they were opened to ensure they were within the manufacturers recommended 'use within dates'. Where medicines were no longer in use these were destroyed or returned to the pharmacy.

# Is the service caring?

## Our findings

At our previous inspection we observed that people were not always treated in a way that respected or promoted their dignity. For example people's clothing was not always adjusted in a timely way and their dignity was compromised. Since the last inspection the registered manager had introduced dignity champions to ensure staff knowledge around dignity were being developed.

At this inspection we saw that people were treated with dignity and respect and their privacy was maintained. Our observations throughout our inspection showed us that staff knocked on people's doors and waited for a response before entering. They also let people know who they were as they entered. However on one occasion we saw that a person who was bedbound had dry lips and this was reported to a member of staff and the registered manager along with the fact that their fluid chart had not been completed. The person was unable to tell us if they were thirsty. Staff assured us that the person had been assisted with having a drink but they had not completed the fluid chart. The member of staff went to get the fluid chart and then offered the person a drink.

Staff knew people well, were aware of their needs and knew how to provide appropriate care to meet those needs. Staff demonstrated that they knew about people's likes and dislikes. Staff called people by their preferred name and spoke in a calm and reassuring way.

People we spoke with confirmed they had been involved in the care planning and review process. We saw that where appropriate people had signed their own care plan and in the case of people who lacked capacity people's relatives had been involved in developing their relatives care plan and had given consent. We saw from records reviewed that family and relatives were kept informed of changes.

We saw that staff demonstrated they were kind and caring to the people they supported. We saw that staff smiled when speaking to people and were patient when communicating with them. They waited for people to respond. We heard staff explaining things to people, and noted they used effective communication methods which people understood. One person told us, "I am happy here the staff are very kind and caring to me". When we spoke to staff they spoke in a sensitive way and were compassionate when describing the people they supported demonstrating that they really did care about the people they supported.

We observed that there were several visitors at the home and people and staff told us that visitors were welcomed to the home at any time and people were encouraged to maintain contact with family and friends. We saw that local advocacy services were available to support people if they required assistance advice or support. Advocates are people who can offer independent advice and can who support people to raise and communicate their wishes. People were not using any advocates at the time of our inspection.

Staff also ensured that people's private information was held securely and demonstrated the importance of maintaining confidentiality. When staff spoke with people they checked that other people were not within close proximity so that their conversations remained private.

## Is the service well-led?

### Our findings

At our previous inspection we received mixed reviews and some negative comments about how the home operated and the overall management of the home. The registered manager was new to the home at that time and had an action plan which they were working through to make improvements where they had identified shortfalls. We found that the required improvements had been achieved in the areas previously identified.

However at this inspection we found that records were not always completed in a consistent or timely way. This meant that we could not always be assured that people had received appropriate care and support. For example one person who we observed in their bedrooms had their call bell out of reach and we were told this was because they did not know how to use it safely. However their care plan indicated that they could use their call bell safely. The person also showed us that they knew how to use the call bell. The registered manager told us they would ensure staff were aware that the person could use their call bell.

We saw that three people who were care for in bed did not have their food and fluid charts updated in a timely way. For example for one person we saw an entry in the morning but the time was not recorded or signed. The record stated they required support and assistance every two hours however there was no further entries for the mid- morning drink. In the case of another person we checked the records at 12.30 and noted the last entry was recorded at 6.40 am that morning and no further entries had been made. In the case of the third person no morning entry to record food intake and no lunch entry had been recorded. However when the registered manager spoke to staff about these missing records they were assured people had been supported with food and fluids but they had not been recorded. This lack of timely record keeping meant we could not be assured that people were being supported appropriately to eat and drink sufficient amounts.

We spoke to staff about record keeping and staff told us they used to complete records at the end of their shift when they had time. However they told us that since the previous inspection in November 2015 they had been completing records when they supported people. They also told us the registered manager had been making regular checks to make sure this was being done.

Staff and people who lived at the home felt that the overall management of the home had been improved. We were given feedback from a number of health care professionals who visited or had knowledge of the home felt the management of the home had improved and was positive.

There were systems in place to monitor the quality of the service and address shortfalls. Audits were carried out in areas including care plans and health and safety and medicines, we saw that where issues were identified, an action plan had been developed and most of the improvements had now been completed, for example reduction in use of agency staff and improved staffing levels.

There was a continuous improvement plan for example the redecoration and maintenance of the building. The registered manager told us they were well supported by the provider and told us they had regular

monitoring meetings to review the action plan and make sure they were on track. In addition they held a recent 'HR clinic' where staff were encouraged to raise and discuss concerns and management responded saying what they had done. For example, agency use had been reduced and the management team were continuing to recruit new permanent staff. This demonstrated the management team were committed to achieving continual improvements.