

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 effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 15 November 2016 and was unannounced.

Burford House is registered to provide accommodation for up to 30 older people who require nursing and or personal care. There were 26 people using the service on the day of this inspection.

The home had a registered manager. 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 2008 and associated Regulations about how the service is run.

People felt safe living at Burford House. Staff understood how to keep people safe and risks to people's safety and well-being were identified and managed. The home was calm and people's needs were met in a timely manner by sufficient numbers of skilled and experienced staff. The provider operated robust recruitment processes which helped to ensure that staff employed to provide care and support for people were fit to do so. People's medicines were managed safely.

Staff received regular one to one supervision from a member of the management team which made them feel supported and valued. People received support they needed to eat and drink sufficient quantities and their health needs were well catered for with appropriate referrals made to external health professionals when needed.

People and their relatives complimented the staff team for being kind and caring. Staff were knowledgeable about individuals' care and support needs and preferences and people had been involved in the planning of their care where they were able. Visitors to the home were encouraged at any time of the day.

The provider had arrangements to receive feedback from people who used the service, their relatives, external stakeholders and staff members about the services provided. People were confident to raise anything that concerned them with staff or management and were satisfied that they would be listened to.

There was an open and respectful culture in the home and relatives and staff were comfortable to speak with the registered manager if they had a concern. The provider had arrangements to regularly monitor health and safety and the quality of the care and support provided for people who used the service.

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.

Staff knew how to recognise and report abuse.

Individual risks were assessed and reviewed.

People were supported by staff who had been safely recruited.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People received support from staff who were appropriately trained and supported to perform their roles.

Staff sought people's consent before providing all aspects of care and support.

People were supported to eat and drink.

People were supported to access a range of health care professionals ensure that their general health was being maintained.

Is the service caring?

Good ●

The service was caring.

People were treated with warmth, kindness and respect.

Staff had a good understanding of people's needs and wishes and responded accordingly.

People's dignity and privacy was promoted.

Visitors were welcomed at any time.

Is the service responsive?

Good ●

The service was responsive.

People's care plans were reviewed regularly to help ensure they continued to meet people's needs.

Regular meetings were held for people who used the service and their relatives to share their opinions about the service and facilities provided at Burford House.

People were supported to engage in a range of activities.

People's concerns were taken seriously.

Is the service well-led?

The service was well led.

People had confidence in staff and the management team.

The provider had arrangements in place to monitor, identify and manage the quality of the service.

The atmosphere at the service was open and inclusive.

Good ●

Burford House Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 November 2016 and was unannounced. The inspection was undertaken by two inspectors.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the provider information return (PIR) submitted to us on 08 September 2016. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

During the inspection we observed staff support people who used the service, we spoke with five people who used the service, the chef, an activity co-ordinator, three staff members, representatives of the senior management team and the registered manager. We spoke with relatives of four people who used the service to obtain their feedback on how people were supported to live their lives.

We received feedback from representatives of the local authority health and community services. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed care records relating to two people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and quality audits.

Is the service safe?

Our findings

People and their relatives told us that people were safe living at Burford House. One person told us, "I feel safe here because nowadays with burglaries happening, there is no fear about that happening here." Another person said, "I feel safe here, there are lots of people about." A Relative of a person who used the service told us, "[Relative] is safe here because they are well cared for."

Staff told us they were confident that people's safety was promoted. One staff member said, "We ensure that people are eating and drinking well. We look out for trip hazards. We ensure that people their call bells at hand and that bed rails are used where required."

Staff had been trained in how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse. Staff were able to confidently describe how they would report any concerns both within the organisation and outside to the local authority safeguarding team. They told us that they would not hesitate to use these procedures where necessary and encouraged other staff to do the same. One staff member told us, "I would report any concerns to the nurse and the [registered] manager." Information and guidance about how to report concerns, together with relevant contact numbers, was displayed in the home and was accessible to staff and visitors alike. This showed us that the provider had taken the necessary steps to help ensure that people were protected from abuse and avoidable harm.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. Risk assessments were in place for such areas as mobilising independently, eating and drinking and skin integrity. These assessments were detailed and identified potential risks to people's safety and the controls in place to mitigate risk.

