Porthaven Care Homes No 2 Limited

Bourne Wood Manor Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Bourne Wood Manor Care Home is a care home registered to provide personal and nursing care for up to 64 people. The service provides support to people requiring care and people living with dementia. At the time of the inspection, there were 59 people living at the service, some of whom were living with dementia.

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

People and their relatives told us staff were kind and caring towards them and they felt safe living at Bourne Wood Manor Care Home.

Staff were aware of risks related to people's care and how to support people appropriately. Staff knew how to whistleblow and raise concerns inside and outside of the organisation should they need to.

There were sufficient staff deployed to support people with their needs.

There were plans in place in the event of an emergency evacuation. Staff had completed individual personal emergency evacuation plans for people.

We were assured the service were following safe infection prevention and control procedures to keep people safe.

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, their relatives and staff told us they were given the opportunity to feed back on the service and attend meetings. Where the provider had identified areas of improvement in relation to people being able to access external healthcare professionals, the provider had plans in place to address this.

People, their relatives and staff told us there was generally a positive atmosphere at the service which engaged them. They told us that the service was managed effectively and generally spoke positively of the management of the service.

There were systems in place to monitor the quality of the service and make improvements where shortfalls were identified.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 24 November 2021).

Why we inspected
The inspection was prompted in part by concerns received about staff management of people's risks following falls, strokes and other deteriorations, and the culture in the service. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. We did not find evidence of the concerns we received prior to the inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bourne Wood Manor Care Home on our website at www.cqc.org.uk.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Bourne Wood Manor Care 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by 2 inspectors, 1 specialist nurse advisor and 1 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
Bourne Wood Manor Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Bourne Wood Manor Care Home is a care home with nursing care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the

quality and safety of the care provided and compliance with regulations.

The service had a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since its registration. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection
We spoke with 13 people who used the service and 4 relatives about their experience of the care provided. We received feedback from 5 healthcare professionals who recently engaged with the service. We spoke with 14 members of staff including the registered manager, the deputy home manager, the regional director, a registered nurse, the maintenance person, care staff and kitchen staff. We observed interactions between staff and people who used the service. We reviewed 13 people's care records, 4 staff recruitment files, medicines management records, policies and governance records. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

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

At our last rated inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

● People and their relatives told us they felt safe living at Bourne Wood Manor Care Home. One person told us, "I just feel safe." Another person said, "Yes, I feel safe. There's no problem. We're well looked after. The staff are very nice." A relative told us, "Absolutely, they look after her so well."

● Staff understood what could constitute abuse and knew the steps they should take if they had concerns about the care provided. One member of staff told us, "It's keeping people safe. [I] would report concerns to and escalate to safeguarding team if needed." Another member of staff said, "There's signs like not talking or not being themselves or not wanting certain people in their rooms. I would whistle-blow and report it instantly."

● There was a safeguarding policy in place and whistleblowing information was displayed in the service for staff to follow. Staff had undertaken training for safeguarding and whistleblowing (reporting concerns) and understood their responsibilities in relation to this. One member of staff told us, "I did safeguarding training – it was online."

Assessing risk, safety monitoring and management;

● Staff knew how to keep people safe from harm and knew about the risks associated with their care. One member of staff told us how they supported people who required a modified diet due to the risk of choking, "We have a chart with breakfast lunch and dinner. It says what level [of modified diet] they're on."

● Records showed that people's risks associated with their care had been assessed and there were instructions for staff to follow. Assessments completed by staff included the risks of malnutrition, falls, and developing pressure areas. A member of staff told us, "We check the air mattresses to check the right pressures and everything and they have to be turned regularly. It's all recorded." A relative told us in relation to staff managing risks, "[Person] told me that [they are] happy with the way they're managing [their] care."

● Staff knew how to recognise the signs of health deteriorations and how to escalate these. Staff were able to detail the steps they would take such as calling 999 and the observations they would undertake if they suspected a stroke.

● The provider had an evacuation plan and people had individual personal emergency evacuation plans (PEEPs) in place. PEEPs included information on the person's mobility needs, neurological conditions and impairments such as hearing or sight.

● People's oral care needs and risks were recorded in people's care plans. These included details on how to ensure adequate oral hygiene and how staff should support the individual.

Using medicines safely

● People's medicines were received, stored and administered safely. People's medicines were recorded in electronic medication administration records (EMARs). EMARs included information on the times medicines

were due, any missed doses and a recent photograph of the person.
● 'When required' medicines included the reason these were prescribed and how to recognise signs and symptoms to prompt staff to administer these.
● Staff had received training and competency checks and were knowledgeable about the medicines people were prescribed. Staff understood the importance of administering time-sensitive medicines during the timeframe instructed by the prescriber and these were prioritised to ensure they were given at the correct time.
● We observed staff administering medicines appropriately. This included following appropriate hygiene procedures and checking that the person had taken the medicines.
● Staff were aware of the risks of anticoagulants (medicines that help prevent blood clots) and what to do if they suspected a head injury due to the increased risk of bleeding.
● Medicines were stored in a separate room with a separate key which was held by the person in charge at the time. Medicines requiring additional storage precautions were stored safely and accounted for.

