Burwood Nursing Home And Yaffle Care LLP

Burwood Nursing Home

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	**Good** ●
Is the service effective?	**Outstanding** ☆
Is the service caring?	**Good** ●
Is the service responsive?	**Outstanding** ☆
Is the service well-led?	**Good** ●

Summary of findings

Overall summary

This comprehensive inspection took place on 23 and 29 January 2018. The first day was unannounced. At our last inspection in August 2015 we rated the service as Good and there were no breaches of the legal requirements.

Burwood Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Burwood Nursing Home accommodates up to 58 people in two adjacent buildings on the same site. One building, known as Burwood, has 16 individual ensuite bedrooms and the other, Yaffle, has 42. Burwood has a communal lounge and dining area, but most communal facilities are located in Yaffle and people in Burwood have ready access to these. When we inspected, there were 52 people living or staying at Burwood Nursing Home. They were older people with physical health needs, most of whom required nursing care. Some were living at the service; others were staying for a limited period of respite or recuperation.

The service had two registered managers. 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.

People and their visitors were very positive about their or their loved one's care, and also praised the caring approach of the staff. The service had received compliments about exceptional care and how staff had gone the extra mile to ensure people were as comfortable as possible.

People were treated with kindness, compassion and respect. Their independence was promoted as far as possible, whilst respecting their choices. There was an emphasis on people having choices and their preferences being respected.

People and relatives took part in the interview process for new staff and had an influence over who was recruited.

Staff training had been developed around people's particular needs; some people and relatives were involved in delivering this. This gave staff first hand insights into people's conditions. Staff learning needs and styles were taken into account in how training was delivered.

Care and support was tailored to people's individual needs. People, and where appropriate their relatives, were encouraged to be involved in the care planning and review process.

There was an emphasis on people experiencing a 'good death' when the time came, in other words, a dignified, comfortable and pain-free death in the place the person wanted to be. Staff had skills to understand and meet the needs of people and their families in relation to emotional support and practical assistance at the end of a person's life.

Arrangements for social activities met people's individual needs; there was an emphasis on people living as full a life as possible. There was an extensive range of optional group and individual activities. They took place both at the service and in the community. The management and staff teams went to great lengths to arrange activities that people really wanted to take part in, based on their interests or expressed wishes.

The service took a key role in the local community and was actively involved in building further links. There were strong links with a range of community organisations, including local churches, schools, the library, community groups and a nearby care home.

The premises had been designed with people's needs and comfort in mind. People's rooms had floor length windows, so people had a clear view over the grounds, even from their bed. There were different areas that people regularly used for activities, and also to spend time privately or with visitors. These included the 'Railway Tavern', furnished as a traditional pub, and an art deco theatre. All areas were maintained and decorated to a high standard, and kept clean and tidy.

Staff were aware of people's individual preferences and patterns of eating and drinking and there was flexibility when needed or requested. People had access to plenty of food and drink throughout the day and were enabled to choose where and what they ate. People told us they liked the food and were able to make choices about what they had to eat. They had a choice of areas for dining.

People were encouraged to make choices about how their health needs were managed. Their healthcare needs were monitored and any changes in their health or well-being prompted a referral to their GP or other healthcare professionals. A GP conducted regular weekly visits and was well known to staff at the service. Staff routinely attended hospital appointments with people who wanted this. Healthcare professionals gave positive feedback about people's care and how people were supported regarding their health. They said the managers and staff communicated well with them.

Technology used in providing the service was easy for staff to use, and promoted timely and responsive care. For example, 'wheel on' weighing scales had been provided, as these were simpler and more comfortable for people and staff to use than scales that required people to sit in a sling.

The service worked in partnership with other organisations to keep up to date with developments in best practice. It also contributed to the development of best practice and good leadership with other agencies. The service had sought out opportunities to participate in academic research, and at the time was involved in three projects, with a view to improving further the experience of people living and staying at the service.

The service had a positive culture that was person-centred, open, inclusive and empowering. Both buildings felt like happy, calm, relaxed places. People who used the service, relatives and staff were confident that any concerns they raised would be listened to and acted upon as necessary. People's concerns and complaints were encouraged, taken seriously and used as an opportunity to improve the service.

Staff were motivated by and proud of the service, taking pride in their work. They told us very clearly about the service's commitment to care for people in safe, warm, caring comfortable surroundings whilst giving people the dignity and respect they needed to live their lives in an independent manner. Morale was good

and the staff worked well together as a team. They were well supported by the management team.

Staff followed the requirements of the Mental Capacity Act 2005, only providing care with people's consent. Where they had concerns about someone's ability to give consent to particular aspects of their care, best interests decisions were recorded so the person's needs were met in the least restrictive way possible.

Risks to people's personal safety and wellbeing had been assessed and plans were in place to minimise these risks.

People were protected against abuse and avoidable harm. People involved in accidents and incidents were supported to stay safe and action was taken to prevent further injury or harm.

Assessments and care plans flagged up sensory loss or impaired communication and the way in which staff should support them with this. Staff were aware of people's communication needs.

Peoples' medicines were managed and administered safely.

The prevention and control of infection were well managed.

There were sufficient staff on duty with the right skills and knowledge to meet people's individual care needs. Staff were well supported through training and supervision.

Safe recruitment practices were followed before new staff were employed. Checks were made to ensure staff were of good character and suitable for their role, sharing the owners' values in relation to older people and care.

