Bupa Care Homes (ANS) Limited

Burrswood House Nursing and Residential Home

Inspection report

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Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

This was an unannounced inspection carried out on the 8, 9 and 27 April 2015. We last carried out a routine inspection on 19 September 2013. All areas we reviewed at that time met the relevant regulations. We also carried out a responsive review after concerns were raised with us about staffing levels on 2 May 2014. The concerns were substantiated and a breach in the staffing regulation was made. We returned to the home on 8 August 2014 and found that the home was compliant with the staffing regulation.

Burrswood House Residential and Nursing Home is registered to provide accommodation and support for up to 125 mainly older people. The home is a purpose-built, two storey building which comprises of four separate

Summary of findings

houses. On the first floor Dunster House provides general nursing care and Crompton House provides residential social care. On the ground floor Peel House provides nursing care for people with mental health and dementia care and Kay House provides dementia care.

The home had a registered manager. 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 visits.

At this inspection we spent time observing care and support in communal areas, spoke to people who used the service, their visitors and staff and looked at care and management records.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breaches related to medicines management because controlled medicines were not always administered as prescribed and the reason why had not been recorded. Control of infection due to staff not always following procedures. Staffing levels were not always sufficient to meet people's assessed needs and issues identified in relation to the provision of food and drink.

You can see what action we asked the provider to take at the back of the full version of this report.

Everyone we spoke with who used the service said they felt safe. When asked, people said "Very safe", "The staff are all very kind" "I feel very safe, the staff are very caring, they look after you" and "There is no bullying and there is a very good atmosphere."

The staff we spoke with told that they had received safeguarding adults training. They were all able to inform us what they would do should they find that abuse was taking place.

We saw that relevant checks had been made when employing new staff.

During our visit there was a major refurbishment being undertaken to make improvements to the home. Improvements included people's bedrooms being redecorated and new carpets being fitted. Plans were in place for new bedroom furniture as well as a new lighting system, new radiators and a new 'nurse call' system had been fitted.

We were told that the registered manager carried out the pre-admission assessments for the home before a person moved in and in her absence a qualified nurse did the assessment. This should help ensure people's individual needs could be met at the service.

The registered manager and staff we spoke with were able to demonstrate their understanding of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions. When necessary applications had been made to the Local Authority, to lawfully deprive people of their liberty so that their rights were protected. Staff were aware that some people's capacity could fluctuate.

A person who lived at the home told us; "I can't describe how well they are looking after me they are wonderful". They also said that the "Food was excellent; I have not turned anything down yet" and "Staff are absolutely wonderful all the time; I have no complaints quite the opposite". Another person said that the food was very good and that the home was "Very good" and the staff "Were very nice."

People's care plans and monitoring records were regularly reviewed and updated so that people's current and changing needs were clearly reflected.

Systems were in place to show the service was being monitored and reviewed. People told us the manager and staff were approachable and felt confident they would listen and respond to any concerns raised.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not safe.

Controlled medicines were not always administered as prescribed and the reason why was not recorded.

People were not always provided with a safe and hygienic approach to their personal care because of confusion with the arrangements for wearing personal protective disposable items such as aprons and gloves.

People were not always cared for by sufficient numbers of staff.

People told us they felt safe living at Burrswood House. Staff were able to demonstrate their understanding of the safeguarding policy and procedure and knew what to do, to help protect people, if they suspected or witnessed abuse.

Requires Improvement

Is the service effective?
The service was not effective.

Although people spoke positively about the quality of food offered we saw that people who had got up early were not routinely offered a drink until breakfast time. We did not see any adapted crockery or aids being used by people who used the service in dining rooms to help promote their independence. There was some confusion between what constituted a soft diet and a pureed diet for people who had been identified as having problems swallowing food and fluids.

Managers understood their responsibilities in relation to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) so that people's rights were protected.

Requires Improvement

Is the service caring?
The service was caring.

We found that the atmosphere at the home was relaxed and friendly and interactions observed between people who used the service and staff were pleasant and polite.

We saw on personal files that staff had signed a 'Dignity in Care' statement and had been briefed about the Equalities Act 2010 which gave clear information about the expectations of staff.

