Bupa Care Homes (ANS) Limited

The Burnham Nursing and Residential Centre

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

Overall summary

This inspection was unannounced and took place on 17 March 2015.

The Burnham Nursing and Residential Centre is registered to provide personal and nursing care for up to 54 people. The home specialises in the care of older people.

There is a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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.

Throughout the inspection there was a relaxed and cheerful atmosphere; staff and people living in the home were happy and at ease when they spoke with us. We observed friendly but professional banter with staff discussing the St Patrick's day celebrations and topics of interest with people. One person said, "It's always a happy place, I like all the green hats, we are going to see

Summary of findings

some Irish dancing later." We were told one of the care workers had entertained people with Irish dancing. One person said, "Gone are the days I could have got up and danced. It was good to watch though."

Prior to this inspection we received concerns that care was not being carried out properly due to a shortage of staff. The registered manager confirmed they had been short of staff but a recruitment program had solved the problem and they had a full team who worked well together. One staff member confirmed that the home had been short of staff but that staff morale had improved and they had enough staff to meet people's needs. One visitor said, "There has been a vast improvement, plenty of staff and they are willing to chat and take time with you."

Records showed there were adequate staffing levels on each shift. The manager confirmed staffing levels could be flexible to meet the care needs of people and to support other staff with activities such as parties and trips out. We observed staff took the time to chat and socialise with people and call bells were answered promptly.

The manager's vision for the home was to ensure people received person centred care, and were at the centre of everything. Staff demonstrated their awareness of the manager's vision and could tell us how they helped people to maintain choice and provide support in a dignified and respectful manner. One staff, member said, "It's good that the manager wants to help people make their own decisions. Nobody likes to lose control."

Staff had received training in identifying and reporting abuse. Staff were able to explain to us the signs of abuse and how they would report any concerns they had. They stated they were confident any concerns brought to the manager would be dealt with appropriately. There was a robust recruitment procedure in place which minimised the risks of abuse to people. People told us they felt safe in the home and they all knew who to talk to if they wanted to raise a concern or complaint.

People's health care needs were fully assessed and care and support was provided on an individual basis. One staff member told us, "Communication is good and the records give us very clear guidance on people's likes and dislikes." This meant people's individual changing needs were considered and catered for in consultation with them or a family member if necessary. Care plans and care practices were monitored to ensure people's preferences were being followed and improvements were made when needed.

People saw healthcare professionals such as the GP, district nurse, chiropodist and dentist. Staff supported people to attend appointments with specialist healthcare professionals in hospitals and clinics. Staff made sure when there were changes to people's physical well-being, such as changes in weight or mobility, effective measures were put in place to address any issues. One visiting healthcare professional said the registered nurses were very good at recognising the specific needs people had and referring them to specialist teams.

Everybody spoken with told us they enjoyed the food, they all said the food was good. People were offered choices and the food was nutritious and well presented. People who needed assistance with eating were supported in a dignified and unhurried manner. Some people chose to eat in their room.

There were systems in place to monitor the care provided and people's experiences. An external audit was carried out by the manager of another home in the organisation as well as the regular audits carried out by the registered manager. Action plans were then put in place to address any issues found. A regular survey was carried out asking people and their relatives about the service provided by the home. Suggestions for change were listened to and actions taken to improve the service provided. All incidents and accidents were monitored, trends identified and learning shared with staff to put into practice.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People were provided with enough experienced and skilled staff to support their needs.

People were safe because the provider had systems to make sure people were protected from abuse and avoidable harm. Staff had a good understanding of how to recognise abuse and report any concerns.

People's medicines were managed well and staff received training to support them to do this.

Good

Is the service effective?
The service was effective.

People who lived at the home received effective care and support because staff had a good understanding of their individual needs.

Staff received on-going training and supervision to enable them to provide effective care and support.

People's health needs were met and they could see health and social care professional when needed.

People's rights were protected because staff understood the Mental Capacity Act 2005 and Deprivation of Liberty safeguards.

Good

Is the service caring?
The service was caring.

Staff were kind, compassionate and respected people's diverse needs recognising their cultural and social differences.

People's privacy and dignity was respected and they were able to make choices about how their care was provided.

Visitors were made welcome at the home at any time.

Good

Is the service responsive?
The service was responsive.