Quality assurance systems were in place to monitor and where necessary improve the quality of the service. These included annual quality assurance surveys and a range of regular audits. Action was taken to address any shortfalls that were found. The registered managers and deputy manager were supernumerary, but regularly worked alongside staff. This helped them maintain oversight of the quality of care and the culture of the service. It also helped ensure they were readily available for people and staff to discuss any issues or concerns.

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.

People were protected from abuse and avoidable harm. Risks to their safety and wellbeing were assessed and managed.

There were enough competent staff to provide the care and support people needed.

Infection prevention and control was well managed. The premises were kept clean.

Is the service effective?

Outstanding

Space was used creatively to help people live their lives as fully as possible. The premises had been designed and equipped with careful attention to people's comfort, wellbeing and choice. They included a popular and well-used pub and theatre. All areas were maintained and decorated to a high standard.

People using the service and their relatives were supported to take part in staff recruitment and influenced the outcome. They were also involved in training staff.

Staff were aware of people's individual preferences and patterns of eating and drinking and there was flexibility when needed or requested.

Is the service caring?

Good

The service was caring.

People were treated with kindness. They and their relatives praised the kind and caring approach of the staff.

People were given information and supported to make choices, and these were respected.

Is the service responsive?

Outstanding

The service was highly responsive.

End of life care was extremely person centred and based around models of best practice. Staff used their knowledge of people to meet their needs and the service was highly innovative in the way it worked with people and their families.

The service took a key role in the local community and was actively building further links. Contact with other community resources and support networks was encouraged and sustained.

There was an emphasis on people living as full a life as possible. Group and individual activities were highly personalised to people's needs, wishes and interests.

Is the service well-led?

Good

The service was well led.

People who used the service, relatives, staff and professionals were confident in the leadership of the service.

The service had a positive, open, supportive, person-centred culture. Staff morale was good.

The service involved people and their relatives in a meaningful way.

Burwood Nursing Home

Detailed findings

Background to this inspection

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

This routine comprehensive inspection took place on 23 and 29 January 2018. The first day was unannounced.

The inspection team was comprised of an adult social care inspector and an expert by experience on the first day, with the inspector returning alone on the second day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information CQC held about the service. This included notifications from the service about significant incidents. Due to technical problems on the part of CQC, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also requested feedback from stakeholders, including the local authority, the NHS clinical commissioning group and health and social care professionals who have had contact with the service.

During the inspection, we made general observations around the service and spoke with 14 people who use the service, two visitors and a visiting health professional. We also spoke with four care workers, two registered nurses, two other staff, the deputy manager, the two registered managers and the other owner. We reviewed four people's care records, medicines administration records, four staff files and other management records.

Following the inspection we requested from the registered managers further information about recruitment, staff training, the provision of activities and involvement in research. They provided this as requested.

Good

Is the service safe?

Our findings

People who used the service, their visitors and staff all told us they felt very happy and safe living and working at Burwood Nursing Home. Comments from people and their visitors included: "A safe place to live" and "Feels happy and safe here".

People were protected from potential abuse. The registered managers had been trained in managers' responsibilities in relation to safeguarding people and were open in raising queries or concerns with the local authority safeguarding team. Staff had the knowledge and confidence to identify safeguarding concerns and knew how to report these. Information about how to report suspected abuse was readily available for people and staff. For example, there were posters and leaflets near the entrance areas of both buildings with contact numbers for the local authority safeguarding team and other agencies concerned with safeguarding adults. This information was also available in the nursing offices and in the staffroom.

Risks to people's personal safety and wellbeing had been assessed and plans were in place to minimise these risks in the least restrictive way possible that was acceptable to the person, or in their best interests if they lacked the mental capacity to make a decision about this. Risk assessments covered areas including: moving and handling, vulnerability to pressure sores, malnutrition screening, swallowing difficulties and falls. Any risks identified were addressed in people's care plans, and the measures required were put in place to help protect people. For example, where necessary, people at risk of developing pressure sores had correctly adjusted air mattresses on their beds and received regular assistance to change position. Where people used bed rails to stop them falling from bed, the risks of doing so had been assessed to ensure this would be safe.

People were protected against environmental hazards, such as slips, trips and falls. The buildings were in good order and regularly maintained. The fire protection system was regularly inspected and tested, with periodic inspections by a specialist contractor. Lifting equipment had been assessed and certified by a specialist contractor within the past six months, and six months prior to that. There was a current landlord's gas safety certificate, and an electrical contractor had assessed the condition of the electrical hard wiring as satisfactory within the past year. Most wardrobes were built in, but in the Burwood building we saw a wardrobe that had not been secured to the wall. By the second day of the inspection, this had been fixed. There were also some uncovered radiators in hallways in the Burwood building. One of the registered managers confirmed there were no ambulant people in this building, which reduced the risk to people who used the service.

People involved in accidents and incidents were supported to stay safe and action was taken to prevent further injury or harm. Managers acted to ensure they listened to people and their families, and that lessons were learned and improvements made where necessary. They reviewed individual accidents and incidents to check that all necessary action had been taken in response. They also monitored records of accidents and incidents to identify any developing trends that might indicate further changes were needed. The registered managers had found new ways of providing more immediate feedback to staff, such as using the staff messaging system. For example, a monthly accident audit had identified a number of people had fallen

during the earlier part of the night. This was discussed with the registered nurses who worked nights. As a result, additional hourly checks during the 'twilight shift' were introduced.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. People told us they received assistance promptly when they requested this. Staff confirmed there were generally enough of them on duty to be able to work safely and effectively. They said efforts were made to provide cover for staff absence due to sickness, and that where cover could not be found the management team would stand in. Staffing levels were based on people's dependency levels. One of the registered managers monitored call bell response times through monthly call bell audits, to ensure that people were not experiencing delays in receiving care. An audit had identified that additional staff were needed and this had been escalated to the owners of the home. This registered manager confirmed the owners had been supportive and had allowed for the additional staffing they requested.

