

Westgate Healthcare Limited

Burford House Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection was carried out on 17 November 2015 and was unannounced.

Burford House Nursing Home provides accommodation and personal care for up to 30 older people, some of who live with dementia. There were 26 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.

At the last inspection on 8 November 2013, the service was found to be meeting the standards. At this inspection we found issues in relation to the management of medicines and the use of some equipment which may result in people being unlawfully restrained and increased the risk of entrapment due to insufficient risk management plans and assessment.

The Mental Capacity Act (2005) provides a legal framework for making particular decisions on behalf of people who may lack 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. Where 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 in line with the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that most people living at the service were able to make their own decisions and those who were unable had their capacity assessed. Staff did not always understand their role in relation to DoLS and the manager was providing training to improve this. DoLS applications for people who needed bed rails were pending an outcome.

People told us they received care that met their needs and were involved in planning their care. Care plans were up to date and included guidance for staff. There was access to health and social care professionals and there was health and wellbeing monitoring carried out by staff at the home.

At times staff felt they were too busy to provide person centred care and the care became more task focused. People reported in meetings and surveys that at times they had to wait for support. The manager reviewed staffing levels and they had a recruitment plan in place. Staff were recruited through a robust recruitment procedure and received the appropriate training for their role.

There were systems in place to monitor the quality of the service and the manager had identified areas they

were developing such as dignity, DoLS and medicines management. Action plans were developed included timeframes to ensure completion. This was monitored by the provider.

We found that the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we took at the back of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

People's medicines were not managed safely.

People's risks associated with the use of lap belts required reviewing to ensure they were used safely.

Staffing levels at times impacted on people's needs being met in accordance with their preferences.

There was a robust recruitment process in place.

Is the service effective?

Good ●

The service was effective.

Communication with health care professionals needed improving.

People were supported by staff who received training and supervision.

Staff member's understanding in relation to MCA and DoLS needed improving.

People had the appropriate support to eat and drink.

Is the service caring?

Requires Improvement ●

The service was not always caring.

People were not always treated with dignity and their preferences were not always able to be accommodated.

People were involved in planning their care.

People were supported to maintain relationships with family and friends.

Is the service responsive?

Good ●

The service was responsive.

People's care needs were met and there were personalised care plans in place.

People's feedback was sought and complaints responded to appropriately.

Activities were provided, however, only during the week and there were none provided at weekends.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

There were mixed views about the leadership of the home.

There were systems in place to monitor the quality of the service.

Actions plans were developed and completed to improve the quality of the service.

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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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This visit took place on 17 November 2015 and was carried out by one inspector. The visit was unannounced. Before our 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. We also reviewed the Provider Information return (PIR) which sets out how the service is meeting the standards.

During the inspection we spoke with five people who lived at the service, four members of staff, the operations manager and the registered manager. We received feedback from four health care professionals and another professional who visited the home. We viewed three people's support plans and five 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

People's medicines were not always managed safely. We saw that entries on the medicine records were consistent and handwritten entries were countersigned. However, we found that in some cases the amount of medicine in stock was not always recorded. We also found that the amount for five of the six tablets we counted were not correct. For example, tablets either had too few or too many in the box which indicated people may have missed medicines or received the incorrect dose.

People had their individual risks assessed and there were plans in place to guide staff on how to promote people's safety. For example, in relation to falls, moving and handling, skin integrity and bedrails. We saw that most staff supported most people in accordance with their identified risks. However, we also saw that one person was left on two occasions with a lap belt in place when sitting in their wheelchair, on both occasions unsupervised, and this was not recorded in their assessments and therefore there were no actions in place to mitigate risks, such as entrapment. We asked staff about the use of lap belts and one staff member told us it should not be used however later during the inspection we saw the person had it in place again. Another staff member told us, "It's used to stop them getting up on their own and because they slide down in the chair." This meant that the belt was being used as unlawful restraint and the person was at increased risk of entrapment with the belt in place as they were known to slide down in the chair. We informed the manager and operations manager of our concerns and the urgent need to maintain the person's safety and they told us they would review the situation immediately and ensure the appropriate assessments were in place.