Staffing and recruitment
● People and their relatives told us there were sufficient staff deployed at the service and that people generally did not have to wait for help. One person told us, "I've got a panic button and if I press that, they come pretty promptly." A relative told us, "I think there's enough staff. I've never had to wait. Anytime [person] has needed some help, within a second, they had two staff."
● We observed there were sufficient staff deployed during the inspection. Staff attended to people in a timely manner and there were regular checks in place for people who preferred to stay in their rooms.
● There were systems in place to ensure permanent staff absences were covered with agency staff who generally worked in the service regularly and knew people's needs. One member of staff told us, "If agency comes in and they don't know the place then we show them who that person is. We work well with the agency and they are quite regular."
● The provider followed safe recruitment practices. The provider had completed relevant checks prior to a prospective employee starting. This included requesting and receiving references from previous employers, checks for nurses with the Nursing and Midwifery Council about their fitness to practice and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
● Staff had ensured agency carers received an induction of the service prior to starting to work independently and that their right-to-work documentation and training were up to date.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

● We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
● Staff had undertaken mental capacity assessments, best interest meetings and submitted DoLS applications to the local authority where they suspected people may be lacking capacity for certain

decisions.
● Staff had undertaken relevant training and understood the principles of the MCA.
● We observed staff interacting with people in a respectful way. Staff asked people for permission before starting a task and people were offered a choice. One person who used the service told us, "They are extremely respectful. They're brilliant."

Learning lessons when things go wrong
● The registered manager monitored accidents and incidents to identify patterns and reduce the risk of them happening again. They undertook an analysis and completed a report to look at lessons learnt and to ensure these were reported to the local authority and other agencies. For example, where a person was at high risk of falls, particularly at nighttime, regular welfare checks were undertaken by staff at that time.
● Prior to the inspection, the provider had identified areas of improvement in relation to staff escalating concerns appropriately to healthcare professionals. We found they had implemented these changes and there were plans in place for the longer-term. This included ensuring that communication between carers and nurses improved. We found this had improved as a result.
● Staff had held meetings to discuss lessons learnt and how to make improvements. A member of staff told us, "We have had meetings. We had a big meeting a month ago. We can air everything out, our opinions and what we can do better and what improvements [could be made]."

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was supporting people living at the service to minimise the spread of infection.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
● We were assured that the provider was responding effectively to risks and signs of infection.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.

People's families and friends were able to visit at a time that suited them and there were no restrictions in place. One relative told us, "I always drop in unannounced - they're very friendly."

Good

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 our last inspection we rated this key question good. The rating for this key question has remained 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

- People and their relatives were generally complimentary about the leadership and the culture in the service. One person told us, "The staff are brilliant. I don't regret coming here; not at all." Another person said, "My [relative] got me in here. I can't praise the place enough." A relative told us, "My experience of the staff has been nothing but lovely. They've got great management."
- Staff were generally complimentary about the culture and leadership of the service. One member of staff told us, "The atmosphere is generally, really good." Another member of staff said, "There is a good atmosphere. It's one of the nicest places I've worked in."

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

- There was a structure of governance in place for staff to follow and staff knew what their responsibilities were. Staff told us they received sufficient support to perform in their roles and knew who to approach if they were unsure. One member of staff told us, "The structure is clear as to where to go. We have the manager and residential manager. I would always go to the person above. I know who to go to."
- Staff had undertaken regular audits for areas such as housekeeping, medicines, maintenance, the dining experience and staff training. Management had also undertaken regular unannounced spot checks out of hours to ensure staff were following the procedures at nighttime. Where these had identified issues, there were plans in place to address this and the provider had an action plan in place.
- Staff respected people's differences and the registered manager was aware of their responsibilities in relation to this. This included ensuring that the service met people's individual cultural and spiritual needs.
- Services providing health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had notified CQC where this was appropriate and we saw in records that the local authority had been informed of incidents.

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

- The registered manager understood their responsibilities in relation to duty of candour.
- A duty of candour event is where an unintended or unexpected incident occurs which results in the death of a service user, severe or moderate physical harm, or prolonged psychological harm. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

● We received mixed feedback from professionals who worked with the service. Some healthcare professionals commented positively on the responsiveness of staff and others found staff did not always follow their instructions.

● The provider had identified prior to the inspection that there had been a deterioration in relationships with some visiting healthcare professionals. Several visiting healthcare professionals told us that this was because they sometimes did not feel staff were communicating effectively with each other and management. The provider had promptly taken action and showed us the plans they had in place. This included having already arranged meetings with local healthcare partners so that people had regular access and the provider had requested training for people's specific needs. The provider had also put plans in place to send anonymous surveys to visiting healthcare professionals to gather feedback and act on it at the provider level.

● People and their relatives told us they felt engaged in the service and that their comments would generally be considered. One person told us, "They ask what you are unhappy about. They do listen most of the time." One relative told us, "They're giving me a feedback session to review [person's] care. They made the effort."

● The provider had sought feedback from people who used the service, relatives and staff through surveys and they were invited to regular meetings. One person told us, "They had a meeting the other day but only 4 people turned up." A relative told us, "I go to the talks. They had one on dementia and one on financial planning, but mostly it's one-to-ones (meetings)." One member of staff told us in relation to surveys, "They're anonymous so we can be honest."

● Staff told us they generally felt engaged in the day-to-day running of the service. One member of staff told us, "I think we feel valued. We're doing a team building thing with clay pigeon shooting, we go for bottomless brunch. Management are very appreciative."