Safe recruitment practices were followed before new staff were employed. Checks were made to ensure staff were of good character and suitable for their role. These included obtaining references, and criminal records checks with the Disclosure and Barring Service. Staff files included application forms, records of interview and appropriate references. Reasons for leaving previous employment in care were discussed at interview but were not specified on application forms. Similarly, full employment histories were obtained, although application forms did not stress that a full history was required including an explanation of any gaps.

Peoples' medicines were managed and administered safely. Medicines were stored securely, in an organised fashion. People received their medicines when they needed them. There were regular audits to check medicines procedures were being followed properly and accurate records maintained. Where they wished, some people self-administered particular medicines, which promoted their independence. The risks associated with this had been assessed and were being managed. Staff who administered oral medicines and skin creams had regular training in relation to this, and their competence in handling medicines or skin creams was assessed at least annually.

The prevention and control of infection were well managed. The registered managers confirmed there had been no outbreaks of infection, and a visiting health professional said the service had ensured that people received this season's influenza vaccinations. Care, domestic and kitchen staff had ready access to personal protective equipment, such as disposable aprons and gloves, and used these appropriately. Hand washing facilities in bathrooms and other areas were well stocked with soap and paper towels, and alcohol hand rub was available at the entrance to both buildings. Staff had regular training in hand washing. Infection control audits were undertaken.

The premises were kept clean and smelt fresh throughout, even in areas where there was potential for odours, such as sluice rooms. People and their relatives confirmed they always found the premises to be clean. For example, a person who used the service told us, "It's nice and clean in here." Clear expectations were set for domestic staff, including the frequency with which particular areas should be cleaned and how this should be performed. Washing was sent directly to the laundry through a laundry chute. The laundry room was clean and tidy, with a clear dirty-to-clean workflow.

Outstanding ☆

Is the service effective?

Our findings

The premises had been designed with careful attention to people's needs and wishes. People told us they found the buildings and grounds very pleasant to be in. The provider had considered people's comfort and wellbeing, basing designs on improvements people had said they wanted. The provider had also considered research evidence into how design can enhance people's experience in care settings, when designing, decorating and furnishing the premises. All areas were maintained and decorated to a high standard; they had a homely rather than an institutional feel. Rooms in both buildings all had floor length windows, so people had a clear view over the trees, plants and wildlife in the grounds, even if they were in bed. Some rooms had balconies to provide private space for gardening or outdoor furniture. People sat and enjoyed the view from their windows, smiling at us as we walked up the drive. In reception there was a large carving incorporating various animals and birds that were typically seen in the grounds. This had been installed so that people with a visual impairment could experience this important aspect of the service's environment. The registered managers told us people often interacted with the carving, although we did not see this during the inspection. A large fish tank formed part of the wall between a quiet lounge and the main lounge; it was aesthetically pleasing and soothing to look at. Whilst we did not see people engaging at length with this, they did look and smile at it from time to time.

Outside, there were level walkways with seating areas, attractive terraces with raised flower and herb beds and a gazebo for shade, although cold, damp weather meant these were not in use during the inspection. However, we saw photographs of people sitting outside in the sun, enjoying events such as barbecues and garden parties, and participating in a gardening club. The registered managers confirmed that people had free access to outside spaces. The lounge and dining room had bi-fold doors that opened to allow 'the outside in' during good weather. Artificial grass was laid on the balcony from the dining room, to be aesthetically pleasing and provide a safer surface if anyone should fall. The service was planning live streaming to enable people, including those who were less mobile, to observe the bird nesting boxes and have a closer view of the wildlife.

Space had been used creatively to help people live their lives as fully as possible. There were different areas for people to take part in activities, and also to spend time privately or with visitors. A communal room had been developed as 'The Railway Tavern', decorated as a traditional pub. People chatted to us enthusiastically about this, saying they found it great fun and looked forward to their visits. It was used frequently for social activities. We observed one of these occasions, which involved both people who lived at the service and their visitors, who came and went as they chose. People chatted and laughed freely with each other, encouraged by the nature of the setting to be more animated than they tended to be in other areas of the service. People used The Railway Tavern at other times to see and have a meal with their visitors.

A nearby large room had been set up as an art deco theatre, which was regularly used for performances, shows and movies to give a sense of occasion; for example, there was an upcoming 'West End Wonders' show. It also helped people's wishes come true, such as when someone wanted to see Roy Orbison so 'Roy Orbison' came to perform. We saw photographs of people smiling and laughing during theatre and cinema

performances, with ice cream during the interval. People told us how exciting they found the theatre events. The room had a facility for live streaming events such as family weddings, so people could participate in these if they were unable to travel. Following the inspection, the registered manager advised us the BBC had visited to interview people about performances in the theatre and the impact these had had. This had come about from a person suggesting in conversation "that we get the BBC in". A further room near the main lounge had been furnished and decorated as a quiet area with comfortable seating and a library, for people to spend time in if they chose. Other group activities took place in the main lounge or in a dedicated activities room, which had a kitchen at one end and a range of resources and equipment for activities at the other.