People received care that was responsive to their needs because staff had a good knowledge of the people who lived in the home.

The manager worked with professionals to ensure they responded appropriately to people's changing needs.

People had access to activities on a daily basis; however, due to staff changes and Home ethos, all staff are encouraged to be involved in and deliver meaningful and stimulating activities.

Arrangements were in place to deal with people's concerns and complaints. People and their relatives knew how to make a complaint if they needed to.

Good

Summary of findings

Is the service well-led?

Good

The service was well led.

There was a management team in place who were open and approachable.

The management team listened to any suggestions for the continued development of the service provided.

The quality of the service provided was effectively monitored.

The Burnham Nursing and Residential Centre

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 17 March 2015 and was unannounced. It was carried out by two adult social care inspectors.

The provider had not completed a provider information return as we had not requested one. This document enables the provider to give key information about the service, what the service does well and improvements they plan to make. We spoke with the registered manager about the improvements they had made since the last inspection. We looked at information held about the service before the inspection date. At our last inspection of the service in March 2014 we did not identify any concerns with the care provided to people. However we received concerns regarding staff shortages before the latest inspection took place.

At the time of the inspection there were 33 people living in the home. We spoke with eight people, three visitors, seven members of staff and two visiting health care professionals.

We also looked at records which related to people's individual care and the running of the home. Records included six care and support plans, four staff recruitment files, quality assurance records and medication records.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home; one person said, "It's a nice safe place to live, they are really nice. Another person said, "Well I feel safe, can't speak for the others. I'm happy enough." One visitor said, "I feel confident that my (relative) is very safe living here."

Before the inspection we had received a number of concerns that there were not enough staff in the home to care for people safely. People told us there was sufficient staff to meet their needs. One person said, "There has been a terrible turnover, it is unsettling to just get to know someone then they leave." A visitor also said there had been a high turnover of staff. One staff member said, "If you'd come a few months ago it was a different picture, staff shortages and no team work. But it's on the up, there is good staff morale, better staffing levels and real team work."

The registered manager confirmed they had experienced a sharp turnover of staff. They said they had taken up post in June 2014. At the time a number of staff left all at once. This she said was down to her change in the ethos of the home. "The staff who left were very task orientated, I wanted an ethos where the residents are at the centre of everything we do. They did not like the changes so went." The manager also confirmed they had carried out a recruitment programme and had managed to employ suitable staff who supported her ethos. One visitor said, "There have been some changes and they are all for the better. There are more staff on duty and they are happy working here. One person said, "There are more staff and they are not rushed off their feet. They have time to chat and talk about the news." Another person said, "They always answer the bells promptly." We observed staff had the time to socialise with people and there was a cheerful relaxed atmosphere in the home.

The manager said they still used a mix of their own staff and agency staff. To ensure there was continuity of care they only regular agency staff. This meant people knew who was caring for them and did not have to get used to new staff every day. Staffing rotas confirmed that following the changes and recruitment there had been better staffing levels in the home.

People were protected from harm because staff had received training in recognising and reporting abuse. Staff told us they had attended training in safeguarding people. They also confirmed they had access to the organisation's policies on safeguarding people and whistle blowing. Staff were able to tell us about the signs that might indicate someone was being abused. They also told us they knew who to report to if they had concerns. People had access to information on how to report abuse; contact details for the local authority safeguarding team were displayed in the home for people, staff and visitors to read.

People's risks were managed well. They had been identified and where possible discussed with people or someone acting on their behalf. For example one person used an electric reclining chair. The risk assessment detailed how to check the chair and how to ensure the person was safe to use it. Staff demonstrated they were aware of the risk and the way to enable the person to stay safe whilst maintaining their dignity. Other risk assessments included the risk of developing pressure ulcers and falls. People at risk of developing pressure ulcers had been assessed and the protective equipment was put in place to reduce the risk.

The registered manager confirmed the numbers of staff on each shift could be flexible dependent on the needs of people in the home. They said they would assess the needs of people using a dependency tool to show how much support individuals needed. They also confirmed extra staff would attend if they had activities outside the home which required more staff. People told us they enjoyed trips out when they could go shopping or see the countryside.

Risks to people were minimised because relevant checks had been completed before staff started to work at the home. These included employment references and Disclosure and Barring Service (DBS) checks to ensure staff were of good character. The DBS checks people's criminal history and their suitability to work with vulnerable people.