Staff helped people to move safely using appropriate moving and handling techniques. For example, we observed two occasions where people were supported to transfer via means of a mechanical hoist. On both occasions we noted that staff communicated with the people and they were given reassurance by staff. People's care plans included information about the type of hoist and sling that they used which meant that care staff had access to the information that they needed to transfer people safely. This showed us that people's safety and well-being was a priority for the staff and management team.

We noted that people who had been assessed as requiring bedrails on their beds to prevent them falling had protective covers over the rails to reduce the risk of entrapment. We checked a random sample of pressure mattresses for people who had been assessed as being at risk of developing pressure ulcers and we found that they were at the appropriate setting for their weight. Staff told us that people were assisted to reposition at appropriate intervals to help maintain their skin integrity and we saw that records were maintained to confirm when people had been assisted to reposition.

People, their relatives and staff all told us that there were enough staff available to meet their needs and they accepted that there were peak times of the day when they may experience a slight delay. A person who used the service said, "When I press the button (call bell) they come reasonably quickly, unless they are

busy." Another person said, "Staff are very good if you call them. They come to give you help; it can take 10 minutes because they are very busy. They say to me sometimes we are very busy." A further person told us, "The staff do what they can but they are always stretched. I would rather get out of bed earlier than later but I have to wait my turn."

Staff members told us that there were enough staff to meet people's needs however during busy periods they said there was not always the time to spend with people to sit and talk. One staff member said, "When giving personal care we make time to have a good chat." Another staff member told us, "We answer all call bells but we need to prioritise the work, we let people know we will be back." Throughout the course of the day we noted that whilst the staff team were all busy there was a calm atmosphere throughout the home and that people received their care and support when they needed it and wanted it. Call bells were answered in a timely manner and staff went about their duties in a calm and organised way.

Safe and effective recruitment practices were followed to make sure that all staff were of good character and suitable for the roles they performed at the service. We checked the recruitment records of four staff members and found that all the required documentation was in place including two written references and criminal record checks. This helped to ensure that staff employed were fit to work in a care setting.

There were suitable arrangements for the safe storage, management and disposal of medicines and people were supported to take their medicines by trained staff. People and their relatives told us that they received their medicines regularly and that they were satisfied that their medicines were managed safely. One person said, "I get my medicine on time and I know what most of them are for, I have so many."

The local pharmacy provided annual face-to-face medicines training and additionally the nursing staff had undertaken annual e-learning modules. The registered nurses had their competencies to administer medicines assessed three times per year. Room and fridge temperatures were regularly checked to help ensure that the efficacy of people's medicines was maintained. We checked the quantities of controlled drugs and found that these agreed with records. However, we checked a random sample of boxed medicines and found that the stock of some medicines did not agree with the records maintained. We found no negative impact for people with regards to their medicines which confirmed the registered manager's judgement that this was a record keeping matter as opposed to a medicines administration concern.

Is the service effective?

Our findings

People and their relatives told us that the care and support provided at Burford House was appropriate to meet people's needs. One person said "They [Staff] listen to me." Another person told us, "They listen to me, they know me well."

Staff received training to support them to be able to care for people safely. The registered manager told us of various training elements that had been undertaken by members of the staff team and those that were planned for the immediate future. These included basic core training such as moving and handling, fire safety and safeguarding as well as specific training modules such as end of life care and supporting people to take nutrition via percutaneous endoscopic gastrostomy tube (PEG) when oral intake was not adequate due to health conditions.

New staff members were required to complete an induction programme, during which they received training relevant to their roles and had their competencies observed and assessed in the work place. A staff member told us, "I had an induction; I had my training which included, moving & handling, food hygiene, health & safety, first aid, dementia training, safeguarding and mental capacity." The staff member told us they had shadowed established staff members for three days prior to working unsupervised.

The management team and staff confirmed that there was a programme of staff supervision in place, all staff we spoke with said they received support as and when needed and were fully confident to approach the management team for additional support at any time. One staff member said, "We have supervisions every three months and sometimes we have group supervisions. I feel supported by the manager. They will ask me if there are any problems and if there is anything I need, we talk about training. I feel listened to and through our input we have had lots of changes." For example, the staff member told us that the way the staff team was allocated on shifts had been altered through discussions and that this had resulted in a positive impact for the staff team and the people that used the service.