People received care from staff who had the skills, knowledge and understanding needed to carry out their roles. People and relatives we talked with all spoke very highly of the staff. Comments included: "The staff are fabulous" and "Staff are very good". Throughout the inspection, we saw staff helping people calmly and competently. The registered managers, who were experienced nurses, developed the staff team to understand and respond to common risks that people may experience as they get older. For example, the service's audits had found that the incidence of urinary tract infections had decreased since a specific training module was delivered. Staff had the training they needed, including moving and handling, infection prevention and control, health and safety, safeguarding, and food hygiene. This was renewed at regular intervals. Staff also had training about health conditions experienced by people living at the service, including diabetes, stroke and dementia. This helped give them a good understanding of people's care needs.

There was a truly holistic approach to assessing, planning and delivering care and support. All of the feedback we received about care and support from people using the service, relatives and visiting professionals was positive. For example, a person commented: "Made the right decision coming to this care home", and a relative told us, "They have been wonderful." People's needs and choices were assessed before they were admitted ensuring the service was suitable for them. There were further comprehensive assessments when people arrived, and people's care and support was kept under review. People, and where appropriate their families and friends, were encouraged to be involved in this process, through regular discussions with the person's key worker. The key worker system enabled named members of staff to build positive and trusting relationships with people and those who were important to them.

Where people had particular needs, the registered managers ensured staff were competent to support them. When anyone was admitted to Burwood Nursing home, care records and information were compiled to ensure all staff understood their specific condition and could respond to their individual needs. Staff training was designed and delivered accordingly. For example, someone came in with a rare condition that required a particular type of drainage. The registered nurses received specialist training prior to the person being discharged from hospital. Detailed care plans were produced, with 24-hour contact details of the specialist nurses and equipment suppliers. This meant the person received the right care as soon as they moved in. Other person-specific training included the administration of oxygen.

People and their relatives were involved in developing and delivering training, so staff could gain a first-hand insight into their conditions and experiences. As part of the assessment process, people and their families were encouraged to pass on their knowledge and experience to the staff. For example, someone moved in with a particular health condition; their relative was involved in a support group for this condition and gave a talk to staff about it. Another person gave a talk to staff about how their stroke had changed their life, how they lived with its effects, their experience of leaving their home and the impact on their family. Someone else delivered a teaching session on how their Parkinson's disease had affected them and their family.

Training was tailored to workers' individual needs and learning styles. The registered managers explained that training was provided to individual staff or to groups of varying sizes, depending on the topic and the staff. Training was delivered in spoken, visual or practical ways, according to staff ability and preferred learning style. For example, staff with dyslexia had assistance from staff with knowledge of what might work for them. Some staff had received English language assistance, including tuition through evening classes.

Staff reviewed their training programme at staff meetings to ensure it covered their needs and interests. They also gave feedback after each training session as to how to improve or extend the training. Any areas or topics staff requested were pursued. For example, staff had requested more information on continence products, so the service arranged for one of the supplier's nurses to give a teaching session. Staff had assisted the management team to develop comprehensive safety training. Recently, they had asked if the training could also focus on their own wellbeing so holistic therapy was introduced. Fire training covered not just the workplace but fire safety in staffs' own homes.

People using the service and their relatives were supported to take part in staff recruitment and influenced the outcome. People and relatives had expressed interest in involvement in recruitment during discussions at a relatives and residents meeting. As a result, some people and relatives were involved in the interview process. As a group, they were briefed before interviews, discussing possible questions to ask; some people had developed questions themselves. They then spent time interviewing candidates over a cup of tea. Afterwards, the management team discussed the candidates with them and their views were considered in deciding who to employ. These people then had the opportunity for feedback. The registered managers informed us that feedback from people and relatives about this process had been positive.

New staff went through an induction to ensure they were able to work safely, for example knowing what to do in event of a fire and how to call for assistance. Student nurses were given a similar induction at the start of their placement. Staff who were new to health and social care were supported towards and expected to obtain the Care Certificate. This is a nationally recognised set of standards for health and social care workers.

Staff told us they were well supported through training and supervision, describing the process as "very supportive" and "all very positive". Supervision was carried out through group and individual meetings with managers to discuss practice, training needs, and any concerns staff had about their role. A long-standing member of staff said the owners' ethos had always been to encourage staff education and development. Another member of staff told us how whilst working at the service they had been supported to advance in their career. Nurses were supported through the revalidation process to maintain their qualification, including having access to the necessary training and professional development, such as specialist training that was relevant to their work. Other staff were supported to obtain vocational qualifications.

Mealtimes were well organised, with sufficient staff available to provide the support people needed without rushing them. One end of the kitchen was open to the dining room so people could see the kitchen staff at work and talk with them. People's dietary needs and preferences were documented and readily available to the chef and staff. The service had devised a colour-coded 'meal ticket' system to ensure dietary needs, such as food allergies and swallowing difficulties, were met. Dietitian referrals were sought if there were concerns about unplanned weight changes. Speech and language therapy referrals were made to assess how people swallowed, if there were concerns that they were at risk of choking.

Staff were aware of people's individual preferences and patterns of eating and drinking and there was flexibility when needed or requested. People had access to plenty of food and drink throughout the day and were enabled to choose where and what they ate. People told us they liked the food and had choices about

what they had to eat. For example, someone who had their food pureed told us this was presented attractively and was "very good, actually". There were different areas for dining to ensure variety and choice. These included kitchenettes on each floor, with facilities for people and relatives to make their own drinks and prepare their own food. People were encouraged to make their own drinks and have afternoon tea in the kitchenette with staff, which promoted their independence and autonomy. For example, one person depended on staff to prepare and serve food and drinks, but aspired to return home and take care of themselves. Staff encouraged them to come into the kitchenette while they prepared the person's drinks. The person's dexterity improved as they became more involved, to the extent they were able to make their own drinks. Some people chose to have pub lunches in the service's pub. Private meals for families were served in the pub or in the kitchenettes. This allowed privacy for families and gave other small groups a place to socialise without feeling intrusive on others. People's rooms each had fridges, to give people the choice to have favourite drinks chilled, or yoghurt or snacks in their room. The registered managers reported people's increased satisfaction and enjoyment of food, and people who were underweight putting on weight, reducing their risk of malnutrition.