Good

Is the service responsive?
The service was responsive.

Good

Summary of findings

We saw a choice of activities and outings were offered as part of people's daily routine. However, these could be enhanced with more meaningful activities, particularly for those people living with dementia to help promote their health and mental wellbeing.

Systems were in place for the reporting and responding to people's complaints and concerns.

Is the service well-led?

Good

The service was well led.

The service had a manager who was registered with the Care Quality Commission (CQC). The manager was in the process of strengthening the management team. This included ensuring that all managers were clear about their roles and responsibilities in contributing to the day to day management and running of the home.

We saw opportunities were available for people to give feedback about the service they received.

Quality assurance systems were in place to ensure that an appropriate standard and quality of care was maintained.

Burrswood House Nursing and Residential 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 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 was an unannounced inspection and took place on the 8, 9 and 27 April 2015. The inspection team comprised of an adult social care inspector, a bank inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience who joined the inspection had experience of services that supported older people and provided care for people living with dementia.

Prior to our inspection we contacted the local authority commissioning and safeguarding teams to seek their views about the service. We also considered information we held about the service such as notifications sent to us by the provider of any incidents or any events within the home. We asked the provider to complete a Provider Information Return (PIR) prior to this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

On the 8 and 9 April 2015 we spent time speaking with 12 people who used the service, five relatives, one house manager, six nursing and care staff as well as activity co-ordinator staff member, the maintenance person and the housekeeping supervisor. We also spoke with the registered manager, the clinical service manager, the night site manager and the organisation's estates manager. We also looked around the building, observed how people were being supported and cared for, looked at seven people's care records, staff training records and rotas as well as information about the management and conduct of the service.

On 27 April 2015 an adult care inspector returned to the home to look at more records which included recruitment files and audits undertaken by the organisation to ensure that the service was operating effectively.

Requires Improvement

Is the service safe?

Our findings

People we spoke with told us they did not have any problems receiving their medicines. Most people spoken with were able to tell us what they should have and all confirmed that they always received them on time. People said "You can tell the time by it", "Yes I have my medications every morning after breakfast, and they do my bloods when needed." And "I never get the wrong ones."

We observed some medicines being given to people. On the house supporting people with dementia we saw the staff member take their time with people when giving them medicines. They positioned themselves at eye level with the person and explained to them what was happening. The staff member stayed and observed people taking their medicines before moving away. They also respected people's right to refuse their medicines following time spent gently encouraging people to take it.

We looked at the system for the receipt, safe storage and administration of medicines on three houses. We were made aware that plans were in place to change the supplying pharmacist and this was to happen in the near future.

Medicines were seen to be stored in lockable treatment rooms in trolleys that were also kept locked and chained to the wall on each of the three houses.

We found on one house that the treatment room was small and medicines were not well organised. This was in part due to the amount of fortified drinks and puddings that people were taking and were being stored there. We also found that the fridge to store medicines in was not working and no action had been taken to repair it. We were told that emergency medicines for people were being stored in a medicines fridge in another house.

We found on two houses of the houses were we checked controlled medication that a record was kept of disposed medication. The record indicated why they were being disposed of and there were two signatures. We were told that they were collected by the pharmacy and that they were signed as collected.

We found that on two occasions controlled medication had been returned as old stock or had not been given. We questioned why this was and why the person was still receiving the medication on prescription when it was not being used. We found that the times of the medication had been changed and were also told that in one case the person who used the service had refused to take the medication. We discussed this with the senior care worker and a nurse who said that they would be looked into as to the necessity of the medication and the frequency of the repeat prescriptions.

This was a breach of Regulation 12 (2) (g) Safe care and treatment, by the proper and safe management of medicines under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that all four houses were clean and clutter free and no malodours were detected. People we spoke with told us, "The room is always clean, fresh and perfect", "They never stop cleaning", "It's spotless, everyday my room is cleaned, they do it thoroughly once a week, in between every day. The carpets get shampooed as well", "The bed gets changed as soon as there is a mark on it."

