

Bupa Care Homes Limited

Burrswood Care Home

Inspection report

Newton Street
Bury
Lancashire
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Date of inspection visit:
26 July 2017
02 August 2017
03 August 2017

Date of publication:
20 October 2017

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

Situated in a residential area of Bury Burrswood Care Home offers personal and nursing care for up to 125 people with a wide range of needs from residential care to nursing.

Accommodation is provided on four units. Dunster provides nursing care, Crompton provides residential care, Kay provides residential care for people living with dementia and Peel provides nursing care for people living with dementia. The home is set on two levels. There are lounges, dining areas and bedrooms on both floors. All bedrooms are single accommodation and most with ensuite facilities.

There has been a recent change of legal entity and the provider is now registered as Bupa Care Homes Limited. Therefore this is the first rated inspection for this service. We brought forward this inspection because concerns had been raised with us about night staffing levels and one concern about continence arrangements on Peel unit. This was an unannounced inspection which took place on over three days on 26 July and 2 and 3 August 2017. At the time of our inspection 116 people were living in the home with a wide range of support needs.

There was 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. The registered manager was present throughout our inspection.

On the first day of our inspection the registered manager told us that prior to our inspection a decision had been reached to put the staffing levels back to three care staff on nights on Peel unit with the third night carer to be used potentially as a floating member of staff for the whole home. This action had been taken to ensure that there were sufficient numbers of staff on duty to support people in a safe consistent way.

We looked at the arrangements in place for managing people continence needs. We were informed that a three day continence assessment was carried out which was sent to the local continence promotion nurse who assessed people's needs and arranged supply of the appropriate pads dependent on the type of incontinence. We saw that there were enough supplies of pads as well as stock available in an emergency for people to use.

There was a stable staff team in place to help ensure that people received consistent support. However staff commented that there could be better team work between the day and night shifts on the dementia units. The registered manager told us they would look into this.

We found staff had been recruited safely. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided.

Staff wore protective clothing such as disposable gloves and aprons when needed. This reduced the risk of cross infection.

We found medication procedures at the home were safe. Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required. Medicines were safely kept with appropriate arrangements for storage in place.

We looked around parts of the building and found it had been maintained, was clean and a safe place for people to live. We saw that routine servicing of the building, for example, gas and electrical safety had been undertaken.

The registered manager and staff understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

Staff had the skills, knowledge and experience required to support people with their care and social needs. Staff spoken with and records seen confirmed training had been provided to enable them to support people who lived at the home.

People told us they were happy with the variety and choice of meals available to them and if they were not an alternative was always offered. We saw regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration.

People had access to healthcare professionals to help ensure their health needs were met.

People who lived at the home told us they were happy with their care and liked the staff who looked after them.

We observed staff providing support to people throughout our inspection visit. We saw they were kind, patient and showed affection towards the people where appropriate that offered reassurance. We found staff were knowledgeable about support needs of people in their care.

We saw people who lived at the home were clean and well dressed. They looked relaxed and comfortable in the care of staff supporting them. We saw staff assisting people with mobility problems. They were kind and patient and assisted people safely.

Care plans were organised and had identified the care and support people required. We found they were informative about care people had received.

A range of activities were available for people to participate in if they wanted to. Staff and relatives thought there could be more opportunities made available for people who lived with dementia to engage in stimulating activity and occupation.

The service had a complaints procedure which was displayed at the home. The registered manager maintained a record of complaints made.

Staff spoke positively about the support they received from the registered manager and the management team. They said that the registered manager was supportive and visible around the home.

The registered provider and manager used a variety of methods to assess and monitor the quality of the service. These included ways to seek the views of people about 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

Improvements were made to the staffing levels on nights on Peel unit during our inspection. This action was taken to ensure that there were sufficient numbers of staff on duty to support people in a safe consistent way.

The staff we spoke with had received training in safeguarding and knew what action to take to ensure actual or potential harm was reported.

Staff had been checked when they were recruited to ensure they were suitable to work with vulnerable adults.

People's care needs had been risk assessed to help ensure their safety. Systems and processes were in place to ensure the premises and equipment were maintained and safe to use.

People were protected against the risks associated with medicines. The home was clean. There were systems in place to manage the control of infection.

Is the service effective?

Good ●

The service was effective

The registered manager had taken appropriate action to apply for restrictions in place in a person's best interests to be legally authorised.