Equipment and technology was used to support the delivery of high-quality care and promote independence. Each person's room had a ceiling tracker hoist, for people who needed to use a hoist to transfer, say, from their bed to a chair, or between an armchair and their wheelchair. These had been designed to be flush with the ceiling so they were unobtrusive, helping rooms to look homely rather than institutional. Staff told us this helped them to assist people promptly and efficiently as they did not have to wait for equipment to become available. Electric profiling beds were provided, which enabled people to control whether they were lying down or sitting up, provided they could operate the control panel. 'Wheel on' weighing scales had been provided, as these were simpler and more comfortable for people and staff to use than scales that required people to sit in a sling. Toilets and bathrooms were spacious and adapted for use by people with impaired mobility. There were handrails along corridors to assist people as they walked. Where they were able, people moved freely and independently around the newer Yaffle building. People in the Burwood building needed more assistance to move, and staff assisted them to go across to the other building when they wished. This allowed them to take part in a full range of activities and events, to eat in the main dining room and to have social contact with people who lived in the Yaffle Building.

People were encouraged to make choices about how their health needs were managed. Their healthcare needs were monitored and any changes in their health or well-being prompted a referral to their GP or other healthcare professionals. Their preferences were respected, even where this might present some risk. For example, at a shift handover, staff discussed someone's choice to have a urinary catheter, which they recognised was the person's choice despite the risks associated with this. Similarly, someone else who was prone to develop pressure sores had their air mattress removed at their own request, despite the risk this presented. We received very positive feedback from healthcare professionals about people's care and how people were supported regarding their health. A nearby GP conducted regular weekly visits and was well known to staff at the service. In the event someone needed to go into hospital, each person had a 'hospital transfer form' on file, to assist the clear communication of important information to paramedics and hospital staff.

Staff supported people to access other services, where this was required. For example, staff routinely attended hospital appointments, if people wanted them to. A relative expressed how helpful they found this: "They are brilliant at sorting out hospital appointments and will go with [person] if I am working." People chatted to each other giving very positive accounts of their experiences with this. For example, someone described how they had been nervous at their appointment and the member of staff with them had supported them to ask the questions they wanted to. This member of staff had in fact been a student nurse, who had been well briefed about the reason for the appointment by their mentor, one of the registered

nurses.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People's rights were protected because the staff acted in accordance with the MCA. People were involved in care planning and their consent was sought to confirm their agreement to their care and support. If there were concerns that someone might lack the mental capacity to give this consent, this was assessed. Where they were found to lack capacity, a best interests decision had been recorded so the person's needs were met in the least restrictive way possible.

People can only be deprived of their liberty so that they can 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). The registered managers had identified a number of people who they believed were being deprived of their liberty. They had made DoLS applications to the appropriate supervisory body. These had either been authorised or were awaiting assessment. The registered managers kept track of dates on which DoLS authorisations were due to expire, and on any outstanding conditions attached to authorisations. Conditions on DoLS authorisations had been met.

Good

Is the service caring?

Our findings

People spoke highly of the caring approach of staff. They all explained how they were treated with dignity and respect by staff who supported them to maintain their independence as far as possible and helped them to maintain a sense of self-motivation. Comments included: "Staff very friendly and very caring", "Staff are all very nice and caring", "They [staff] are very caring, so good" and "The staff are ever so caring – it's not just a job".

People were treated with kindness and compassion in their day-to-day care. The interactions we observed were all respectful and supportive of people. Staff noticed when people were anxious or in need of assistance and responded promptly and discreetly to this. The service recognised that moving in could be stressful for people, so provided a welcoming surprise in people's fridges when they arrived depending on their preferences, such as chocolates or sparkling wine. People had clearly received any support they needed to maintain their personal appearance; they were attired in clean and well-fitting clothes, with makeup and jewellery where they wished. This reflected the ethos of the service, as described by staff, which was to treat people as individuals with kindness and dignity, as if they were part of their own family. For example, a member of staff told us that great effort was put into putting dignity training into practice, helping people to look nice.

There was an emphasis on people having choices and their preferences being respected. We saw this happen on a day-to-day level, such as people choosing what time they would get up or where they would spend time. People and relatives told us their choices and preferences were respected. For example, someone was glad to have been able to bring their piano with them when they moved into the service. A member of staff confirmed there was an emphasis on care centred on the person's needs and preferences: "Whatever the person wants they can have provided they are not putting themselves or others at risk."

People who used the service and visitors told us they could have visitors or visit whenever they wished. Comments included: "We were welcome whenever" and (in connection with visiting whenever they liked) "From first thing in the morning to last thing at night."

People received care and support from staff who had got to know them well. Staff had a good understanding of people as individuals, including their personal histories, preferences and skills. People's records included information about their personal circumstances and histories, and details of any preferences.

People were valued as individuals. Birthdays were celebrated with cards signed by the staff, presents based on the person's preferences and interests, a birthday cake baked for them in their preferred favour, and banners in the lounge and in the person's room. One person's family had organised a surprise birthday party for them in the Railway Tavern.

