

Grace Care Service Limited

# Burford Nursing Home

## Inspection report

White Hill  
Burford  
Oxfordshire  
OX18 4EX

Tel: 01993822088

Date of inspection visit:  
30 July 2019

Date of publication:  
14 August 2019

### Ratings

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

# Summary of findings

## Overall summary

### About the service

Burford Nursing Home is a service providing personal and nursing care for people aged 65 and over, some of whom may be living with dementia. It can accommodate up to 39 people across two separate wings, there were 18 people living at the service at the time of our inspection.

### People's experience of using this service and what we found

People received compassionate, caring and kind support from enthusiastic and motivated staff. There was a warm, positive, welcoming atmosphere and the senior team led the staff by example. Staff respected people's privacy and dignity. The provider was committed to respecting people's human rights, including people's diversity needs. People were supported to be independent and their individual communication needs were respected.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported to meet their dietary needs and they were positive about the food. Staff worked with a number of professionals to ensure people's health care needs were met.

People's needs were well known to staff and staff supported people respecting what was important to them. People received support that met their needs and they had opportunities to participate in activities of their choice. There were good links with the local community and people were encouraged to maintain their interests.

People were safe and there was a sufficient number of safely recruited staff. There were safe systems to manage medicines. Risks to people's mobility, nutritional status or their skin integrity were assessed and recorded. People knew how to raise any concerns and complaints were managed in line with the provider's policy. There were contingency plans in place that specified what to do in an event of an emergency.

The service was run by a registered manager that ensured the culture they created was positive, inclusive and transparent. People and staff were involved and their views mattered. There were quality assurance systems in place that were used to monitor various aspects of the service delivery and plan further developments. External professionals complimented their working relationship with the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (published 10 August 2018, there was no breach of regulation).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.  
Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.  
Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.  
Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.  
Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.  
Details are in our well-led findings below.

Good ●

# Burford Nursing Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

Inspection was carried out by two inspectors and one 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.

#### Service and service type

Burford 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. The service had a registered manager. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced and took place on 30 July 2019.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We contacted local authority commissioners to obtain their views about the service.

#### During the inspection

We spoke with nine people who used the service and three relatives about their experience of the care

provided. We spoke with six members of staff including the provider, the deputy manager, a nurse, senior care staff, care staff, activities co-ordinator and kitchen staff. We reviewed a range of records. This included three people's care records and samples of medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including complaints log and audits were viewed.

After the inspection

We contacted nine external health and social care professionals to gather their views about the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

### Using medicines safely

- The provider ensured people received their medicines as prescribed. There were safe systems for managing and storing medicines. Medicines were only handled by suitably trained staff that had their competencies assessed.
- When people had been prescribed 'as required' medicines (PRN) appropriate protocols were in place that guided staff when these medicines could be required. There were systems in place that ensured the stock of people's medicines kept at the service was correct.
- People told us what support they had with taking their medicines. One person said, "They help me to take my medicines, they're very good". Another person said, "Staff bring in my tablets, talk me through taking them, very good, have never missed".

### Systems and processes to safeguard people from the risk of abuse

- People confirmed they felt safe at the service. One person said, "Very safe, a lovely place, I am very lucky". Another person said, "Very happy with things, kept safe by good staff". One relative commented, "Totally safe and secure. Improved. More aware, safety paramount".
- The provider had safeguarding and whistle blowing policies in place. Staff were aware how to report and escalate any concerns. One member of staff said, "I would speak to the nurse and the manager. If needed to (report it) outside this organisation, for example (local authority) safeguarding team".

### Assessing risk, safety monitoring and management

- Risks to people's safety, including risks surrounding specific conditions had been assessed and recorded. People's care files contained information how to manage these risks. For example, one person had been assessed as at risk of developing a pressure area. Their care plan gave clear guidance in relation to pressure relieving equipment, such as mattress and cushion that had been in use.
- The registered manager had a safe system for managing accidents and incidents. We viewed the records and appropriate action was taken following an accident, this included staff re-training sessions if needed.
- The provider ensured checks surrounding the safety of the environment, such as surrounding fire safety, water and equipment took place regularly. We saw equipment, such as hoist had been serviced when due.
- The registered manager ensured there were appropriate emergency planning documents, such as what to do in an event of a fire. People had individual emergency evacuation plans in place.

### Staffing and recruitment

- There were sufficient staff to keep people safe. People told us there was enough staff. One person said,

"Staff pop in and out during the day. Always people to help me". Another person said, "Yes think there are enough people [staff] around the place".