Staff were supported through induction, appraisal and the home's training programme to carry out their role effectively.

People told us they liked the food and were able to choose what they wanted to eat. People's nutritional needs were assessed according to dietary preference and need.

People had access to external health professionals to help maintain their health.

Is the service caring?

Good ●

The service was caring

People living at the home were relaxed and settled. We observed the staff to be caring, polite and sensitive to people's needs.

We observed positive interactions between people living at the home and staff.

Is the service responsive?

Good ●

The service was responsive.

Care was planned in a way that took into account people's individual preferences and wishes.

A programme of activities was available for people living at the home to participate in if they chose to.

People and relatives we spoke with knew how to make a complaint and there were various ways concerns could be raised.

Is the service well-led?

Good ●

The service was well led.

The service had a manager who was registered with the Care Quality Commission. The registered manager was supported by a committed management team.

Staff said they felt supported by the registered manager and that the management of the home was good.

There were on-going audits and quality assurance checks in place to help ensure standards were being maintained.

The Care Quality Commission (CQC) had been notified of reportable incidents in the home.

Burrswood Care Home

Detailed findings

Background to this inspection

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 visit took place on 26 July and 2 and 3 August 2017 and was unannounced on the first day of the inspection. The inspection team consisted of two adult social care inspectors on the first day of the inspection. This took place between 3 and 10pm on Peel and Kay units. This was because concerns had been raised with us in relation to night time staffing arrangements as well as continence issues. One adult social care inspector undertook the rest of the inspection.

Before our inspection, we contacted the local authority commissioning and safeguarding teams and the clinical commissioning group (CCG). This helped us to gain a balanced overview of what people experienced accessing the service. We reviewed the information we held about the service including the previous inspection report and notifications the provider had sent to us.

Because this inspection was brought forward due to concerns raised with us, we did not request the service complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with a range of people about the service. They included 6 people who lived at the home, twelve relatives, the registered manager, the clinical services manager, one unit manager, three senior care staff, four night care staff and six day care staff. We also spoke with the maintenance person, the chef, the housekeeper, the activities co-ordinator and two hostesses.

We looked at care records of seven people, the services staff team training record, supervision records,

arrangements for meal provision, records relating to the management of the home and the medication records. We reviewed the services recruitment procedures and checked staffing levels. We also checked parts of the building to ensure it was clean and a safe place for people to live.

Is the service safe?

Our findings

Before our inspection we had received information from two sources that expressed concern about staffing levels on Peel unit from 8pm onwards and during the night. The people who lived on Peel unit lived with dementia and required nursing care.

Prior to our inspection we had contacted the registered manager about the concerns raised with us about night staffing levels on Peel unit. We were informed that the registered manager had recently increased staffing on nights to three care staff and a night nurse on Peel unit but had then reduce it back to two night care staff and a night nurse. The registered manager had made this assessment after working the night shift themselves and because some night staff said that three carers were not needed throughout most of the night.

On the first day of our inspection on 26 July 2017 we informed the registered manager of further concerns they told us that prior to our inspection a decision had been reached to put the staffing back to three care staff on nights on Peel unit with the third night carer to be used potentially as a floating member of staff for the whole home. The increase in staffing was scheduled to take place on the rota week commencing Friday 28 July 2017.

On the first day of the inspection we spent time on both Peel and Kay units. We asked relatives to tell us what they thought about staffing levels. Relatives told us on Kay and Peel units were people lived with dementia that they did not always think there were enough staff available. Relatives said, "It's not a criticism of the staff but the lounge areas are not always supervised" And "It's not a major problem but occasionally staff are thin on the ground." Relatives and staff made reference to people's needs fluctuating on a day to day basis or new people coming to live on Kay and Peel unit who were unsettled at the point of admission. They said this had an impact on whether there were enough staff on duty or not. Staff said that short notice sickness could impact on staffing and this meant they would have to send staff at times to other units.

Night staff told us they thought there was not always enough staff because there could be, "Quite a lot of people up at night." We saw that the atmosphere on both Kay and Peel units was calm and relaxed, although staff were seen to be very busy. We were told by the registered manager that in the morning on Peel there were two nurses and five carers, one nurse, five carers and a hostess in the afternoon. At 8pm on Peel the staffing levels dropped to one nurse and two night care staff. The nurse was seen to be administering medicines and the two night carers were busy providing two to one support to people in their bedrooms as required and ensuring people received their suppers away from the lounge. At 9.45pm there were 14 people still up in the lounge and included one person who required one to one support because they were at high risk of falls. We saw that there were times when the lounge was left unsupervised by staff. The increase in carer staffing levels from week commencing Friday 28 July 2017 would address this.