People and their relatives were given the information and explanations they needed, when they needed them. Relatives said they were kept informed about what was happening with their loved ones: "They

always call me and tell me what's happening." Families were updated, for example, following GP visits, through emails, face to face reviews and telephone calls.

There was respect for people's privacy and confidentiality. Staff and managers had undertaken information governance training to help ensure the service complied with data protection legislation. The service had policies and procedures in relation to the use of information technology and social networking.

Outstanding ☆

Is the service responsive?

Our findings

People and their visitors were very positive about how they or their loved one had the care and support they needed, when they needed it. The people we spoke with all said how wonderfully the staff provided for their individual needs and preferences. A relative told us their family member "was looked after incredibly well… Not only was he looked after well but we were too as his family." Other comments from relatives included: "I feel very confident for having [person] here" and "I can't praise this place enough." The service had also received many compliments in recent months regarding the high standard of care provided. These included thanks to the staff "for the exceptional care you have given [person]… I have absolutely no doubt that she could not have been in a better place." Another compliment read, "The attention provided by the carers was outstanding and the nursing staff always ensured that [person] received the necessary treatments with compassion and understanding, and [staff] went the extra mile to make [person's] stay as comfortable as was possible."

Professionals fed back that the service was focused on providing person-centred care of a high standard. They said the managers and staff communicated well with them. One described the service as "very conscientious, thorough and caring". Another said the service was "exemplary" amongst all the care homes they visited.

Arrangements for social activities met people's individual needs and people were encouraged and enabled to live as full a life as possible. People commented: "Very happy with the home, food and entertainment" and "We have lots of programmes to entertain." We saw people meaningfully occupied, where they wished to be, throughout the inspection. There was an extensive range of optional group and individual activities. The management and staff teams went to great lengths to arrange activities that people really wanted to take part in, based on their interests or expressed wishes. For example, a residents' forum meeting had expressed an interest in charitable giving, so some activities were based on fundraising, such as a sale of cakes people had baked themselves. Someone was keen on motorbikes; a group of bikers came for afternoon tea, and showed people their motorbikes; the person rode on a three-wheeled motorbike. Another person who was a keen sailor went by boat into Poole harbour to watch yacht racing. Someone else had said they would like to go on a steam train, so they went on a trip on the Swanage steam railway. Another person loved to look at Christmas lights, so staff took them on a Christmas lights tour through Poole to a road where residents organise a renowned display. A further person was sad that someone they had befriended had moved out. Staff took the person for lunch at a restaurant that reflected the person's ethnicity. The person told staff that this had helped them feel loved and that they no longer wanted to move; they subsequently became more settled. Staff were encouraged to share any special skills and abilities, if they wished to, to enhance the quality and diversity of activities. For example, massages and beauty treatments were available from a member of staff who was also a beauty therapist. A member of staff who used to work at a local theatre and a person who had been its general manager enjoyed reminiscing and sharing scrapbooks.

The service kept a mini bus so that people could enjoy trips out to pubs, markets and Dorset beauty spots. To ensure that people could make the most of the summer months the service rented a beach hut, took

people on boat trips around Poole Harbour and organised fish and chip evenings on the Quay. There were also minibus trips to a variety of other places, such as pubs, markets, the bowls club, motorbike nights on Poole Quay, and plays, concerts and tea parties at schools in the area. Some of these community links had been fostered through relatives, and also through staff contacts.

There were varied visiting speakers, musicians and entertainers, such as musicians from the Bournemouth Symphony Orchestra and a birds of prey demonstration. Some people had wanted to learn how to use the internet, particularly for making video calls to their families and friends. The service organised for volunteers from a large company's community action scheme to visit to teach people how to do this. The owners had three spaniels that visited the home regularly and spent time with people. People took great pleasure from having the dogs around. One had had puppies during the past year, as people at the service had wanted her to have a final litter. The puppies visited the service every few days from when they were a few days old. Photographs showed people excited to see the puppies, smiling broadly as they held and stroked them. People also wanted to keep one of the puppies, who was now several months old and was one of the visiting dogs. Photographs of events such as the arrival of the puppies and shows in the theatre were displayed on a screen so people could watch. The registered managers told us this had helped people recall memories and stimulated discussion about the activities that they had participated in.

The service took a key role in the local community. The service was well known locally and people often chose to recuperate there following a hospital admission. Managers, staff and people who used the service were actively involved in building further links, which had a direct impact on people's day-to-day experience. A person who lived at the service organised a regular non-denominational communion service on site, with representatives from the parish church. People had contact with volunteers from the local library, who regularly delivered library books. People from a care home close by came to performances in the service's theatre. Staff reported how people from both services valued and enjoyed the social contact with new people. Following a local press article about the theatre, a national stage magazine had featured the service and subsequently they were approached by a touring production due to appear locally. Actors from the production gave a performance for the service's residents, who enjoyed being able to speak with them afterwards. The theatre had recently been used by a local amateur dramatic group, to which some staff belonged, for its pantomime rehearsals. People had shown interest in how this was going, and a party of people went to see the pantomime when it was performed. There were plans for an outside older carers' group to use the service's pub. The Christmas raffle had prizes donated by local businesses.

The service was very proactive in helping people make the most of themselves as they recognised how this improved people's sense of wellbeing. Contact with other community resources and support networks was encouraged and sustained. People had one-to-one support to shop for gifts and special items. For example, someone needed a specialist bra, so one of the activities staff took her to a department store for a fitting, which she had not been able to do previously. Relatives were as involved in people's care as much as they and their loved one wished. Whilst the service had a regular hairdresser and chiropodist visit, there was a recognition that people might wish to retain their existing ones. People's own professionals were therefore welcome to use the facilities at the service to provide care and support. People were also encouraged to go out to appointments, where they were able to do so. For example, staff talked in handover about how someone had been to see the dental hygienist.

