

London Residential Healthcare Limited

Bourne House Nursing 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 House Nursing Home is a care home that provides nursing and personal care for up to 40 older people in one adapted building. At the time of our inspection there were 37 people using the service including those living with dementia.

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

People using the service, their relatives and staff told us that Bourne House Nursing Home was run in such a way that it was a safe place for people to live and staff to work in. Risks to people were regularly assessed, reviewed and minimised. This meant people were able to take acceptable risks, live safely and enjoy their lives. Any accidents, incidents and safeguarding concerns were reported, investigated and recorded. The staff team was large enough to meet people's needs and appropriately recruited. Trained staff safely administered medicines.

The home's management and leadership were transparent, and had an open, positive and honest culture. The provider had a clearly set out vision and values that staff understood and followed. Areas of responsibility and accountability were identified, made clear and a good service maintained and reviewed. Thorough audits were conducted, and records kept up to date. Whenever possible community links and working partnerships were established and kept up to minimise social isolation. The provider met Care Quality Commission (CQC) registration requirements. Healthcare professionals told us that the service was well managed and met people's needs in a professional, open and friendly way.

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.

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 30 August 2018). The overall rating for the service remains good. This is based on the findings at this inspection.

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

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.

We did not inspect the key questions of effective, caring and responsive.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bourne House Nursing 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 House 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

This inspection was carried out by two inspectors.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

Inspection activity started on 31 August and ended on 3 October 2022. The inspection visit took place on 20 September 2022 and was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and health professionals who work with the service. 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 used all of this information to plan our inspection.

During the inspection

We spoke in person with the registered manager, and regional manager. We spoke with eight people using the service, one relative, 12 staff and five health professionals to get their experience and views about the care provided. We reviewed a range of records. They included seven people's care plans and risk records. We looked at five staff files in relation to recruitment, training and supervision. We checked a variety of records relating to the management of the service, including staff rotas, audits, quality assurance, policies and procedures.

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.

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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- People and their relatives said they thought the home was a safe place for people to live in, staff treated them well and had their best interests at heart. This was reflected in our observations of the care and support people received and their positive body language, particularly towards staff. It was relaxed and indicated that people felt safe.
- One person said, "I feel very safe here." A relative commented, "I'm so relieved my [family member] is now safe since she moved. The staff are marvellous and know how to look after her and keep her safe."
- Staff had been trained in safeguarding and how to identify abuse towards people, were aware of the appropriate action to take if encountered and knew how to raise a safeguarding alert. A staff member said, "We have safeguarding training, which gets regularly refreshed, so all the staff know what abuse is and what to do if we see it." The provider had a safeguarding policy and procedure that staff had access to.
- The deputy manager added, "I wouldn't hesitate to tell the local authority, the next of kin and the CQC as soon as a safeguarding incident happens here."
- Staff advised people how to keep safe and any areas of concern about people, was recorded in their care plans.

Assessing risk, safety monitoring and management

- People were risk assessed and their safety monitored.
- People could take acceptable risks and enjoy their lives safely as staff were aware of and followed risk assessments. They included all aspects of people's health, daily living and social activities. To keep people safe, the risk assessments were regularly reviewed and updated as people's needs, interests and pursuits changed.
- Staff demonstrated a good understanding of identified risks people might face and the action they were required to take to prevent or safely manage those risks. For example, staff were aware what action they needed to take to mitigate risks associated with people possibly choking whilst eating and drinking.
- Staff also ensured people moved independently around the care home safely and were aware that people who were bed bound ran a higher risk of developing pressure sores. One staff member told us, "The training we receive here is excellent. Only recently I completed a course on how to prevent and manage pressure sores and move and transfer people safely in a mobile hoist."
- People had up to date care plans that contained detailed risk assessments and management plans to help keep people safe. They addressed important areas such as people's mobility, nutrition and hydration needs, risk of falls and personal care.
- There was a well-established staff team who were familiar with people's routines, preferences, and

identified situations where people may be at risk and acted to minimise those risks. A relative said, "I was really concerned my [family member] wasn't eating and was impressed with how the staff took this on board and explored new ways of encouraging [family member] to eat more and to gain weight."

- There were regularly reviewed and updated general risk assessments that included reference to equipment used to support people. This equipment was regularly serviced and maintained. Fire resistant doors we randomly tested, all closed automatically into their frames when released.