Relatives we met on Crompton and Dunster unit told us, "It's a stable team and I can access staff easily when I need them. They do pretty well considering people's needs" and "Consistent. Not a lot of changes." Staff told us that they thought that generally there were stable and consistent staff teams in place and use of

agency was low. Staff said that teamwork was good. They said, "It's a good staff team" and "The people I work with are brilliant." However, on the units where people lived with dementia both day and night staff thought teamwork between the two teams could be improved. The registered manager said that she would look into this to see what action could be taken to improve the situation.

People who lived at the home told us they felt safe at the home. Relatives said, "I feel relative is safe and cared for. It's the best it could be", "No shadow of a doubt [relative] is safe", "I have peace of mind. [Relative] would not be here if I wasn't happy" and "[Relative] is in good hands. I feel [relative] is safe. They have a lot of patience."

The service had procedures in place to help minimise the potential risk of abuse or unsafe care. Records seen and staff spoken with confirmed they had received safeguarding vulnerable adults training. The staff members we spoke with understood their responsibility to report any concerns they may observe. The registered manager was the safeguarding lead for the home and unit managers were identified as safeguarding champions.

We saw that people had access to Speak Up. Speak Up is a confidential helpline and website which people can use to raise any concerns they may have about the home. Speak Up was seen to be widely advertised throughout the home.

We found staff had been recruited safely. We reviewed the recruitment files for the three staff members most recently employed by the service, including a nurse. We found all the staff personnel files were well organised and contained an application form including a full employment history, at least two written references, copies of identification documents and information about terms and conditions of employment. All of the personnel files we reviewed contained information to show that a Disclosure and Barring Service (DBS) check had been carried out prior to commencing employment. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

We saw there were procedures in place to confirm that all nursing staff maintained an up to date registration with the Nursing and Midwifery Council (NMC). This should help ensure people received care and treatment from nursing staff who met national standards and code of conduct. Robust recruitment procedures helps to ensure people are protected and only suitable candidates are offered employment at the home.

We saw that the service had a highly detailed policy and procedure book entitled 'Resident Care'. This gave information to staff about how to deliver high standards of care to promote and maintain people's safety and wellbeing. The book covered a wide range of policies and procedures which included, bathing, bedside rails, care planning, confrontation and aggression, falls prevention and management, moving and handling, pressure area care, safeguarding and the Mental Capacity Act.

Care plans seen had risk assessments completed to identify the potential risk of accidents and harm to staff and the people in their care. We saw risk assessments included, moving and handling people, falls, pressure area care and nutritional risk assessments. The risk assessments we saw provided instructions for staff members when delivering people's support. We saw that records had been reviewed regularly and we found that where changes had occurred the records had been updated.

People told us that they received their medicines mainly on time and never ran out. We looked at how medicines were prepared and administered on two units. We were observed nurses and care staff on duty

administering medication on all units. We saw people were sensitively assisted to take their medicines.

On the nursing units only nurses administered medicines. We saw the medication trollies were kept locked whilst attending each person. Medicines were kept in a treatment room when not in use and chained to the wall. There was only one key to the medicines trollies which were passed from staff member to staff member responsible for medicines and kept on one staff members person at all times. Only the key holder could access controlled drugs. This helped to ensure that medicines were securely held.

Systems were in place to manage controlled drugs. These medicines are liable to abuse and for these reasons there are legislative controls for some drugs and these are set out in the Misuse of Drugs Act 1971 and related regulations. We checked the controlled medicines for four people and found them to be correct against their records in the controlled drug register. Were a person was receiving their medicines covertly or without their knowledge we saw that their doctor had given authorisation for this to be done.

We saw that there was a daily audit carried out on the medicines three times a day, which recorded, for example, start and finish times of the round and investigated any gaps in recording. Any problems identified were discussed at the daily managers meeting so that they could be addressed quickly. This meant systems were in place to check people had received their medicines as prescribed.

Medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. With the exception of paracetamol which was carried forward any unused medicines were returned to the pharmacy at the end of each monthly medicines cycle to help ensure good stock rotation. The temperatures of the room and medicines fridges were checked daily to ensure medicines were kept at the right temperature.

People and relatives we spoke with said that overall they thought the service was clean. A relative said that they thought improvements had been made to the cleaning of the home. Some relatives told us that they had been pleased that the carpets in the lounge areas on Kay and Peel units had been replaced with alternative floor covering that could be kept clean and free from malodour.

We observed staff making appropriate use of personal protective clothing such as disposable gloves and aprons. Hand sanitising gel and hand washing facilities were available around the building. These were observed being used by staff undertaking their duties. This meant staff and people using the service were protected from potential infection when delivering personal care and undertaking cleaning duties.

The service employed designated staff for the cleaning of the premises and the laundry. Housekeepers were present on the units during our inspection. We spoke with the head housekeeper who was very knowledgeable about their role and had a good understanding about what action to take background knowledge if there was an infectious outbreak. We saw cleaning records were maintained and that cleaning products were safely stored.

We looked at the laundry. We saw that any soiled items were put into either red alginate bags that disintegrated in a sluice hot wash or santex bags in accordance with the provider's policy and procedure.

We looked around the home and found it was clean, tidy and maintained. There had been liaison with external environmental health professionals, such as, the health protection team in order to learn and share best practice. We saw that the local authority health protection nurse had visited the service on 17 June 2017 and given the home an amber rating and made a number of recommendations for improvements to be made. We saw that an action plan was in place at the home to address the issues raised, which included the

need for replacement of a floor covering in a sluice room and housekeepers wearing disposable gloves and aprons to clean rooms which were to be changed between each room. We saw that there was an action plan in place to address all the areas raised and that good progress had been made in addressing them.

We saw that the service had a business continuity plan in place. This plan provided information and relevant contact details and action required should there be a loss of mains, supplies or failures within the building.

We talked with the maintenance person about the arrangements for premises and equipment checks at the service. We saw that checks were in place for gas safety, portable electrical appliances, electrical fittings and fitments, passenger lift and other lifting equipment such as hoists. We did not see records to show that a sling check was undertaken in June 2017 when the hoists were serviced. The maintenance person rang immediately to check with the company concerned. The company accepted this had been an oversight on their part and made arrangements for a suitably qualified person to come to the home as soon as possible.

Regular checks were also made to ensure water temperatures, wheelchairs, bedrails, profiling beds and the stair lift were safe in line with health and safety guidelines. This helped to ensure people were living in a safe environment.

We talked with the maintenance person about arrangements for fire safety at the home. We were told that a fire risk assessment had recently been undertaken but the service had yet to receive the report. We were sent a copy of the fire assessment report soon after our inspection. We saw that a weekly test of the fire alarm was carried out as well as means of escape and emergency lighting checks. We saw that copies of the personal emergency evacuation plans (PEEPs) were held with people's care records. We were told that a file with PEEPs in was kept in the reception area. This meant that information was easily accessible to the emergency services in the event of a fire.

Is the service effective?

Our findings

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff working in this service made sure that people have choice and control of their lives and support them in the least restrictive way possible; the policies and systems in the service support this practice.

Relatives we asked told us that they had been involved in the DoLS process. We checked the conditions on authorisations to deprive a person of their liberty on people's records and found they were being met. These authorisations ensured that people were looked after in a way that protected their rights and did not inappropriately restrict their freedom.

We checked to see if staff had the skills, knowledge and experience required to support people with their care and social needs through appropriate training and support.

New staff said that they were made to feel welcome "I felt I was well prepared by the induction training. It was good and interesting. I will ask if I don't know anything." Staff undertook a five day staff training course before they started to work directly with people. The registered provider's area trainers carried out the induction programme. The induction programme covered a wide range of topics which included, duty of care, health and safety including moving and handling people using lifting equipment and use of bedrails, awareness of dementia, mental illness and learning disability, safeguarding, 'behaviours that challenge us', MCA and DoLS, privacy and dignity and also equality and diversity.

Staff said that they received on-going mandatory training. They said, "Training is good and there is supervision." We saw the staff team training matrix showed us that most training was up to date with the exception of fire safety training which had been booked to take place on 31 August 2017.