- The feedback from staff also reflected they were able to work in an unhurried manner and spend enough time with people. One staff member said, "I've been here for over a year now and the team we've got now is the best it's ever been".
- The provider followed safe recruitment practices to ensure staff were suitable to work with adults at risk. Where a temporary agency staff had been used, they received a detailed site orientation induction carried out by a senior staff in charge of the shift, such as a nurse.

#### Preventing and controlling infection

- Staff were trained in infection control and had access to protective personal equipment such as gloves and aprons. We saw using these appropriately.
- The environment was bright, welcoming and clean and free from unpleasant odours. People and their relatives complimented the work carried by the housekeeping staff; "No complaints about cleaning, they are fussy about that" and "Oh yes, nice and clean everywhere. My washing is done, comes back ironed, put away, all good" and "Spotlessly clean".

#### Learning lessons when things go wrong

- The management team ensured they reflected on practices. The new registered manager kept a monthly log of lessons learnt and reflection that took place to improve the practices further.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they came to live at the service. Copies of assessments from commissioners would also be obtained, where applicable to ensure people's needs could be met. Feedback from people reflected people's needs had been appropriately explored. Comments included, "I feel that staff are interested in me. They say what's the matter with your smile? They spot if anything is wrong", "They know what I like, know me. Know how I like to be cared for" and "They (staff) do know and understand what I like".
- Where people lived with a specific condition, such as Parkinson's disease their care plans clearly highlighted the importance of receiving medicines at specific times. We saw this had been followed.
- People's needs had been outlined in their care plans, this included their health care needs, such as oral hygiene. People had individual oral health assessment in their files which outlined the level of assistance required.

Staff support: induction, training, skills and experience

- Staff received ongoing training relevant to their roles, this included a number of clinical training sessions for nursing staff. The registered manager kept the matrix to ensure refreshers training were scheduled when due. Staff complimented the training, one staff member said, "Training has got a lot better since we've got the new manager and trainer".
- Staff had opportunities to complete additional training when needed. For example, staff had opportunities to complete their diplomas in health and social care.
- Staff praised support from the senior's colleagues and the management team. Comments included, "I do get one to one, manager's door are always open. He's very approachable, he is calm, reasonable and there is nothing I would be worried to raise with him". The staff were due their annual appraisals and a staff member told us the preparations form had been handed out. This was so the staff could reflect on their practices and ensure the appraisal was a two-way process.

Supporting people to eat and drink enough to maintain a balanced diet

- People's care records reflected people's dietary preferences, this included when people used fluid thickener to aid swallowing or needed pureed meals. This information was also available in the kitchen.
- People complimented the quality of food. Comments included, "Food, very impressed with the food, good variety. Occasionally the chef does Chinese food", "My main hobby is food. If I don't like it, they will give me an alternative. I do enjoy my food" and "Food very good and there is a very good choice".
- We observed the lunch time, this was a calm social occasion. When people needed help, they received excellent support from staff. We saw that staff talked sensitively to people, explained the meal, offered small

mouthfuls of food and waited until people had finished before offering more. We also saw that people who chose to eat in their rooms were well supported. Lunch was taken to rooms using covered plates. The service's kitchen was awarded the maximum five stars food hygiene rating on its most recent inspection.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- People told us about the support they had with accessing health services. One person said, "Chiropodist comes in here to do feet. Teeth cleaned well". A relative said, 'Falls team and heart team came in, helpful to [person] and us'.
- The team worked well with professionals such as GP and Care Home Support Service (CHHS). People's record demonstrated support from professional took place and advice was incorporated into care planning. We saw referrals to external services had been made in a timely manner.
- We received positive feedback from an external professional. They said, "The manager and deputy are very approachable and happy to follow up any recommendations I have". They added Burford Nursing Home was not a concerning service which showed they had a faith in the senior team at the home.

Adapting service, design, decoration to meet people's needs

- There was a choice of communal areas, the garden and people were able to personalise their bedrooms. One person said, "It's cosy and lovely, it's a nice place to be". One relative said, "[Person] was used to looking out over open fields. Here she can look out over the fields and watch the rabbits playing". One external professional said, "It's nice to see residents enjoying the beautiful garden in the summer".
- The service was wheelchair accessible, this included the passenger lift.