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. Any conditions related to DoLS authorisations was being met.

Staffing and recruitment

- There were enough appropriately recruited staff.

- The staff recruitment process was thorough, and records demonstrated that it was followed. There were enough staff to meet people's needs.

- People told us there were enough staff on duty to meet their support needs. Staff were visibly present throughout the inspection providing people with the care and support they needed. We observed staff respond quickly to people's requests for assistance or to answer their questions. One person told us, "Lots of lovely staff here who are always about as you can see," A second person added, "Staff come as quickly as they can when you ask for help."

- The recruitment interview process included scenario-based questions to identify prospective staffs' skills, experience, knowledge of care and support for older people including those with dementia. References were taken up, work history checked and Disclosure and Barring service (DBS) security checks carried out, prior to new staff starting in post. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. There was also a six months probationary period with a review. This could be extended if required so that staff can achieve the required standard of care skills.

- People were provided with flexible care by staff in sufficient numbers to meet their needs. Staffing levels during our visit; matched the rota and enabled people's needs to be met safely. The deputy manager talked about the providers staffing level tool they used to calculate how many staff they need for each shift, which is reviewed weekly. Currently they have a minimum during the day of two nurses and nine care workers, and two one to one carers and management as supernumerary.

Using medicines safely

- People received their medicines safely.

- Medicines were safely administered, regularly audited by the care home's management team and nursing staff and appropriately stored and disposed of. People's medicine records were kept up to date with no recording errors or omissions found on any of the Medicine Administration Record sheets we looked at.

- The deputy manager told us, "To ensure medicines remain safely managed they are checked daily, weekly

and monthly, so if any errors do occur, they can be swiftly identified and dealt with."

- Staff were trained to administer medicines and this training was regularly updated. They understood their responsibilities in relation to the safe management of medicines. Only staff who had been trained and assessed as competent were able to handle medicines.
- People's care plans included detailed guidance for staff about their prescribed medicines and how they needed and preferred them to be administered. If appropriate, people were encouraged and supported to administer their own medicines. People told us staff made sure they took their prescribed medicines as and when they should. One person said, "The staff always make sure I have the right medicines when I need them."
- People's prescribed medicines, including controlled drugs, were securely stored in locked cabinets and medicines trollies kept in the care home clinical rooms, which remained locked when not in use.

Preventing and controlling infection

- We were assured that the care home was using PPE effectively and safely.
- We were assured that the care home infection prevention and control policy was up to date, and regular audits took place. Staff had infection control and food hygiene training that people said was reflected in their work practices. This included frequent washing of hands, using hand gel and wearing PPE such as gloves, masks and aprons. A staff member said, "We understand and follow the procedures."
- A 'whole home testing' regime was in operation at the service, which meant everyone who lived and worked there were routinely tested for COVID-19. People told us they were regularly tested for COVID-19 and were vaccinated.
- Regular COVID-19 updates were provided for people, their relatives and staff including ways to avoid catching or spreading it.
- The care home had a written procedure for identifying, managing and reporting possible and confirmed COVID-19 cases.
- We observed that staff wore masks in line with current guidance and wore gloves and aprons appropriately when required. People told us staff always wore personal protective equipment (PPE). One person said, "I see the staff always wearing their facemasks." Managers and staff confirmed they had ample supplies of PPE and were routinely tested for COVID-19.
- People told us, and we saw that the home environment was kept clean and hygienic.

Visiting Care Homes

- The care home's approach to visiting followed government guidance and the impact on people in relation to this was that they could receive visitors safely.

Learning lessons when things go wrong

- The home learnt lessons when things went wrong.
- Regularly reviewed accident and incident records were kept to reduce the possibility of reoccurrence. There was a whistle-blowing procedure that staff said they were confident in and prepared to use.
- Any safeguarding concerns and complaints were reviewed, responded to and analysed to ensure emerging themes were identified, necessary action taken and to look at ways of avoiding them from happening again. This was shared and discussed with staff during team meetings and handovers.
- Healthcare professionals thought the home provided a safe environment for people to live in.