People's care plans clearly explained how they would like to receive their care, treatment and support. Care plans were clear and contained sufficient detail for staff to know how the person's care should be provided. They were organised according to activities of daily living, such as communication, nutrition and hydration, maintaining a safe environment, sleep, medication, and health conditions. These were reviewed at least monthly and were kept up to date. Handover between staff at the start of each shift ensured that important

information was shared, acted upon where necessary and recorded to ensure people's progress was monitored. For example, at handover nurses passed on information about what the GP had said when they had seen people that morning, for example that the directions for someone's 'as required' medicine had been clarified. Staff also spoke generally about people's concerns and preferences at that time. This clear communication between staff was reflected in feedback from people, relatives and professionals about well organised, person-centred care.

The service strove to be outstanding and innovative in providing person-centred end of life care based on best practice. It had attained the highest status within a recognised national accreditation scheme for end of life care. There was an emphasis on people experiencing a 'good death' when the time came, a dignified, comfortable and pain-free death in the place the person wanted to be. A relative gave us emphatically positive feedback about the way their loved one and family were supported before, during and after the person died. They told us, "The staff were amazing. When we couldn't be here they stayed with him… I could sleep at night because of how they looked after him." Staff and managers reviewed each death, to identify any changes or improvements that might be necessary. For example, the service had updated its 'last few days of life' care plans and information for relatives about what to expect. An information booklet had been developed for relatives following a death, and was sent along with a sympathy card. The service had updated its hospital transfer forms to flag up to hospital staff where a person had expressed the wish to die at Burwood Nursing Home rather than in hospital; this was to encourage prompt discharge from hospital. All staff, including administrative and ancillary staff, had the opportunity to be involved in monthly 'coding' meetings to review everyone at the service in terms of their needs for the end of life.

Staff had training and skills to understand and meet people's and families' needs for emotional support and practical assistance at the end of life. There was an emphasis on understanding people's end of life wishes, including things they wanted to do before they died; every effort was made to bring these to fruition. Other residents were told when someone had died, and were supported to attend the funeral if they wished. Some families held funeral wakes in the service's Railway Tavern, which enabled people who used the service to attend. There was an annual remembrance service for families. One of the service's end of life care champions had won a local award in 2017 for their excellence in providing palliative care. Most of the registered nurses had been trained and validated by the local ambulance service to verify death, which meant they could do so quickly and efficiently, sparing families the distress of a prolonged wait.

Technology used in providing the service was easy for staff to use, and promoted timely and responsive care. The service had implemented a web-based, computerised system for care records, and was continuing to work with the software provider to develop this. This covered daily care records and any charts that were being kept for people, such as charts that showed when someone was assisted to reposition or for monitoring of their fluid intake. Staff told us the system was straightforward to use and helped them to keep accurate, up to date records. There were prompts to remind them when people needed particular aspects of care, such as assistance to reposition.

The provider met the Accessible Information Standard. The Accessible Information Standard requires that health and social care providers ensure people with a disability, impairment or sensory loss can easily read or understand and get support so that communication is effective. Assessments and care plans flagged up sensory loss or impaired communication and the way in which staff should support people with this. Staff were aware of people's communication needs, and people whose care we reviewed received the support they needed. Staff communicated calmly and clearly with people, taking time to ensure they understood each other. A relative commented that their family member was always able to understand the staff, saying, "They [staff] take their time, they explain."

People's concerns and complaints were encouraged, taken seriously and used as an opportunity to improve the service. There had been six complaints in the past year, which were far outnumbered by the compliments received. These had been raised informally, through conversation or email, but had been treated as complaints. Each had been investigated thoroughly and responded to in good time. For example, there had been a complaint about limited parking for visitors on one occasion; this was when staff were attending a training course at the service. Staff were asked to move their cars, and were subsequently reminded at staff meetings not to park on site if they were in for training. Cones were put out to prevent parking spaces being taken.

Good

Is the service well-led?

Our findings

The people who used the service and visitors we spoke with all told us they were happy with the service provided by the management team and other staff. They also complimented the owners and other senior management for the way the home was being run, as did staff. Comments from people and visitors included: "Very well organised home", "This is a well-run family home with good staff", "I have nothing but praise for Burwood… we struck lucky here." A health and social care professional said the home was well organised and described one of the registered managers as "amazing".

The service had a positive culture that was person-centred, open, inclusive and empowering. Both buildings felt like happy, calm, relaxed places. Someone who had recently started working at the home told us, "I felt welcomed" and said their colleagues were friendly and supportive. Another member of staff commented, "No-one's job's insignificant… there is no big hierarchy here. As individuals we're treated with the same respect regardless of our role." The owners and registered managers described the service's ethos as providing a homely environment developed around people's needs, being a home from home and allowing freedom, choice and participation.

The registered managers and provider prioritised staff welfare, as they felt this helped maintain the positive atmosphere. There was a staff committee responsible for staff welfare, working with managers to implement suggestions and recommendations, for example, organising activities such as theatre outings. A member of staff told us how they had wanted to organise a social event for staff and were encouraged and supported to do so by the registered managers. Regular staff events, such as karaoke, pizza nights and cocktail evenings were held at the service.