We were also told by relatives that sometimes there was a shortage of domestic staff and that one weekend their house recently there were no domestic staff. The reason given for this was because the staff member was needed on another house. One new domestic had been recruited during our visit.

We saw that there were systems in place to help prevent the spread of Legionella bacteria.

We looked at the kitchen and saw they used a yellow coloured mop and bucket to clean the floors which was not used in any other area of the building. Colour coded chopping boards and knives were in use to help minimise cross contamination of food. Fridge and freezer temperatures and meat probe temperatures were kept to ensure food was being stored and meat was being cooked at safe temperatures. Cleaning schedules were in place and the kitchen had received a five star rating (the highest that can be awarded) at the last environmental health check.

Three new commercial washing machines with sluice facilities and an oxygenated system to kill any bacteria were in place in the laundry. The last wash of the day was an empty wash at a high temperature to clean through and refresh the machines for the next use.

We saw that cleaning schedules were available for staff to follow. We saw that cleaning products which could be hazardous to health were able to be kept locked on the

Is the service safe?

trolleys. Products purchased by the home were made for cleaning care homes. We saw that domestics used a green coloured cloth in every bedroom and en-suite. We were told that the green cloth was used to clean the toilet last before being bagged up to be sent to the laundry as were cloths used on mops. Red cloths and mop cloths were used when an infection had occurred and areas were subject to an intensive clean.

On staff files we saw signed agreements to report any infections they may have to the management team and to take appropriate action when caring for vulnerable people.

Hand gel was available for visitors to use at the entrance of each house. We were told by relatives on one of the houses that they thought hand washing practices were not good in between attending to people. They told us that some staff wore gloves and others did not.

We saw that care staff were in some cases mixed the colours of Personal Protective Equipment (PPE) as identified for safe practice. For example wearing a white disposable apron that should only be worn when providing personal care to a person and at the same time blue gloves that should only be worn when handling food. We also noted an occasion where a staff member did not wash their hands between tasks. Some staff we spoke with told us that they had seen other staff not washing their hands following personal care.

This was a breach of Regulation 12 (2) (h) Safe care and treatment in preventing, detecting and control the spread of infection under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We arrived at the home at 6.50am and spent time talking with the night time site manager for the home. We were informed that the home had been fully staffed that night. We were told that there was no pressure on night staff to get people up who were not ready to do so.

We saw copies of the home's rotas which were seen to be generated electronically, two weeks in advance. We discussed how staffing levels were determined with the registered manager. They told us that the house managers assessed the level of need and numbers of people on each house which then informed the staffing levels needed to support people. This in turn informed the rota.

Before our visit we had received whistleblowing concerns about low staffing levels at times. Rotas that we saw suggested this usually happened when staff had either not turned up for their shift or had rung in sick at short notice. However there were gaps particularly on some of the night shifts. We saw that on the first day of our visit the dementia house was very busy due to a number of issues involving the support needs of people. A person needed to go to hospital and a staff member accompanied them. They were replaced by a staff member from another house until the staff member returned from hospital. A new house manager had been appointed to one of the houses completing the house manager team.

We asked people who used the service and visitors whether they thought there were sufficient staff on duty to be able to have the care they needed. Most people we spoke with said that they had concerns about staffing levels. They told us "Sometimes they are short staffed; not every day but sometimes." "Not always. There are only four staff in normally, sometimes five. I can't have a cup of tea when I wake up, around 6.30, because the staff are busy getting people up. I could at 4am but they start getting people up at 6.am." A visitor told us they had raised concerns regarding staffing levels with the previous manager, and this is ongoing. "When they are fully staffed it is okay but when they are struggling they have bank staff, they are not always a lot of use, there seems to be a fair bit of staff sickness."

These issues were a breach of Regulation 18 (1) Staffing must be provided in sufficient numbers under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Everyone we spoke with who used the service said they felt safe. When asked, people said "Very safe", "The staff are all very kind", "I feel very safe, the staff are very caring, they look after you" and "There is no bullying and there is a very good atmosphere".