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 Act 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. All staff had completed relevant training and understood their role in protecting people's rights in accordance with this legislation. The registered manager demonstrated a good understanding of when it was necessary to apply for an authority to deprive somebody of their liberty in order to keep them safe. They had an awareness of what steps needed to be followed to protect people's best interests and how to ensure that any restrictions placed on a

person's liberty was lawful. At the time of the inspection 10 applications had been made to the local authority in relation to people who lived at Burford House and nine were pending authorisation at the time of this inspection.

People told us, and our observations confirmed that staff explained what was happening and obtained their consent before they provided day to day care and support. Staff members were knowledgeable about capacity, best interest decisions and how to obtain consent from people with limited or restricted communication skills. Staff told us that they understood that it was important to assume people's capacity because it was important to offer choice. For example one staff member said, "I hold up different items of clothing when supporting with people with choice about what to wear."

Throughout our inspection we saw that, wherever possible, staff sought to establish people's wishes and obtain their consent before providing care and support. For example, one staff member had asked a person, "We are going to lift you into the comfy chair, is that alright?" A staff member told us, "When I am giving personal care I ask how they want it, when they want it. Some people like to shower or have a bath. It's their needs; we always have to respect their choices."

We noted that 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) decisions were in place, and it was clear that people had been involved with making the decisions and, where appropriate, their family members as well. Where people did not have family members to support them with important decisions we noted that the registered manager took appropriate action to ensure that alternative arrangements were made. For example, an independent advocate had been secured to support a person who had expressed the wish to return to their own home despite being at potential risk from self-neglect.

People told us that they were provided with a good choice of food and that they were supported to choose where they wanted to eat their meals. We noted that some people opted to eat in the communal dining room and some chose to eat in their rooms. People told us that their individual likes, dislikes and food intolerances were well known and respected by the staff team. For example, a person told us, "If you have food you don't like, they change it. I don't like spaghetti and I don't get it anymore." Another person said, "I had a lovely breakfast, boiled egg and cereal. I love custard and I have Horlicks before I go to sleep." A further person told us, "The food is good, if you have food you don't like they change it."

We observed the lunchtime meal served in a communal dining room and for those people who chose to eat in their rooms or were being cared for in bed. We noted that people were provided with appropriate levels of support to help them eat and drink. This was done in a calm, relaxed and patient way that promoted people's independence as much as possible. We heard staff interacting with people in a kind and considerate manner indicating that nothing was too much trouble.

Assessments had been undertaken to identify where people were at risk from poor nutrition or hydration. We noted that these assessments were kept under review and amended in response to any changes in people's needs. For example, we noted that a person's weight had gradually reduced over a period of 11 months. A food chart had been introduced to monitor the person's intake because they had been identified as being at medium risk. The person's weight continued to reduce so the GP was contacted and a referral had been made to a dietician. The guidance from the dietician was that foods were to be fortified to increase the person's calorie intake and a food supplement was prescribed. Care records showed that the person's weight had gradually stabilised in response to these actions and the latest records indicated a small gain in weight. This showed us that people were supported to have access to dietary and nutritional specialists to help meet their assessed needs.

People told us that their day to day health needs were met in a timely way and they had access to health care and social care professionals when necessary. We noted that appropriate referrals were made to health and social care specialists as needed and there were regular visits to the home from dietitians, opticians and chiropodists.

Is the service caring?

Our findings

People were cared for and supported in a kind and compassionate way by staff who knew them well and were familiar with their needs. One person told us, "I am happy here, they [staff] are lovely girls ever so helpful." Another person said, "It's a nice place to live everyone is friendly and that's including the staff." A further person commented, "They are wonderful, they put up with all sorts of nonsense from me but they are lovely, caring and kind."

Staff respected people's dignity at all times and supported people in the way they wished whilst encouraging them to remain as independent as possible. During our visit we observed staff were always courteous and kind towards people they supported, often sharing banter and jokes between each other in a respectful and dignified way. We saw staff promoting people's dignity and privacy knocking on people's doors and waiting before entering people's rooms. A staff member told us, "We have to respect people's privacy and dignity; knock on their door ask for permission to come in." Throughout the day we noted there was good communication between staff and the people who used the service and they offered people choices. One person told us about a staff member who entered the room, "This is my favourite staff member, [Person] is lovely."