Due to the concerns relating to the management of medicines and the unsafe use of lap belts, this was a breach of regulation 12 of the Health and Social Care Act (Regulated Activities) 2014.

People told us that they felt safe living at the home. Staff were aware of how to identify possible abuse and knew how to report their concerns. Information on how to report concerns was displayed around the home.

The manager monitored all accidents and incidents in the home and reported this to the provider on a weekly basis. The report included themes or trends and all action taken to reduce the risk of a recurrence.

People told us that they felt there were enough staff to meet their needs. However, one person said, "They are all so busy." We noted that staff worked constantly during our inspection, moving from one task to the next and there was no time for sitting and speaking with people. We also saw that one person was offered support with eating over 30 minutes after the meal was taken to their room due to the numbers of people who required support with mealtimes. Staff told us that the shifts were busy and it was normal to still be getting people washed and dressed for the day at 12pm. They also told us that additional duties, such as cleaning added strain on their time. One staff member said, "Staffing is ok but when people [staff] are off there's not enough."

The manager told us there had been some staffing issues and they had used agency staff and they were continuously recruiting. We saw there was a recruitment plan in place to help address the staff vacancies.

We spoke with the manager and operations manager who told us that they had recently had their staffing levels externally reviewed and the outcome was positive, indicating there were sufficient staff for the service. The operations manager told us that managers can request additional staff when needed and there were four different assessments which fed into the people's dependency levels and helped them to ensure staffing levels were appropriate. The manager and operations manager told us that they would look into why people were still receiving care at lunchtime and if there was a need, they would review staffing levels or deployment.

Following the inspection the manager told us that they had investigated the reason why care was still being delivered at lunchtime and told us that it was due to people's preferences and the time they chose to receive care. The manager said, "I feel confident that we do maintain appropriate and safe staffing levels at Burford House." However, we noted that staff told us this can be normal for them to be delivering care at lunchtime due to workload rather than preferences so this was an area that required monitoring by the management team.

Staff were employed through a robust recruitment procedure. Staff files included an application form covering full employment history, written references, proof of identity and a criminal records check. This helped to ensure that the staff working at the service were fit to do so.

Is the service effective?

Our findings

People received regular support from health and social care professionals. People told us they had access to these services as needed. We saw that in addition to GP's and district nurses, people were visited by the chiropodist, optician and a hairdresser. However, one health professional told us that they felt standard of nursing had deteriorated. Another health professional told us that they noted issues relating to communications particularly at handover, for example, on discharge from hospital. This was an area that required improvement.

People were supported by staff who had received the appropriate training. One person told us, "The [staff] are super." A relative told us that they felt the staff were skilled and knowledgeable. They had experience of other care services and felt staff knew how to support their relative who lived at the home.

Staff told us that they had regular access to training. One staff member said, "My training is up to date, we can do it online now too." We saw that upcoming training courses were displayed. The manager displayed staff member's training achievements and certificates of congratulations on completion of courses were displayed around the home. Staff told us that they received regular supervision and it was an opportunity to discuss any issues and ongoing development. This helped to ensure that staff had the appropriate skills and support for their role.

Most people who lived at the service were able to make decisions independently. For those who were unable, a mental capacity assessment had been carried out. However, staff still supported people to make decisions about day to day issues, such as what they'd like to wear, what they would like to do. The manager had made DoLS applications to the local authority for people in relation to the use of bedrails where people were unable to consent to their use. These were pending an outcome. However, there were no applications made in relation to restricting people's free movement and when asked, staff told us they would stop people leaving the home without supervision. One staff member said, "I'd have to go and check with my manager before I let them go out." We also discussed the use of lap belts on wheelchairs with staff and were told at times these were used to stop people getting up. We explained this in more detail in 'Safe'. The manager told us, "I feel that staff will need further training and time to really get to grips with it. I understand I will need to regularly reflect on these topics with them. I had already identified this requirement and you will see from my care improvement plan that our training manager is organising refresher training in this area."