The staff we spoke with told that they had received safeguarding adults training. They were all able to inform us what they would do should they find that abuse or poor practice was taking place. Staff had access to policies and procedures to guide them in the safeguarding of adults. Records showed that staff training had been provided in this area. Staff were confident that their line manager would act on issues they may raise and if not they could approach the registered manager. The registered manager was also a member of the local authority safeguarding board and regularly attended meetings.

Requires Improvement

Is the service safe?

We saw that the home had a copy of the organisation's whistleblowing policy known as "Speak Up". That encouraged staff and others to speak out if they are worried about any issues or a wrong doing which affects other people.

We looked at the personnel records for five staff employed to work at the home. We found that relevant recruitment information, such as an application form which included a full employment history, written references, identification, medical questionnaire and interview records, were held on file. Criminal record checks were also carried out with the Disclosure and Barring Service (DBS). A further check was completed on nursing staff to ensure they had a current professional registration with the Nursing and Midwifery Council (NMC).

During our visit there was a major refurbishment being undertaken to make improvements to the home. Improvements included people's bedrooms being decorated and new carpets fitted with plans in place for new bedroom furniture as well as a new lighting system, new radiators and new 'nurse call' system had been installed. Plans were also in place to have a new lift installed that would be big enough to accommodate a stretcher. Most bedrooms had already been refurbished and plans were in place to decorate the corridors.

We saw that when people who used the service used a wheelchair footplates were always used. We saw that safety checks were carried out by the maintenance person every month including bed rails that were in use. We also observed that people being transferred by use of a hoist were always supported by two staff. We saw that staff explained and reassured people during the transfer and ensured their clothes properly covered them to help maintain their dignity. We saw records that showed that visual checks of hoists were undertaken and hoists were serviced as required, by a suitably qualified person.

The care records we looked at showed that risks to people's health and well-being had been assessed, such as poor nutrition, skin integrity, moving and handling and falls. Management plans had been put in place to help reduce or eliminate the risk.

We saw systems were in place in the event of an emergency, for example a fire. A fire risk assessment was in place and had been reviewed in July 2014. Records showed that fire safety checks had been completed to check the fire alarm, emergency lighting and extinguishers were in good working order and the fire exits were kept clear. We saw there were personal emergency evacuation plans (PEEPs) in place for people who used the service which risk assessed what level of support a person would need in an evacuation. We were told by relatives that there had been a power cut recently and that all the fire doors were activated and closed as they should.

We looked at the audit of accident and incidents that had happened at the home. We saw that they were analysed to see if there were any patterns occurring and to see if anything could be done to prevent them happening again.

Requires Improvement

Is the service effective?

Our findings

We asked some people their views about the meals provided. They told us, "The choice for meals is good, a hot meal or a sandwich with soup and sweet but it is not always the same as the picture on the menu or not always the same meal as stated", "Sometimes it's good and sometimes not so good" and "Drinks are available throughout the day but the best is at supper when we have a choice of drinks and toast." and the "Food was excellent; I have not turned anything down yet."

We observed meal times on all four houses during our inspection. We saw that in each of the houses the menu for the day was displayed in a glass case, typewritten, and we were told by the service users that they were asked for their choice the day before. One person told us that they had a special diet by choice. The main meal of the day was served at tea time with a smaller hot meal at lunchtime. A choice of fruit juices were offered with the meal and after a hot drink.

We spent time with the chef in the kitchen looking at the arrangements for meals. We saw that the organisation had rotating menus in place that gave information about each meal's nutritional value. The meals we saw were of good quality.

We observed people who used the service in the dining room on one of the houses. There were round tables with yellow tablecloths on, white doyley placemats, glasses and cutlery. Some people were asked if they wanted an apron on to help protect their clothes.

We saw that some people required support. We saw that in some cases this was carried out discreetly with the staff member paying attention to the person they were supporting and carried out the task in a discreet way. This was not always the case.

We saw that on some houses meal times were disjointed because people were eating their meals either in the dining room, in the lounge or in their bedrooms. This lead to confusion for some people who had dementia who could see that for example, toast had been made but was not being given to them as staff were taking it elsewhere. The dining rooms were left unattended for periods of time even though people needed support. Some people who were unable to cut their food up had to resort even though the meal was not finger food.