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 Good. At this inspection this key question remains the same. 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 home's culture was person-centred, open, inclusive, and empowering.
- People said the home was very well run, the registered manager was excellent, and this was reflected in people's positive, relaxed body language towards the registered manager and staff. It indicated the service was provided in a way that met their needs. People typically described managers and staff as "kind" and "caring."
- People said staff worked hard to meet their needs and make their lives enjoyable. One person told us, "The staff are so nice, they treat us well", while a relative remarked, "This is such a wonderful place. All the staff are terrific, they just can't do enough for us".
- The services provided were explained to people and their relatives so that they understood what they should expect from the home and staff. This was repeated in the statement of purpose and guide for people that also set out the organisation's vision and values. The vision and values were understood by staff, and people said reflected in staff working practices. A statement of purpose is a document that describes what the provider does, where they do it and who they do it for.

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 provider understood their duty of candour responsibilities and was open and honest with people.
- People and their relatives were informed if things went wrong with their care and support and provided with an apology. This was due to the positive and proactive attitude of the registered manager and staff.
- The deputy manager told us, managers and nursing staff meet every morning at 10.30 to discuss changes made to people's packages of care and do a walkabout tour of the premises to observe staffs working practices.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and staff clearly understood their roles, the quality assurance systems and there were clear lines of communication. This meant the service ran smoothly.
- People living at the care home and staff working there all spoke positively about the way the service was managed. One person told us, "The [registered] manager is a lovely lady", while a relative added, "It does feel like one big happy family here, which they very much make you feel a part of. The [registered] manager is so approachable and helpful."

- We also received positive feedback from staff about the leadership style of the managers and how well the care home was run. One staff member said, "This is a fantastic place to work. It's well run. The managers and nursing staff are so approachable and always on hand to talk with whenever you need them." A second staff member added, "The [registered] manager is definitely a people person. So approachable. They have a good heart and are a good listener. Qualities not all managers have in my opinion."
- The quality assurance systems contained performance indicators that identified how the service was performing, any areas that required improvement and areas where the service was achieving or exceeding targets. Key performance indicators (KPI) included care plan reviews, satisfaction surveys and occurrences, such as accidents and incidents. Staff knew that they had specific areas of responsibility such as record keeping and medicines management and carried them out well. This was reflected by the praise from people and their relatives.
- Regularly reviewed, thorough audits were carried out by the registered manager, staff and the provider. They were up to date and included care plans, clinical analysis, mealtime experience, documentation and health and safety. There was also a regional manager service visit report, development plan and visits from the provider quality assurance team. This meant people received an efficiently run service.
- The provider displayed their previous CQC inspection report and rating in a communal area, ensuring this information was accessible to everyone living or visiting the care home. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

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

- People, relatives, and staff were engaged by the provider, listened to and their wishes acted upon.
- The provider promoted an open and inclusive culture which sought the views of people living in the care home, their relatives and staff. This enabled people to voice their opinions about the service. The provider used a range of methods to gather people's views about what the care home did well or might do better. This included regular group meetings, care plan reviews, and annual customer satisfaction surveys.
- Staff were encouraged to contribute their ideas about what the service did well and what they could do better during regular individual and group supervision and work performance appraisal meetings with their line managers. Furthermore, staff had ongoing opportunities to reflect on their working practices and professional development. Staff told us they received all the support they needed from the home's management. One staff member told us, "This is a very supportive and nurturing environment to work in. I think the staff really do appreciate that."
- During our visit, the registered manager, management team and staff regularly checked that people were happy and getting the care and support they needed. This was within a friendly family environment.
- Staff received annual reviews, bi-monthly supervision and there were monthly staff meetings so that they could have their say and contribute to improvements.
- Relatives said they had frequent contact with the home and made regular visits. They also said that they were kept informed, and updated with anything about people, good or detrimental and adjustments were made from the feedback they gave. The provider identified if the feedback they received was to be confidential or non-confidential and respected confidentiality accordingly.

Continuous learning and improving care

- The service improved care through continuous learning.
- There were policies and procedures about how to achieve continuous improvement and work in co-operation with other service providers.
- The complaints system enabled the registered manager, staff and the provider to learn from and improve the service.
- Any performance shortfalls were identified by audits and progress made towards addressing them was

recorded.

Working in partnership with others

- The provider worked in partnership with others.
- The home maintained close links with services, such as speech and language therapists, tissue viability nurses, and occupational therapists. This was underpinned by a policy of relevant information being shared with appropriate services within the community or elsewhere.
- The provider worked in partnership with various community health and social care professionals and external agencies, including local authorities.
- Healthcare professionals thought the home was well managed and there were good lines of communication.