People received their medicines when they needed them. There were procedures in place for the safe management and administration of people's medicines; these were followed by staff. Medicines were only administered by registered nurses; however the manager said they were looking at training for senior care workers to support the registered nurses with the administration of medicines.

There were suitable secure storage facilities for medicines which included secure storage for medicines which required refrigeration. Staff supported people to take their

Good

Is the service safe?

medicine in the way they preferred. For example one person had their lunchtime tablets during lunch, whilst another person had their medication in the privacy of their own room.

We looked at the medicines administration records and noted that medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. We checked a sample of records against the medicines held at the home and found them to be correct.

Risks to people in emergency situations were reduced because, a fire risk assessment was in place and arrangements had been made for this to be reviewed annually. Personal emergency evacuation plans (PEEP's) had been prepared for each person: these detailed what room the person lived in and the support the person would require in the event of a fire.

Risks to people, visitors and staff were reduced because there were regular maintenance checks on equipment used in the home. These included checks of the fire alarm system, fire fighting equipment, fire doors, and hot and cold water temperatures. The hoisting equipment, specialist baths, passenger lift and call bell system had also been serviced and were maintained in good working order. The registered manager checked these had been completed as part of their regular audit of the environment.

Good

Is the service effective?

Our findings

People said the staff were good at understanding their needs and how they preferred to be looked after. One person said, “I find they understand perfectly what I want. They are really good at recognising when people need help as well.” Another person said, “They know me very well, we’ve had some new staff and they have fitted in and got to know me really quickly.”

The staff team consisted of a mix of long standing and new staff. Staff were able to tell us how they would care for each individual effectively. Staff members told us they all worked together as a single team. They said they may have different roles, but they were one team and all interdependent on each other doing their job in order to provide good quality care to the residents. We saw an example of this when we observed in care records staff had discussed the best way to support a person to eat enough food to keep them healthy. They had agreed they would all use the same approach providing consistency and a clear message.

The registered manager told us the home took students from Bridgwater College under the skills for learning scheme. They worked two days a week in the home from age 17, and then at 18 they would be encouraged to consider a post as a care worker. This approach had been successful in obtaining staff who were already committed to the ethos of the home. The provider was also researching the feasibility of the "grow your own nurse" scheme.

We spoke with staff and reviewed training records. Staff said there were opportunities for on-going training and for obtaining additional qualifications. This included annual updates of the organisation’s statutory subjects such as, manual handling including use of hoists, medication, safeguarding vulnerable adults, infection control, health and safety, health and hygiene, first aid and nutrition. Records showed most of the staff had attended all the statutory training and dates were advertised for ‘mop up’ sessions to ensure all staff had attended. Staff confirmed they could also request training specific to people’s needs such as dementia care or diabetes care. For example one staff member said they had requested training in stoma care. They said they were now able to use that to guide other care staff in the correct procedures.

The registered manager told us they had increased the classroom based induction to four days. This ensured all new staff covered the basic training needed to provide good care and support in the home. The induction programme followed the Skills for Care common induction standards. These are nationally recognised standards for people to achieve during induction. New staff were able to work in each department and spend half a day with the activities coordinator. They also shadowed more experienced staff which allowed them to observe practices and learn how to care for individuals.

One staff member confirmed they had followed a thorough induction process. They said they had received classroom based training and had then worked alongside an experienced member of staff before they were permitted to work alone. Another member of staff said they had received a good basic induction that was backed up with regular mandatory training. All staff spoken with said they received formal supervision and had an annual appraisal. Records of these showed staff had discussed the care needs of people, their personal development and ways of improving the service they provided.

Records showed people were involved in their care plans and consented to the care they received. All of the care plans we looked at included the signatures of the person showing they had agreed to the plan being in place. The registered manager confirmed they would only ask a relative to sign and agree a care plan if they could prove they had Lasting Power of Attorney, (LPA). An LPA gives a person the legal right to make decisions on another person’s behalf. We saw a care plan had been agreed with a relative the care plan did not include a copy of the LPA, however this was available in the persons folder held in the office. One person said, “A member of staff sat down with me and we discussed what they had written, and I agreed with it so signed. I really feel they cared what I thought.” The care plans contained an initial assessment which identified people’s needs. The daily records maintained by staff showed people’s needs were being met according to their care plan.