The registered manager told us that there was a settled team of nurses in place who were supported by regular nurses from an agency who knew people well. The registered manager said that nurses from the service were receiving regular clinical supervision from the nurses on the CCG team quality leads. The service also attended local nursing provider forums run by the CCG to keep up with changes in practice. Nurses had also attended React to Red training about best practice around pressure area care. We saw that the registered manager maintained a tracker system so that they could be sure that staff were undertaking either one to one or group supervisions in line with the registered provider's policy.

We saw that staff at the service had recently completed competence check questionnaires in relation to moving and handling inanimate objects, safeguarding adults, COSHH, health and safety, confidential information and infection prevention and control. The registered manager told us that 96% of staff had completed all the questionnaires and they were waiting for the providers learning and development team to collect and mark the papers.

We saw records of staff meetings held at the service. These included a registered nurses meeting and revalidation update on 31 January 2017, Dunster day and night staff meeting on 7 February 2017 and Kay day and night staff meeting on 23 and 24 June 2017. Team meetings give staff the opportunity to raise any issues they may have and share good practice.

Visiting relatives said, "[Relative] loves the food. [Relative] eats everything" and "I come in at mealtimes to support to help [relative] to eat."

We observed three meal times. The support we saw provided was organised and well managed. Staff were kind and patient and did not rush people with their meals. We observed different portion sizes and choice of meals were provided as requested. Drinks were provided and offers of additional drinks and meals were made where appropriate. We saw that tables were nicely set with clothes. Some people wore clothes protectors.

We saw that people were encouraged to eat their meals and take regular drinks to keep them hydrated. Snacks and drinks were offered to people between meals including tea and biscuits. A variety of alternative meals were available and people with special dietary needs had these met. These included people who had their diabetes controlled through their diet and people who required a soft diet as they experienced swallowing difficulties. We talked with the home's chef who told us that they were aware of which people were receiving special diets. We saw where appropriate that hostesses knew people well and maintained a record of people's food and fluid intake

Picture menus were not used for people who had dementia but we saw that choices were seen to be offered and meals changed if people were not seen to be eating well. Meals were fortified with full cream milk, cream and cheese were possible to ensure people received a good calorie intake. The chef said that people with dementia were offered finger food but there was scope for further improvement. A request for coloured plates had also been made to help people to clearly see their food.

We saw that people enjoyed the food they received. Where people did not want the main meal of the day we saw that alternatives were offered to people, for example, soup and cheese and biscuits. We saw that a pack of kosher meals and menus was in place. This had been developed with a person to ensure they received the meals they wanted regarding their beliefs and choices.

Relatives told us that they wanted to be involved in their relatives care. They said, "[Relative] was referred to the Speech and Language Therapist (SALT). I was there so I understood what was happening" and "Any doctors arrangements needed are sorted. They tell you when the doctor is coming."

Care records seen confirmed visits to and from doctors and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. However some concerns were raised about the difficulties accessing a dentist and this matter was discussed with the registered manager. They told us that the service had experienced difficulties accessing a community based dentist and would look at this issue again.

The Clinical Services Manager (CSM) told us that nurses at the service had a good success rate for healing pressures sores. At the time of our inspection the tissue viability nurse (TVN) was visiting to support nurses in this task. We were told that for one person who received nursing care that they were in the process of arranging for injections to help reduce the contracture to the person's hands.

Before our inspection a concern was raised with us about continence care. During this inspection we

explored this issue further.

We talked with the clinical services manager (CSM) about what action was taken to assess people's continence needs. We saw that when people came into the service a three day frequency volume assessment was undertaken to check whether the person required continence support. This also included a urine test to ensure that the person did not have a urinary tract infection (UTI) which might lead to an incorrect assessment. This information was then sent to the local continence promotion nurse who assessed people's needs and arranged supply of the appropriate pads dependent on the type of incontinence, for example, stress, urge, functional and overflow. The continence promotion nurse would carry out a visit to the home if they were experiencing problems supporting someone with continence needs.

We saw that there were plenty of continence pads available throughout the home and the registered manager told us additional supplies were available in an emergency, which we saw. We were also told that the families of two people preferred to purchase their own incontinence pads in preference to the pads they had assessed for which could mean they were less effective.

A relative said, "Nothings ever too much trouble. If relative needs changing they come and help. Its discreet they always close the curtains." Another said, "I don't think [relative] is changed often enough."