We were told by the registered manager that consideration was being given to employing a hostess on each house to help support people who used the service and staff with meals and drinks.

We also observed a meal on the nursing house towards the end of lunch and there was a very different atmosphere. There was a hostess who supported mealtimes and snack times. The hostess was very familiar with people's likes and dislikes. All the staff in the room were very light-hearted and jovial, but respectful. We saw a person who was very poorly was given a piece of gateau. When the hostess saw that the person was not eating it they offered to change it for something else and suggested a few alternatives.

We also saw an afternoon drinks round on the nursing house. The hostess asked permission to come into the room, assisted the person to drink more of her existing drink, and then refreshed the glass. The hostess encouraged the person to drink a little more. They said they would call back again to see if the person wanted more.

We arrived at the home at 6.50am and saw that there 16 of people up on Kay and Peel Houses. We saw that people had not been offered a drink until breakfast time. There had not been a drinks round on one house between breakfast and lunch. One person told us "The food is very good but you could do with another drink sometimes."

We did not see any adapted crockery or aids being used by people who used the service in dining rooms to help promote their independence. We were told by the registered manager that they would ask the kitchen manager to order some as soon as possible. We also heard that there was some confusion between what constituted a soft diet and a pureed diet for people who had been identified as having problems swallowing food and fluids.

These issues were a breach of Regulation 14 (1) meeting nutritional and hydration needs under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us that a pre-admission assessment was undertaken by one of the care management team, which included the registered manager, with people to ensure the service could meet their needs before they moved into the home. We saw evidence of this in the care files we looked at. We talked with a member of staff who had recently been allocated a trial post to manage and keep contact with people who

Is the service effective?

wanted to use the service and their relatives who made a referral to come to the home. This had been done to improve continuity between the home and people who wanted to come and live at the home. We also saw that there was an active white board which showed where any vacancies were in the home and who was waiting for a placement.

We asked people who used the service if they thought staff knew what they were doing. People told us "They are all competent", "I have seen staff using the hoists, and they all seem to know how to use them, they reassure the person being lifted and talk to them." "My recovery is due to the staff, and the atmosphere here" and "I was comatose but they have worked wonders." A visitor said "Although [my relative] has only been here a very short amount of time they [staff] understand [their] illness and know [their] needs."

Staff we spoke with told us they had received induction training from the organisation before they started working directly with people. Staff told us they felt safe and comfortable working at the home. One staff member described the training they had received as "fantastic." We saw a copy of the home based training induction checklist which covered a range of issues including reading the 'Speak Up' policy and not to assist with moving and handling residents until they had received training.

We saw a copy of the home's staff training record. The record showed that the majority of staff had received the training they needed to support people. Where they had not yet undertaken the training, or the training date had expired, we saw that arrangements were in place to undertake it. Basic training included fire safety awareness, infection control, nutrition and hydration, control of substances hazardous to health (COSHH), safeguarding, moving and handling, behaviour that challenges, health and safety, care of a person with dementia and handling complaints.

We were told by the two nurses we spoke with that their mandatory training to maintain their professional registration was up to date. They told us that the training organiser sent a list to each house which indicated what training people needed to update. Training was conducted by a trainer or through e-learning which is completed online.

The nurses we spoke with told us that they had regular supervision five times a year and had two appraisals each year. Supervision was recorded and they had a copy.

The night site manager had the on call contact details of the home manager and the clinical support manager (CSM) should they need to contact them in an emergency. We observed a handover being undertaken on one house from the night staff to the day staff. This was done verbally and a written record was maintained. We also saw the CSM come to houses to check on the health needs of people.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). We asked the registered manager what action they had taken to ensure people were not subject to unnecessary restrictions and, where necessary, what action the manager took to ensure that people's rights were protected.

The registered manager told us that they had been in contact with the local authority about DoLS applications. We had been notified by the register manager when a deprivation of liberty application had been agreed with the local authority. We saw on staff training records that all staff had undertaken Mental Capacity Act (MCA) 2005 and DoLS training.