People were supported to maintain a balanced diet and they told us they enjoyed the food. One person said, "It's good." However, we noted that due to the number of people who needed assistance to eat, at times, they may have to wait for their meal. We explain more about this under 'Safe'. People were given a choice of meals and offered alternatives if they did not want either choice. People who were at risk of not eating enough were given fortified foods to increase their calorific intake. Their weight and intake was monitored, and where there were concerns, this was reported to the appropriate health care professionals.

Is the service caring?

Our findings

People told us that staff were kind. One person said the staff were, "Very nice." Another person said, "This is home for me." We saw that people were spoken to with respect, however at times staff did not give consideration to their dignity. For example, we saw on two occasions a person pulling their clothes up to expose their underwear and it took time for staff to notice so the person spent a period of time exposed. Another person walked with their continence pad exposed and the staff member walking with them did not offer to adjust the person's clothing to promote their dignity.

We discreetly asked staff were there any people they supported who lived with dementia, staff talked loudly and pointed at people saying, "[Name] has dementia and [name] has dementia." We also saw that a staff member attempted to assist a person to eat after their lunch had been sitting on the table uncovered for 30 minutes and would have been cold. We asked the staff member about this and after initially telling us it was warm and the person was refusing the food, the staff member told us they were going to get a hot replacement. For the staff member not to ensure that the food was at an acceptable temperature did not show consideration and care for this person.

We found that terminology with the home needed some development as people who were supported to wear clothes protectors were offered 'bibs' and people who needed assistance to eat were referred to as 'the feeds'. The manager told us, "This is an area I had already identified in the home – I have now appointed two dignity champions and I feel that after training they will make a big impact in the home by supporting the staff team in identifying and addressing any institutional behaviours that may exist and cascading the knowledge they gain to the rest of the staff team."

Staff did however speak kindly to people and were gentle when assisting them to transfer. Explanations were given when assisting people with tasks and blankets were offered over people's legs when assisted to transfer with a hoist to preserve privacy. For example, we heard staff say, "I'm just going to pop your legs down" when helping support a person in their wheelchair so they could sit closer to the table. One person told us, "The staff are really careful."

People were involved in planning and reviewing their care. One person said, "Yes, I'm involved in my care plan." However, another person told us that they were woken too early to receive continence care even though it was stated in their plan and common knowledge that they would call if they required assistance. The person told a staff member who reassured them that they would speak to the member of staff and remind them of the person's preferences. We saw that care plans included people's preferences, life histories and choices. However we noted that at times people's preferences in relation to the time they wished to get up in the morning were unable to be respected as care was needed to be given in a task orientated way due to the time restraints. We asked staff about this. One staff member told us, "It's not the time they would choose to get up, just the time we can get to them." Another staff member told us, "We work through the room numbers and get to people when we can." They went on to say that when they started their shift in the morning they went round to rooms and asked people when they wanted to get up but said, "Sometimes it's not always possible." This was an area that required improvement.

People felt they were supported to maintain relationships with family and friends and forge new friendships with people living at the home. One person told us, "I'm happy here." We saw that people chatted between themselves and there were visitors in and out of the home. One relative told us, "I'm glad [relative] is here, always made to feel welcome. The staff are nice and friendly."

Is the service responsive?

Our findings

People told us that they felt their care needs were met. One person told us, "I'm quite content." A relative told us, "If [person] needs anything, it's always done." A relative told us that they were happy with the progress their relative had made since moving to the service. They said, "I've seen a great improvement in [person]." They went on to say that their relative was, "Now smiling."

People's care plans were reviewed monthly and gave clear guidance to staff. The plans detailed how support should be offered. We saw staff worked in accordance with these plans. For example, the way in which they communicated with a person who had a hearing impairment.