We saw that two people needed to be changed. This was because they had fallen asleep or been sat in their chair and there was no visible evidence of this until the people moved. Prompt action was taken by staff to change people once they became aware of the situation. We were also informed by a staff member that a person nursed in bed was wet and records showed that the person had not been checked or had a positional change between 1.00am and 21.05pm. We brought this to the attention of the registered manager. The registered manager addressed this issue through group supervision of the staff team on duty. The registered manager informed us that on investigation the person had been checked but the records had not been completed. A record of this group supervision had been maintained. We were satisfied that peoples continence was managed appropriately.

We looked at the building. The home is on two floors and each floor had communal bathrooms, a lounge and a dining area. There was a lift that serviced all floors and all rooms could be accessed by wheelchair users. Each room had a call system to enable people to request support if needed. Lighting in communal rooms was domestic in style, sufficiently bright and positioned to facilitate reading and other activities. Adjustable beds were provided for people who received nursing care. Aids and hoists were in place which were capable of meeting the assessed needs of people who lived at the home.

Is the service caring?

Our findings

Overall the people, visitors and staff spoke positively about the service. People who lived at the home told us they were happy and well cared for. People said, "Staff are very good", "You would have to look very hard to find a bad member of staff" and "It's amazing, wonderful and I never want to leave here."

A staff member were a person had no relatives or friends said, "I take [person] out to Bury Market and the café. They also like to go to the chippy. Every staff member buys the person birthday and Christmas presents."

One person who lived at the home said, "Its five star, spot on." This person gave two examples of where staff had gone the extra mile. The person told us they had needed help with their wife to get home from hospital during the night on two occasions. They contacted the home who sent a taxi and carer to collect them. The person said the A&E sister had stated, "I have never witnessed that to happen." They also told us they had been supported by staff to hold their anniversary party in the grounds and invited everyone to attend. Over 200 people came and enjoyed a jazz band playing, jitterbuggers dancing, face painting, bouncy castle, tombola and refreshments. This person was also involved in making arrangements for a garden party at the end of August 2017.

We saw people visiting the home were made welcome by staff and where appropriate updated about their relative's welfare. Some relatives said the staff strengths were, "Compassion, kindness and patience. They are doing their best" and "It's as good as you can get." Others said, "They are good at dealing with relatives", "Always made to feel welcome", "My [relative] is so very happy here."

We saw that staff were polite and gentle when speaking to people. Staff said, "Its hard work but it is rewarding to know that you have helped someone", "It's about making a difference" and staff received, "A lot of respect off some families which gives a boost to morale." New staff said, "The way [staff] treat the resident is good. They care about what they are doing."

We saw that people's hair was brushed, they were dressed nicely in clean and coordinated clothes, wearing glasses as needed and jewellery. We saw that a hairdresser visited the home. Relatives said, "[Relative] is always neat and tidy" and "They do keep relative clean to an acceptable standard. We were told that a hairdresser visited the home regularly.

We found the atmosphere on Kay and Peel units was calm and relaxed. There were occasional outbursts and noise but people were quickly distracted by staff and soon settled down again. Some relatives visited the units most days and confirmed that it was generally calm. We found that on Dunster and Kay the atmosphere was very peaceful and quiet.

Routines were relaxed and no expectation about when people went to bed or got up. A staff member said, "Its when and what people want." We saw that most people's bedrooms were highly personalised with their belongings. We were told that people were able to choose what colour they wanted their room to be

painted before they moved into the home. Staff knocked and spoke before entering people's rooms.

We saw that to help protect people's right to confidentiality their care records were kept in a locked office when not in use.

People's end of life wishes had been recorded so staff were aware of people's wishes and preferences. We saw people had been supported to remain in the home where possible as they headed towards end of life care. This allowed people to remain comfortable in their familiar, homely surroundings, supported by familiar staff.

We saw that the registered provider had developed a new more detailed end of life care plan, which included what they wanted to happen in their final days and after their death. We were told by the registered manager that all nurses had received training in the Six Steps end of life model from the local training facilitator. They said it was the homes intention to increase the availability of this training to more staff.

Is the service responsive?

Our findings

People told us, "I was quite anxious about moving into the home but I settled well." People and relatives spoke positively about the care and support they received when the person moved into the home. Some relatives of people who lived with dementia told us about their previous experiences of health care and support before coming to Burrswood and the improvement made around their relatives health and behaviours.