Staff were calm and gentle in their approach towards people. However, we noted some examples where staff did not always promote people's independence by giving them the opportunity to do tasks for themselves. For example, we observed people having breakfast and lunch and people were supported to eat by staff where required. We noted that some people had clothing protectors put on them without being asked and we saw staff wipe people's mouths without being asked or being given the opportunity to do these tasks for themselves. We discussed this with the registered manager and a representative of the senior management team who undertook to ensure that staff received further guidance about promoting people's independence.

The environment throughout the home was warm and welcoming. People's individual bedrooms were personalised with many items that had been brought in from their home such as cushions and pictures.

Staff had developed positive and caring relationships with people they clearly knew well. People were relaxed and comfortable to approach and talk with care staff, domestic staff and management alike. We observed all staff interacting with people in a warm and caring manner listening to what they had to say and taking action where appropriate.

People were offered choices in respect of such areas as food, clothing, activity and where they spent their time and these were respected which contributed towards people feeling that they had control in their lives. People's care records were stored in a lockable office in order to maintain the dignity and confidentiality of people who used the service. We noted that the office was closed when staff were not using it.

There were photographs of the staff team on display in the communal areas of the home which meant that visitors and relatives were able to identify the staff on duty. Relatives and friends of people who used the

service were encouraged to visit at any time and we noted from the visitor's books that there was a regular flow of visitors into the home. One person told us, "My daughter visits and they can come when they want, I would be lost without them." One person's relative told us, "I can visit at any time; staff always offer me a cup of tea." Another relative said, "It is fantastic here, we haven't had to worry at all. All the staff seem gentle and fond of my [Relative]. Staff get attached to residents here. They are generally concerned for my [Relative]." They went on to say, "[Person] is cared for and their needs are met. They are shown affection, care beyond what's required its more personal care. Staff know us."

Is the service responsive?

Our findings

People and their relatives told us they had been involved in developing people's care plans. A relative told us, "We have reviewed [Person's] care and [Person] was involved." Some people who used the service were not sure if they had reviewed their care however, they were able to tell us that staff had asked them if they were ok. One person told us, "Staff have talked to me about my care."

People's care plans were reviewed regularly to help ensure they continued to meet people's needs. We saw that people's relatives were invited to attend monthly review meetings where appropriate. A relative told us that the staff were good at keeping them up to date with important events in people's lives.

People's care plans were sufficiently detailed to be able to guide staff to provide their individual care needs. For example, one person's communication care plan stated, "I cannot communicate my needs and wishes so all my care is anticipated. I do not always understand what is being said to me. Occasionally I talk to myself, especially at night and with some reassurance I settle down." The care plan also provided staff with the information that the person's bedtime routine included having a glass of hot milk before bed to help them to settle.

Care plans showed that people were asked to think about their wishes in relation to their end of life care and it was documented if they had any specific wishes or if they had declined to talk about this matter when they moved in to the home.

People received personalised care and support that met their individual needs and took full account of their background history and individual circumstances. Staff told us that there was good guidance in the care plans to support them to meet people's needs. For example, in one person's care plan we noted that to promote and maintain their mobility they needed support from staff to help them walk three times a day. Staff we spoke with were aware that the person needed this support and the daily care records confirmed that the individual received this support daily. During the day of this inspection we saw the person strolling with a staff member down the corridor. The activities co-ordinator had also started an exercise plan for the person to further support their wellbeing. The person said, "I have exercises and we do various exercises and they [Activities person] will always take me for a walk." This showed us that people received care and support that was centred on them as individuals.

People's changing needs were responded to appropriately and actions were taken to improve outcomes for people. For example, one staff member told us about an individual who was supported to transfer with a standing hoist. However the person started to experience pain in their legs. A review of the person's needs was undertaken and they were now supported using a full body hoist. This demonstrated that people's needs were responded to and actions were completed to improve outcomes for people.

There were regular meetings held for people who used the service and their relatives to share their opinions about the service and facilities provided at Burford House. A relative of a person who used the service said, "Yes we do get invited to attend the meetings but I live too far away." A person who used the service told us,

"I have attended the meetings once but I'm not really interested." People were aware of the meetings and dates were clearly displayed on the notice board.

There were a variety of activities taking place throughout the home during the course of the inspection. There were two activities co-ordinators who worked on different days through the week, the registered manager reported that the provider was taking steps to increase the activity provision to cover seven days.