Where people had been assessed as lacking capacity to make specific decisions for themselves, records showed that 'best interest' decisions had been made involving relevant parties, such as family members, social workers and health care professionals. Information we saw showed that the use of bed rails was assessed and monitored. Records showed that there had been a reduction in the number of people who used bed rails recently at the home.

We asked people who used the service and their relatives, whether staff would recognise if they were feeling unwell, and whether any referrals were made to health professionals to support their needs. They told us "They know me well" "The other day [staff] said 'aren't you feeling so good today', and they sent for the doctor." A visitor told us that a doctor had been called in when their relative was unwell and that [their relative] had used to have Macmillan nurses [who are specialise in palliative care] but she is unaware of whether they will still visit. One person said "The carer heard me coughing, and got the doctor there that morning." Another said "Yes, the staff notice if I am unwell, the carers and the hostess know me well."

Requires Improvement

Is the service effective?

We saw on care plans that people had regular input from other healthcare professionals such as, chiropodists, opticians and the continence team. Doctors and district nurses were seen visiting the home.

During our visit we saw that staff responded quickly when a person became unwell and called 999 and paramedics attended.

Good

Is the service caring?

Our findings

We found that the atmosphere at the home was overall relaxed and friendly and interactions observed between people who used the service and staff were pleasant and polite.

We saw a senior care worker on one of the house assisting and supporting a person with their meal. The care worker was cheerful and friendly and was engaging with everyone who was seated at the dining table. We also saw other members of staff treating people with dignity and respect. Two relatives we spoke with said that the nurses and care workers were “Really, really good.”

A person who lived at the home told us; “I can’t describe how well they are looking after me they are wonderful” and “Staff are absolutely wonderful all the time; I have no complaints quite the opposite”. Another person said that that the home was “Very good” and the staff “Were very nice.”

People looked well cared for, were clean, appropriately dressed and well groomed. A hairdresser was visiting on one of the days of our visit they told us they tried to encourage as many people as possible to have their hair done. We saw that laundry staff ironed people’s clothes and transferred them on rails so they did not crease.

We saw on staff files that staff had signed a ‘Dignity in Care’ statement, had been briefed about the Equalities Act 2010 which gave clear information about the expectations of staff.

We saw ten copies of the resident satisfaction surveys undertaken by the service that had in some cases been completed with the help of relatives and visitors. However these were not dated. Comments on what the service did well included: “Listen when I talk”; “Staff are always professional and approachable Always a nice friendly atmosphere”; “Make me laugh and staff are interested”; “Brilliant staff”; “Staff take my views into consideration, act on my concerns and make me feel involved”; and “The home manager is always available to discuss issues.”

The home was registered as a Six Steps home. This means that some staff had undertaken training to support people during the end of their life. Arrangements had been put in place to increase the numbers of staff to receive this training with the co-ordinator.

Good

Is the service responsive?

Our findings

We discussed their care plan with people who used the service and whether they were involved in developing it. We also asked whether the staff had asked for consent or agreement before providing care. They told us "I wasn't involved in the care plan, but [staff] ask me things and write something in [my records] every day", "I do things for myself." Another person said they thought that their relative would have been involved initially. They knew they had a care plan but had not asked to look at it.

We looked at seven care plans. There were two types of care plan in place for people. One for long term care and a shorter document for those people who had been admitted for a short stay or were at the end of their lives.

We saw that the care plans covered a wide range of areas for example, communication, skin integrity, personal safety and mobility, mental state and cognition, which included capacity to make decisions etc. We saw that there was useful information and guidance available for staff to use in each section of the care plan however this had not been replicated in the new care plans that had recently been put in place.

One care plan we looked at for a person who was near the end of their life did not contain information that instructed the care workers on how they should be meeting the person's needs. The main care plan had last been reviewed at the end of March 2015 however, circumstances had changed and this was not reflected in the care plan. We discussed this with one of the senior care workers on duty and an end of life care plan was later found.

We did find that the daily recording was good and gave clear information of what had taken place during the day and night.