Relatives told us, "[Relative] was very agitated at first but settled down after medication changes by [consultant psychiatrist]. [Relative] had stopped eating but with supplements [relative's] appetite has started to increase. The hostess keeps me informed. They have got [relative] doing a bit of dusting now which [relative] enjoys", "So far so good. [Relative] is happy here. [Relative] has accepted it as a hospital and says they like the hospital. It's much better than the place before. They are better equipped to meet [relatives] needs. Very happy with [relative] here", "We visited lots of places but as soon as we met [nurse] we knew this would be [relatives] home" and "Unit manager dealt with [relative] very well on admission. They are good at dealing with [visiting] relatives. Staff adapt to situations when people are upset. They adapt to changes and are watching all the time. Its generally pretty calm but it can depend on whether new people have come in and people's mood on the day",

The care records we looked at were detailed and were clear about the support needs of people and how they wanted their care delivered. We saw that people had a one page profile in place entitled, "My day, My Life, My Portrait." We saw that care records included, choice and capacity, senses and communication, health, safety, lifestyle, moving and handling, skin care, washing and dressing, toileting, eating and drinking, mental health and future decisions.

Each area of the plan included an appropriate risk assessment and to help maintain people's independence asked the questions, 'What can the person do for themselves and what support does the person need from you.' These sections gave details about people's personal preferences and wishes. We saw that daily notes were maintained for each shift which gave good information about what care and support people had received.

We saw that handovers took place at each shift change. The needs and requirements of people who lived on the units were discussed and what action was needed to support them going forward. Such meetings help to ensure staff are aware of the current care and support needs of people and any actions required in response to change in needs e.g. doctors' appointments required, referrals that need to be followed up.

We saw that there were 'what's on' boards on the units which gave information about what activities were to take place in the coming week. The activities plan for the week included, one to one sessions, reminiscence and work on memory boxes, cinema club, table top games, arts and crafts, music for health, a nature trail in the garden, an old time favourites singalong and zumba gold an armchair exercise class. We saw activities taking place during our visit.

We saw that people's birthdays were celebrated and parties were held for 'big' birthdays. Christmas, Easter, Halloween, Bonfire Night, and Burns Night were all celebrated. School children came into the service for the art to heart project and there was also a monthly visit from the local nursery. There were also ladies and gentleman's clubs.

We saw that library and talking books were delivered to the home by the local library for people to read. The service recognised that some people did not want to be involved in groups and preferred to spend time in their rooms, for example, watching football channels on the television or listening to music or the radio.

Relatives and staff said on the dementia units that although activities were available they would like to see more stimulating activities for people. We saw that a quiet sensory lounge was available on Peel unit, however this was not in use at the time of our inspection. The registered manager told us that they were working with a relative to refurbish the quiet lounge for people to use and this situation was on-going. We saw that activities workers had put a lot of thought in creating themes in memory boxes. For example, one person had had a number one hit record in 1958 and the music score was in the box. Another person was well travelled and there was a map of the world showing where the person had visited.

We saw on Crompton unit people had access to magazines and newspapers. There was also a drinks cabinet and an area that had household items from the 1950's for example, syrup and food tins, teapots and pans, plungers, bread bins, wash racks and grips.

Relative said, "If we had any concerns I would speak to [nurse] but we could speak to any of the staff" and "If I raise concerns they listen and respond."

The service had a complaints procedure which was made available to people on their admission to the home and on display in the home. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations.

There had been eight complaints made to the registered manager since January 2017. The complaints made covered a range of issues and there were no common themes. All had been dealt with by the registered manager and records maintained.

The registered manager said and we saw that the door situated at the entrance to the service was always open and people were welcome to come in and talk to them. Throughout our inspection we saw people who used the service, relatives and staff coming into the office to speak with the registered manager. The registered manager told us that quarterly meetings were arranged for people and their relatives though these tended to be poorly attended. Records of these meetings were kept. We saw at the meeting held on 14 July 2017 a range of topics were discussed including the findings on a recent television programme about the provider, more finger foods being made available for people who live with dementia and the development of the quiet lounge on Peel unit. There was a suggestions box in the reception area that people could use to share concerns and ideas on confidentially.