The activity staff were mindful that not everyone wanted to take part in group activities and some people preferred to remain in their own rooms. For example, one person who chose to remain in their room had been supported to take up painting and they had really enjoyed this. The activities person said, "I have left paint materials in their room so they can paint when they want to." A person we spoke with had their painting on the wall above their bed. They told us that they had started to paint in later life but really enjoyed it. They pointed to one of the pictures that had been painted by their grandchild that was proudly displayed on the wall along with their paintings.

The activities provision included celebrating events such as Remembrance Day. People had coloured in poppies and one person had made a poppy card. The activities co-ordinator said, "We speak to people about the events. For example war time music was played and we discussed people's memories." People told us they liked to have a sing-a-long, one person said, "I love singing, we have a man come here with his guitar and we have a good sing song." People were supported with having their nails done and use the hairdressers. A person who used the service told us, "I get my newspaper to read and there are books here." Every fortnight a Pets as Therapy (PAT) dog visited the home for people to fuss over. A person who used the service said, "The activities have really improved." The activities co-ordinator told us, "I feel it's important to engage people." This demonstrated that people were supported to follow their interests and take part in social activities.

Concerns and complaints raised by people who used the service or their relatives were appropriately investigated and resolved. People who used the service and their relatives told us that they would be confident to raise any concerns with the registered manager. One person said, "I would speak to the staff in the office, that's what they are here for." One relative told us, "We did have an issue come up and we spoke to the manager and this was resolved." We reviewed records of complaints and found that the provider's policies and procedures had been followed and that there was a clear trail of the investigation into the concerns and a report back to the complainant.

Is the service well-led?

Our findings

People who used the service knew the registered manager by name and felt that they were approachable with any problems. People, their relatives and the staff team said that the registered manager was approachable and that they were visible around the home.

The registered manager demonstrated an in-depth knowledge of the staff they employed and people who used the service. They were familiar with people's needs, personal circumstances, goals and family relationships. We saw them interact with people who used the service, relatives and staff in a positive, warm and professional manner.

Staff told us that the management team was approachable and that they could talk to them at any time. They said that the management was always open to suggestions from the staff team and that they listened to everybody and always provided them with opportunities for improvement. Staff told us that there were regular staff meetings held to enable them to discuss any issues arising in the home. Staff meeting minutes confirmed that these were a two way process and that staff suggestions were taken seriously and incorporated into daily working practice.

Record keeping in the home was robust and mostly detailed however, we noted examples where daily intervention charts were not always completed at the time that the care had been delivered and there were some shortfalls in recording of medicines. The management team acknowledged these areas and undertook to introduce additional monitoring to bring about improvement.

There were regular management meetings held between the registered manager and a representative of the provider to discuss such issues as recruitment, the performance of the service and any matters arising. There were a range of checks undertaken routinely in the home to help ensure that the service was safe. These included such areas as water temperature checks, safety checks on bedrails, inspection of the call bell system, and fire checks. We noted that where issues had been identified through this system of audits they were passed on to the relevant person to address. This showed us that the registered manager and provider were committed to providing a safe service.

The provider had introduced an observation tool to assess the quality of care for people who lived with dementia who may have difficulties communicating. This tool formed part of the provider's continuous monitoring of the quality of service provided. We noted that this audit had produced an overall score of 91% which indicated that the home had met CQC characteristics and the provider's standards. The audit was in-depth covering all areas of the service delivery and the issues identified for improvement included that staff needed to be reminded of the importance of ensuring fluid charts were kept up to date and that moving and handling care plans should state hoist type, sling type, size and the colour of the loops used. We reviewed care plans and noted that sling types and sizes were documented to help ensure staff knew the correct equipment to support people.

Satisfaction surveys were distributed annually to people who used the service, their friends and relatives

and relevant professionals. Once the completed surveys were received the provider collated the information and produced a report of the findings which was shared with the registered manager. For example, the report of the findings from the most recent stakeholder survey undertaken in 2016 noted that areas such as communication with management, competency of staff, respect and dignity and meeting the needs of the people who used the service had been rated as either 'good' or 'excellent'. This showed us that the provider was committed to obtaining feedback from external stakeholders to help ensure the service delivered a good standard of care.

Providers of health and social care are required to inform the Care Quality Commission, (CQC) of certain events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.