Ensuring consent to care and treatment in line with law and guidance

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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People told us staff asked about their choices. One person said, "I make my own decisions about lots of things, to stay in my room or go elsewhere. I choose meals and I am asked if I would like a shower or a bath". We observed staff always asked for people's consent before delivering any support. For example, a staff member assisted the person into an armchair, they offered the person choice of drinks and asked where the person wanted to sit. The person chosen to sit next to the window.
- Staff knew the principles of the MCA. One member of staff said, "Never assume people cannot make own decisions".
- People care records contained assessments of people's capacity to make specific decisions. For example, decisions about taking medicines covertly. There was evidence the best interest principles had been followed. The registered manager applied for DoLS where needed and they kept a good record of the reason for DoLS and when the application was due to expire.

## Is the service caring?

### Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People said the staff were kind and caring. One person said, "Very impressed with the staff, very friendly". Another person said, "Call the carers my second family as near relatives as you can get".
- There was a very warm, welcoming atmosphere at the service. We observed staff stopping to speak to people as they passed their rooms or passed them in the corridors. Staff also respected, and all demonstrated, a caring nature towards each other. One staff member brought home made cupcakes for the team, they told us someone else was organising bacon sandwiches for the colleagues. The staff felt the improved culture was largely achieved due to both, the registered manager and the deputy leading the team by example. Comments from staff included, "They are amazing, if any problems you can go to them" and "We are like a family here".
- We saw positive attitude demonstrated by staff affected people positively. People had a good rapport with the staff and we saw even when people had limited verbal ability to communicate their eyes lit up when the staff interacted with them. There was a light banter and laughter.
- The provider had policies in place stating the team was committed to respecting people's diversity. Staff told us they would treat all people in the same way. There was evidence people's diverse needs, such as religious needs were respected. One staff member said, "One person goes to church twice a week".

Supporting people to express their views and be involved in making decisions about their care

- Staff involved people in decisions and we observed people being asked how they wanted to be assisted, where to spend their day and what activities they wanted to do.
- People's feedback demonstrated they received support that met their expectations. One person said, "The team here deserve a medal for the things they do for me so very happy I am here".

Respecting and promoting people's privacy, dignity and independence

- People's dignity was respected. Staff came up with an idea of a welcome pack, this was a gift back containing a toothbrush, a toothpaste, some toiletries, a pen, a puzzle book and a welcome card. One staff member told us sometimes when people came as an emergency placement they had none of these things, so they wanted people to have the items needed to maintain their hygiene and dignity.
- The staff ensured people's confidentiality was respected. Staff used own logins when using electronic records and people's files were kept secure.
- People's independence was promoted and highlighted in their care plans. There were success stories how people's well-being increased by the staff encouraging people to mobilise, following their exercise routines. One person told us, "When I came here I was told that I would never walk again now I can walk 100 paces.

Walking getting better, I walk to the end of the corridor and back without my walking stick".

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences.

- People and their relatives told us people received support in a way that met their expectations. One relative said, "[Person] wasn't safe at home. Since he has been here he has really improved. He's getting his feet up, legs improved, far more mobile, normally very bright. Had a wonderful experience. When {person} was coming back from hospital, all the staff were so excited that he was coming back, all smiled when he came in".
- People's needs were known to staff and staff had in depth understanding of how to meet these needs. This included people's emotional needs and respecting what was important to people. One staff member told us, "One person missed their dog so we bought a fluffy one for them". Another staff member said, "One person thought she had her horse outside, so I'd go outside and wave to them through the window so she thought I went out to feed her horse as it was important to them".
- People had care plans that were current, detailed and reflected their needs accurately. Staff had a good knowledge of people's needs and their life histories. The provider introduced a new system for electronic care planning, staff used electronic records for any care interventions. This meant the management team were able to monitor these from the office based computer to ensure staff delivered support that met people's needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's records gave details of people's assessed communication needs and how to effectively communicate with them. Staff knew how to communicate effectively with people. There was a pictorial aids book that staff had created to use in a conversation with people when needed. The pictures included pictures of a cup of tea or a piece of clothing. Staff told us how they maintained good communication. One staff member said, "[Person] uses a white board to communicate". One relative said, "[Person] lost their speech, job to communicate but staff seem to be able to communicate non-verbally. They show her the menu and she somehow lets them know what she wants".

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was evidence people's past interest were explored to tailor activities appropriately. One person used to work as a florist and they were supported to get involved in gardening. They said, "I like the garden,

have planted all the flowers in the pots. I like flowers". A staff member told us, "[Person] never left their room before. We organised a birthday party in the home's library. [Person] felt at home in the library and now has lunch there every day, feels more involved".