We saw that on each unit and in the reception area information about 'You Said We Did.' This was a way for people to raise issues. For example some residents had said due to their mobility they were struggling to enter and leave the building. New handrails were fitted to address the issue raised.

We saw that compliments received by the service were kept on record. We saw thank you cards around the

building. Comments included, "I want to thank you all for the care and kindness I have been given during my six week stay. I will have memories of the work you do for a long time to come. Bless you all", "I wanted to thank all the staff at Burrswood who so kindly looked after [relative]. [Relative] was happy to be with you all and enjoyed a very comfortable and caring time with you" and "I would like to say a big thank you on behalf of all the family for all the wonderful care, love, compassion and dignity you all showed and gave to [relative]. Thank you all for the care and support you showed to us also. We really appreciated it.

Is the service well-led?

Our findings

The service had a registered manager in place. 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.

We found the service had clear lines of responsibility and accountability with a structured management team in place. The management team were experienced, knowledgeable and familiar with the needs of the people they supported. The management team comprised of the registered manager, the clinical services manager and four unit managers. The managers said, "We all get on well together and lead by example and work as carers if need be on the units. We are on the same page and we work to our strengths"

Staff said, "[Registered manager] is lovely and very approachable. I do feel appreciated." "I am not scared to speak to [registered manager]. [Registered manager] is fair and deals with things." "[Registered manager] works shifts and is in at the weekend and this is what gets the respect of staff. [Registered manager] knows all the units." Night staff said the staff had good relationships with the registered manager and felt able to speak up. "[Registered manager] is good as a manager, fair. [Registered manager] is a grafter, gets stuck in and helps when needed. Like one of us."

"Our [unit manager] is brilliant. Like a mother to the whole unit. [Unit manager] has a lot of love and always goes the extra mile. Nothing is too much trouble" and "[Unit manager] has very clear expectations of the team. Very professional and if you make a mistake [unit manager] gives you a chance to put things right." Other comments about unit managers were "Hats off to them, really good and very approachable. If I had a grievance I feel I would be listened to."

The registered manager and the clinical services manager carried out a daily walk around and then held a take 10 meeting with the managers from each department to address any concerns found including the housekeeper, chef and activities co-ordinator. The report included actions for the day, identifying high risk people and resident's appointments, activities, meal provision and staffing levels. The report was then signed off by all the staff present. The registered manager said that they received good support from the provider and anything that was needed was purchased.

We saw a copy of the services 'Home Improvement Plan' created by the registered manager and dated 17 June 2017 in relation to Kay House review. The action plan included a review of any issues raised, which included the charging of equipment and odours of the carpets on Peel and Kay units. We saw that action had been taken to address these issues. No issues were found in respect of charging equipment, all continence assessment were review by the registered manager and CSM by 30 June 2017 and the floor covering in Peel and Kay units had been replaced.

We saw copies of the last 2 monthly home reviews that were carried out by a manager external to the home on behalf of the registered provider. In the last report undertaken on 19 July 2017, we saw that the service

had passed the majority of quality markers looked at with the exception of staff not wearing name badges and the condition of the carpet on Peel lounge, which has since been replaced. On both reports, the home had achieved the highest green pass rating.

We saw that the registered manager had a safeguarding, DoLs, supervision, NVQ and fire drill tracker. There was also a large clinical metrics board which was displayed out of sight which gave numerical information about people's needs across the home. This included the numbers of people on modified diets, weekly weights, diabetics, falls, bedrails, controlled drugs, covert medicines, anti-coagulants, antipsychotic medicines, deprivation of liberty safeguarding authorisations and do not attempt CPR. This meant that the registered manager had a good oversight of risk at the service.

We saw that a quality assurance exercise had been carried out in 2016 and 27 people who used the service had participated in it. The homes strengths were that people thought they were safe and secure, people's bedrooms and being treated as individuals. Areas of improvement were given as food, activities and communal space. Resident's comments included, "I feel happy and safe. It's a good home", "Its very clean. The staff are friendly and caring and the food is good", "The staff are very nice and very caring. I have a lovely private room I can go to. Excellent food" and "There is lots to do. The staff are lovely and I enjoy the food.

We had been routinely notified of incidents that happened at the home and what action had been taken to prevent a reoccurrence where appropriate. The service had on display in the reception area of the home their last CQC rating prior to the change in legal entity, where people visiting the home could see it. This has been a legal requirement since 01 April 2015.