The manager and staff had a clear understanding of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person

Good

Is the service effective?

well and other professionals, where relevant. One staff member told us, "I understand the principles but I have asked for further training so I get it right. I think it is good that we recognise the person's right to make their own decisions even if they might be wrong."

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The registered manager was familiar with this legislation and had carried out appropriate assessments to ensure people were not deprived of their liberty and had their legal rights protected. The registered manager had carried out assessments for some people and the appropriate DoLs applications had been sent to the local authority who were in the process of considering the documentation.

People told us they saw health care professionals if they needed to. Records showed regular appointments had been made with a chiropodist, optician and a dentist. One visiting healthcare professional said they visited regularly and always found the staff were aware of people's needs, worked well with them and followed any advice given.

Everybody spoken with said the food in the home was good; One person said, "The food is always good but sometimes a bit repetitive." Another person said, "The food is good and if I don't eat something they offer me something else." People were offered a choice of meals which we saw were nutritious and well presented. We observed during lunch people were offered alternatives if they did not want either of the choices for the day. Staff ensured food was kept warm with the use of a heated trolley for the upstairs dining room and food taken to people in their rooms was plated up, covered and taken to them straight away.

During lunchtime we saw people were offered assistance in a supportive and dignified way. Lunch was relaxed and nobody was rushed to complete their meal and leave the room. The cook demonstrated an informed understanding of people's likes and dislikes as well as their specific dietary requirements whether they were for medical or cultural reasons. The minutes of a recent resident's meeting showed people had been asked for suggestion of meals they would like to see on the menus.

Where people had been identified as at risk of weight loss and malnutrition appropriate professionals had been involved and care plans had been put in place to address these issues. One visiting professional said the registered nurses were very good at assessing people's nutritional needs and referring them to the relevant people. Staff were aware they needed to provide more support to some people to maintain a healthy diet. One staff member mentioned how they would offer one person snacks through the day as they never ate much at meal times.

Good

Is the service caring?

Our findings

Everybody spoken with told us they felt staff were caring and respectful. During the inspection we observed staff were kind, compassionate and treated people with dignity and respect. The atmosphere in the home was cheerful and people appeared relaxed and comfortable with the staff that supported them. One person told us, "They do care about us, always a smile and time to chat." Another person said, "I think the care they give is excellent." They then laughed and asked a care worker, "So extra cakes for tea then?" The conversation was relaxed and natural with laughter on both sides. One visitor said, "The staff are exceptionally kind."

People said they thought staff responded appropriately to their requests. One person said, "I have no problems with the way they look after me. They are there when I need them but I also have the freedom to be myself." Another person said, "I never have to wait long for them to come when I push the bell and they are always kind."

We observed very caring conversations with people for example we observed a domestic worker get down to one person's level and talk with them about how poorly they had been and how happy they were to see they were better.

People told us they could see their friends and relatives whenever they wanted. Visitors came and went throughout the day, one visitor told us they felt they were welcomed and enjoyed seeing their friend. People told us they could maintain contact with friends and family in the community and go out if they wanted to.

People said staff respected their privacy. All rooms at the home were used for single occupancy. People told us they could spend time in the privacy of their own room if they wanted to. Bedrooms were personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. Staff always knocked on doors and waited for a response before entering. We noted that staff never spoke about a person in front of other people at the home which showed they were aware of issues of confidentiality.

We saw that people were treated with respect for their dignity. For example one person required the assistance of a hoist to move from a wheelchair to a chair. Staff used a screen to maintain their privacy during this procedure.

People were able to make choices about their care. They told us they could choose when they got up or went to bed and whether they took part in an activity or not. Life histories had been recorded in care plans so staff knew what the person liked to talk about, their hobbies and likes and dislikes.

People's wishes relating to the care they wanted when they were nearing the end of their lives were clearly recorded. This included details about people's individual or religious beliefs. The information held showed discussions about resuscitation had been recorded and decisions reviewed with people. These had been carried out with the appropriate professionals and family members.

Good

Is the service responsive?

Our findings

Staff spoken with demonstrated a clear knowledge of the needs of the people in the home. This meant they were able to provide care that was responsive to individual needs. Staff were able to give us detailed information of how they would care for each person as an individual. One staff member told us, "Communication is really good we have handovers to discuss how a person's needs have changed since we were last in the home." Another staff member said, ""The information we have is clear and easy to read so we know the people we are looking after."