- People were complimentary about activities at the service. Comments included, "Activity person is good, go to some music I like. They put on entertainment, movement to music, do try the best they can. I like my daily newspaper staff make sure that I get the paper" and "I enjoy going to things that are on here, Like the games".
- People had opportunities to engage in various activities. These includes a range of musical activities, a gardening club, chair based exercises, quizzes, reminiscence, outdoor events, including a barbeque and open days encourage community links. A member of care staff told us how they did a fundraising car boot sale for the home and they involved people in making the bunting for the tables. This showed there was a real community spirit at the service.
- There was a designated activity lead who was passionate about organising meaningful activities for people. They worked to successfully made links with the local community, such as the local school. We saw a letter from the school that praised staff "enthusiasm and welcoming atmosphere".

Improving care quality in response to complaints or concerns

- People knew how to complain and people we talked with had no complaints. One person said, "All good, no worries no complaints at all".
- Information how to make a complain was available to people and their relatives. This included contacts to external agencies.
- We saw the complaints log that reflected three minor complaints had been made since beginning of this year. These were all recorded and responded to by the registered manager. A number of written compliments and thank you card has been received by the team.

End of life care and support

- There were no people receiving end of life care at the time of our inspection. People's end of life wishes and their resuscitation status had been recorded in people's care plans.
- Staff told us how they were committed to provide good end of life care. One staff member said, "It's almost that you need to support the family as well as the actual person (who is receiving end of life care)". Another staff member told us, "We attend funerals and send flowers and sympathy card to people's families".
- The team would work with other health professionals if needed to ensure people had pain free and dignified death. One external professional told us they observed a good practice around end of life care. They said, "It was nice to see the positive and caring relationship they had for a resident who was receiving palliative care. Their [relative] appeared to have a good relationship with the staff and the resident appeared to be well looked after".

## Is the service well-led?

### Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had been in the post since last autumn. People felt the service was run well. One person said, "It is well managed because never any real problems".
- Staff were enthusiastic, well-motivated and keen to provide good care to people. It was apparent there was an emphasis on team work. We saw this quote on the front of the staff handover book; "We each have a different role, but all have the same job – to help the team win".
- Staff complimented the improved team work and the positive culture created by the new management team. One staff member told us the registered manager said to the staff, "This home is nothing without you (staff), you can function without me, but I could do it without you". Other comments included, "[Registered Manager] is amazing as a person and as a manager, he is definitely passionate about people getting good care and also staff working well. Everybody is a team now, before we were more segregated", "It's like a completely different home" and "We are all very close now as a team, I love working here".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was an open and transparent culture and everyone told us there was a good communication with the service. One relative said, "We're very lucky". Another relative said, "The manager says, you do have to say (if anything needs addressing), if we don't know we can't do anything about it". This showed openness and transparency.
- The Care Quality Commission (CQC) sets out specific requirements that providers must follow when things go wrong. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The provider understood their responsibilities in relation to this requirement.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

- There was a clear staffing structure, the senior team were supported by nurses, care and ancillary staff. There were some new posts introduced since our last inspection, such as the senior housekeeper and the home trainer which helped with the management and with the directions setting for the staff.
- The provider had effective quality assurance systems in place. These included a number of regular internal audits, such as around care planning, complaints, accidents and infection control. The provider used external consultancy to provide an additional level of auditing, such as around compliance with the

regulation of health and safety. There were also provider's visits and unannounced night checks in carried out by the registered manager.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were a number of staff meetings taking place, general senior, health and safety and kitchen staff. We viewed the samples of the minutes and these showed staff were engaged and able to contribute their ideas. The registered manager thanked his team, for example by praising an improved call bell response time.
- There was a 'Daily Sparkle' newsletter to keep people involved and engaged. The newsletter was produced by the staff and included interesting stories, dates and events.
- There had been a number of surveys taking place. These included people's surveys, families and friends' survey and thematic, such as food surveys. When a follow up was required this has been actioned by the registered manager. For example, people asked for more variety of fruit and vegetables to be available with their meals.

Working in partnership with others

- The team worked closely in partnership with the safeguarding team and multidisciplinary teams as well as with the with local health professionals and commissioners. There was evidence the registered manager used current guidance. For example, there was a 'Beat the Heat' information displayed and the Human Rights principles in accessible format which underpinned the service delivery.
- We had positive feedback from professionals. Comments included, "From the few times I have visited since the former manager left the home seems welcoming and inviting. The residents appeared to be happy and well cared for with a good noticeable staff presence. The home appears clean and person centred with lots of pictures on walls and activities taking place".