The staff team was largely stable. A relative commented, "We always saw the same faces [staff]." The management team recognised that ongoing recruitment was necessary and identified that they had a role in attracting people to work in social care. They had set up 'taster days' for potential candidates who had not previously worked in social care to come and observe life at Burwood Nursing Home. This was under supervision and did not include personal care. The taster days had helped the managers discern those candidates who shared their values and had an aptitude for the work. A member of staff told us separately how the management team tried hard to employ the right staff with the right values.

Staff took pride in their work; two care workers specifically sought out the inspectors to tell them much they enjoyed working at Burwood Nursing Home. Staff told us very clearly about the service's commitment to care for people in safe, warm, caring comfortable surroundings whilst giving people the dignity and respect they needed to live their lives in an independent manner. For example, a member of staff told us how the owners prioritised people's dignity, comfort and wellbeing, saying that the owner who was also registered manager "has this amazing capacity for our older generation". This person described the newer registered manager as "very approachable, very kind and compassionate". Other staff told us morale was good and that the staff worked well together as a team. For example, a member of staff told us, "I love my job" and that they were "extremely well supported by management". Another member of staff commented that it was "very peaceful here, a beautiful place to work in".

There was a clear management structure. The registered managers and deputy manager were experienced registered nurses. They were supernumerary, but regularly worked alongside staff. This helped them maintain oversight of the quality of care and the culture of the service. It also helped ensure they were readily available for staff to discuss any issues or concerns. There were regular meetings of the various management teams, including monthly meetings for home managers and owners, department heads and seniors. Meetings were minuted and action plans produced. There were also staff meetings. Through these meetings, the owners and registered managers sought to promote the home's vision and values, support staff, be open and transparent and provide a forum for listening to concerns and feedback.

The people who used the service, relatives and staff who we spoke all felt able to raise any concerns or issues with the management team. They were confident their concerns would be listened to and acted upon as necessary. For example, a relative described the owner of the service, who was also one of the registered managers, as very amenable to being contacted. Another relative told us, "You feel that they listen and you know who to talk to." Staff were aware of the whistleblowing procedure and felt they would be able to use this if necessary.

People and those important to them had opportunities to feed back their views about Burwood Nursing Home. There was ample opportunity for people who used the service and relatives to speak with members of the management team, who had an office near reception in the newer building and who regularly walked around the premises. One of the owners was involved in the activities and outings and often sat with people for lunch to seek and discuss ideas with them. There were separate meetings for relatives and for people who used the service to discuss developments and news about the service. There were a number of groups involved in planning and organising events as well as identifying and delivering improvements. This included a residents' and relatives' forum, established as a working group to help achieve changes people wanted, such as providing additional support for outings and events. People's and relatives' views were sought as part of care plan reviews and as part of the management team's regular quality assurance observations. People's comments were also being sought on plans to join the two buildings; people and their relatives were being encouraged to comment on the plans, which were available at the entrance to both buildings.

Quality assurance systems were in place to monitor the quality of service being delivered. An improvement and development plan documented ideas, aspirations and projects that were being implemented or were planned. This plan was updated at monthly management meetings. People's experience of care was monitored through annual quality assurance surveys, as well as informal discussions with managers and at meetings. Questionnaires were also sent out to relatives, staff and visiting professionals. The results from the quality assurance surveys were analysed and an action plan drawn up to address any changes that were indicated; however, almost all of the responses had been positive. The registered managers oversaw a range of audits at various intervals. These included monthly reviews of call bell usage, health and safety, accidents and incidents, complaints, care records, malnutrition screening, wound care and infections. Action was taken to address any shortfalls that were found.

The service was an important part of its community. It developed community links to reflect the needs and preferences of the people who used it, working in partnership with other agencies and community organisations. As well as community links associated with social activities for people who used the service, the owners were executive members of a neighbourhood forum that looked at issues within the community, including the establishment of a dementia-friendly community and accessibility for people with impaired mobility. The service also participated in the annual Broadstone Fair. With the police, the service was working towards becoming a dementia 'safe haven'. This is a local initiative that aims to make people who live with dementia safe in their communities, providing somewhere where anyone who is living with

dementia can temporarily go if they become lost in public and are unable to get home. There were links with the local further education college and university, and the service offered work placements and apprenticeships.

The service worked in partnership with other organisations to keep up to date with developments in best practice. It also contributed to the development of best practice and good leadership. It had sought out opportunities to participate in academic research, and at the time was involved in three projects. One project related to end of life care in care homes, and the service hoped that this would enhance their end of life care, and also to support other services to achieve high standards in this area. One of the registered managers was on the committee of the Dorset Care Homes Association, and was planning events to share the service's expertise in end of life care. Another project related to older male carers in the community, and the service hoped this would help them better understand and support elderly male family members who sought assistance from the service. The service had also been selected by the clinical commissioning group to assist in research on enhanced health in care homes. It was envisaged that taking part in this project would help the service enhance people's wellbeing so they lived well while in care. The service also had links with other organisations, such as the local provider forum, to keep abreast of best practice, new research and changes in the health and social care sector. The service regularly hosted student nurses on placement from a nearby university. A student nurse told us their experience at the home had been well organised and that their mentor and other staff had been "really supportive".

The registered managers had notified CQC about significant events. CQC uses this information to monitor services and ensure they respond appropriately to keep people safe.

The service's previous CQC inspection rating was displayed at the entrances to both buildings. However, the rating was not shown on the provider's web page, which made reference to a rating of "excellent". There is no such rating as this, which we pointed out to the registered managers. The owners addressed this during the inspection.