People told us that they were satisfied with the activities provided at the service and had no further suggestions. One person told us, "They take me to the football as I love it." Another person told us that they went to a club every Tuesday and was waiting for their transport when we arrived. We also found there were links to the local community and the activities organiser was hoping to host the local coffee morning club at the home and arrange a pen pal club.

There was an activity plan in place and the activity organiser told us this was developed in conjunction with people who lived at the service. They said, "I sit with them [people] when I develop the plan and we discuss it at resident meetings." The plan included activities such as Bingo, exercises and crafts and there was also allocated time for one to one time for people who did not wish to participate in group activities or those who were cared for in bed. The one to one sessions included chatting, hand massage and reading. There was also an aromatherapy trolley available for people to use. The hairdresser visited every Tuesday and people regarded this as an activity.

People were asked for their feedback with a survey and regular meetings. The survey was sent out twice a year and the results with any required actions displayed in the home. People's feedback was generally positive. However, there were comments relating to staffing levels and sometimes having to wait for care. Following the survey, an independent assessment was carried out on the staffing at the home and recommendations made on areas this could be improved. This demonstrated that the provider was listening to people. The complaints policy was displayed and people knew who they would speak to if they wished to raise a complaint. However, people told us they had no complaints to raise. We saw that previously received complaints were logged and all appropriate actions were taken. For example, full investigations and meetings were arranged as needed.

Is the service well-led?

Our findings

People told us that they knew the manager and they regularly saw them around the home. We noted that people who spent long periods of time in their room also knew the manager. One person told us, "[The manager] pops in to see me." A relative was also positive about the manager and told us, "The manager is very good."

The manager was recently registered with the CQC and was working though areas of the home that they felt needed attention. For example, DoLS applications and recruitment of staff. Staff gave mixed views about the leadership of the home with some saying the manager was more office based than out in the home. Although they did say they felt they could go to the manager with concerns and the nursing staff took the lead and supported them during the shifts. One staff member told us, "I've had lots of managers and [manager], she seems good."

Health care professionals who visited the home felt the management of the home had deteriorated. One professional told us that they felt the overall standard of management of the home appeared to have declined. They felt that there had been a significant turnover of staff over recent years particularly at managerial level and it had a negative impact on the home. Another professional told us that people who lived at the service and their relatives had expressed concerns that the quality of care had deteriorated. The professional felt this was a reflection on the change in manager and turnover of staff.

We spoke with the manager about the mixed reviews of their leadership and they said, "I have always known that I had a big job to follow as the previous manager was very popular with some staff members - our leadership styles are very different, however, I will always endeavour to take on board any feedback from the team and improve on communication with all levels of the staff team." On the day of the inspection the nurse was off and the manager was working in that role for the day rather than replacing the nurse with an agency nurse. This demonstrated a 'hands on' approach and that helped to give people improved continuity of care. However, due to the feedback from staff and visiting health care professionals we found this was an area that required improvement.

There were systems in place to monitor the quality of the service and address shortfalls. Audits were carried out in areas including medicines, care plans and health and safety. We saw that where issues were identified, an action plan was developed with a timeframe set to resolve the issues. We saw that the manager reported back to the provider each week on areas including staffing, pressure ulcers, health and safety issues and falls. They were expected to log the action taken and any other concerns.

The provider carried out monthly visits at the service and reviewed the manager's action plans to ensure they were working in accordance with them. There was a continuous improvement plan in place that the manager worked through and the regional manager monitored. We saw that some of these actions were completed, and some were in progress. For example, the ongoing monitoring of people's health and wellbeing and checks of pressure relieving equipment. We also saw that gaps in staff knowledge in relation

to MCA and DoLS had been identified and training was being sourced. We also saw that there was ongoing monitoring of the management of medicines to minimise issues similar to what we found on our inspection.

There was access to the community and the use of volunteers was encouraged. We saw that school's visited and there were plans to involve the coffee morning group more in the home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	The service did not ensure people's medicines and equipment was managed safely.
Treatment of disease, disorder or injury	