Before a person moved into the home their needs were assessed to ensure the home could meet them. The registered manager confirmed they would only take a person into the home if they felt they could meet their needs. They confirmed the assessment would include the person as far as was possible, healthcare professionals and relatives involved in their care.

Following the initial assessment each person had a personalised care plan which reflected their individual needs. The care records were up to date and included regular reviews and changes made when people's needs changed. Each care plan included a 'hospital passport' so key issues were immediately available for health professionals if a hospital admission was needed. Care plans included regular reviews and showed people and their relatives had been involved. Daily records showed that the needs identified in care plans had been met, for example people were monitored for falls or weight loss in line with their care plan.

Each person was allocated a keyworker. This is a staff member who understands one person's specific needs and likes and dislikes. They were responsible for ensuring all staff were kept informed of any changes in this person's care.

The service encouraged and responded to people's views and suggestions. People said they felt they could discuss their care and living in the home at any time. The registered manager sought people's feedback and took action to address issues raised. The provider operated a system called 'You said, We did' which allowed people to make suggestions and receive a response. As well as resident meetings the home had a residents committee that decided on the activities and where to spend money raised through fund raising.

We asked people how they were involved in the day to day decisions made in the home. Two people told us about a resident's meeting they had attended; one person said, "I recall a meeting when we talked about what we would like to eat. I'm happy with the food so didn't want any changes." Another person said, "We speak with staff and the manager most days so I don't see the need to go to a meeting." We saw from meeting minutes that people had suggested the home needed a laptop or iPad. Following that meeting the provider had purchased an iPad for people to use.

We looked at how people's views, concerns or complaints were acted upon. The registered manager held resident surgeries when a dedicated time was set aside for people to talk with her. Following suggestions this had also been extended to staff. There was clear documentation to show a complaint or concern had been received and how it had been managed. Complaints had been dealt with promptly and included outcomes for the person as well as a record of what could be learnt. This showed the service listened to, acted on and learnt from the concerns raised.

Good

Is the service well-led?

Our findings

People told us they felt the registered manager was open and approachable. One person said, "We can see the manager at any time she is always about to talk to." One visitor said, "I have never had problem talking with the manager she is always happy to accommodate me."

The Burnham Nursing and Residential Centre is run by BUPA Care Homes who are a large organisation with many locations. There are senior managers in place to support the registered manager. There were also specialist teams such as human resources available to support specific functions of the service. Staff members had job descriptions which identified their role and who they were responsible to. Staff rotas showed there was a senior member of staff on each shift for staff to go to for guidance. Staff members said the registered manager was always prepared to work on the floor alongside them. They said this meant the registered manager understood their roles and ensured care was being carried out in line with people's care plans. One staff member said, "I know if I need to talk with someone about something there is either the manager or a senior member of staff about."

The manager had a clear vision for the home which had filtered down through the staff. One staff member said, "We are reminded that care should be person centred and people should be enabled to maintain their independence." Another staff member said, "It starts at induction really the emphasis is on their home and their rights."

There were effective quality assurance systems to monitor care and plans for ongoing improvements. There were audits and checks in place to monitor safety and quality of care. Where shortfalls in the service had been identified, action had been taken to improve practice. In response to an audit of care plans we saw action plans in place to address some shortfalls. This had been discussed with staff at team meetings and staff were reminded of best practice in recording changes in people's care.

The provider had a quality assurance system that looked at areas for improvement. Audits for all areas of the service were completed by the registered manager then audited by the operations manager. The organisation had a system in place that meant a full audit of the home was carried out as well as the audits untaken by the registered manager. During the inspection the new regional manager visited the home to introduce themselves. An annual survey of people, relatives, staff and service commissioners was carried out so people could be assured that improvements were driven by their comments and experiences.

All accidents and incidents which occurred in the home were recorded and analysed. The time and place of any accident was recorded to establish patterns and monitor if changes to practice needed to be made. Where concerns with an individual were raised by the analysis appropriate additional support was provided.

The manager kept their skills and knowledge up to date by on-going training and reading. They shared the knowledge they gained with staff at staff meetings. They also attended regular meetings for managers within the provider group. Staff members who took the lead in specific areas would cascade their learning to other staff.

The home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.