We asked people who used the service about their personal preferences and whether they were respected. One person said "I have no restrictions, the staff have written the key code for me, in and out, and I keep it in my wallet." Another said "I have a shower once a week, I would like to have two or three, but the staff don't have time" and "With the skin I have I could do with more." Another person said "I can have a shower when I want one" "I can look after myself."

The home employed three activity organisers who worked across all four houses. A new activities organiser had also recently been employed which would enable the home to have one activities organiser on each house. We saw a notice board in each of the houses, displaying the activity program available. In one of the houses we saw a large group of people were involved in a game of bingo. People were also seen visiting the hairdresser in the salon in the main building. In other houses we saw people having their nails varnished. In one house they had held an Easter bonnet parade on Easter Sunday. People were also seen making use of the garden areas during the good weather.

No-one spoken with had made any formal complaints and they said they would speak with the person in charge of the house if they did. One person told us they had once had an issue, had spoken with the staff and the issue was sorted out. Another person said "You only have to speak to staff and they get things done yesterday."

Whilst walking around the home we saw copies of the complaints procedure was displayed for people to refer to. We noted from audit information that the number of formal complaints made had reduced. We were told by the registered manager that there were no on-going complaints and there had been no new formal complaints since November 2014. The registered manager told us this was because they dealt with any issues arising straight away.

Good

Is the service well-led?

Our findings

The home had a manager who was registered with the Care Quality Commission (CQC). The home also had a clinical service manager (CSM) and house managers responsible for the day to day management on their allocated house. The management team also comprised of the house keeping supervisor, catering manager, the person in charge of activities, the maintenance person and an administrator.

The registered manager had been in post for just over six months and was in the process of strengthening the management team. This included ensuring that all managers were clear about their roles and responsibilities in contributing to the day to day management and running of the home. This was an ongoing process.

The manager told us they carried out a 'morning walk around' to check what was happening on all the houses as did the CSM. When we went round the home people who used the service who were able to, were seen to talk openly with the registered manager as did the many visitors to the home. The registered manager told us they operated an open door policy and encouraged people to raise concerns with them.

We saw that the home had recently produced a 'Welcome to Burrswood House Nursing and Residential Home' information guide for people to use. The document gave clear information about what people could expect from the home.

We also saw copies of 23 reviews that had been posted by people who used the service and their visitors between January and April 2015 on an independent website, all of which gave positive feedback about the home.

The home held their first residents committee meeting on 14 April 2015. They discussed staffing levels and wanting more baths and showers. These meetings are to be held monthly and include an update by the home manager about improvements that have been made.

We saw records that an external manager carried out a 'Provider Review' every month. This was a quality monitoring visit and a report was produced of the external managers findings and an action plan was put in place to be completed to help ensure action was taken to rectify any shortfalls found.

Systems were in place to monitor the performance of the home in a number of areas. We saw a copy of the March 2015 'Home Manager Quality Metrics Report'. Areas included in the report were acquired pressure ulcers, nutrition and weight loss, death rates, medication errors, the use of antipsychotic medication, GP reviews, use of bedrails, safeguarding and DoLS referrals, infections, care plan reviews, accidents and incidents, numbers of residents being cared for in bed and the numbers of residents who had been outside. Information was seen to be up to date.

We saw that one house manager had come in during the evening of our inspection to carry out a team meeting with both day and night care staff. We looked at the minutes of recent staff meetings held at the home. We saw that for one house it was noted that staff morale on the house had improved on both days and nights and staff were working well as a team. We saw that the registered manager had attended a detailed meeting on one house to discuss what action needed to be taken by staff to improve the quality of care and team work.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People were at risk of unsafe medication management because medicines were not always administered as prescribed and the reason why had not been recorded. Regulation 12 (2) (g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People were at risk of unsafe care and treatment due to control of infection procedures not being followed by staff. Regulation 12 (2) (h)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing People were at risk of unsafe care and treatment because the staffing levels were not always sufficient to meet people's assessed needs. Regulation 18 (1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs People were at risk of unsafe care and treatment because they were not given enough fluids or the support they needed to eat their meals.

This section is primarily information for the provider

Action we have told the provider to take

Regulation 14