

# Willowbrook Healthcare Limited

# Bourn View

## Inspection report

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## 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

Bourn View is a residential care home providing personal and nursing care to 64 people aged 65 and over at the time of the inspection. The service can support up to 80 people across four separate units Althorpe, Balmoral, Chatsworth and Danesfield. Each of which has separate adapted facilities. Both of the upstairs wings specialise in memory care.

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

Systems and processes for safeguarding and whistleblowing were in place and understood by staff. People had risk assessments in place and told us they felt safe in the service. We found sufficient staff on duty to meet the needs and preferences of people. Peoples medicines were safely managed, and they received their prescribed medicines timely and supportively.

Staff gained the skills and knowledge necessary to meet peoples care and nutritional needs. People were supported to access healthcare as needed through positive links the registered manager had established with external professionals.

We found the registered manager and staff to be caring and ensure a person-centred approach to the people living in the service. Peoples views were sought with equality, privacy and dignity being promoted.

People had the choice of an extensive and varied range of activities to ensure they were never isolated, and their wellbeing was promoted through links with the community and family involvement.

The service was led by a visible registered manager who developed the staff team to meet the needs of people and provide a good level of care through robust quality assurance and audit programs.

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](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Requires Improvement (published 11 December 2018).

### 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 ●

# Bourn View

## 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

The inspection was carried out by one Inspector, one Assistant Inspector and one Specialist Advisor who was a registered nurse

#### Service and service type

Bourn View 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.

#### Notice of inspection

This inspection was unannounced.

#### 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. We reviewed the information we held about the service. We looked to see if statutory notifications had been sent by the provider. A statutory notification contains information about important events which the provider is required to send to us by law. We used all this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service, three relatives and one professional about their experience of the care provided. We spoke with ten members of staff including the registered manager, deputy manager, senior care workers, care workers and the customer services manager.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# 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 because there were insufficient numbers of staff. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- The last inspection found people were not consistently supported by sufficient numbers of staff. During this inspection people told us there were enough staff deployed on each unit to meet the needs of people in the home, we saw staff were allocated to a specific unit to promote consistency for people living in the home.
- We saw the provider recruited safely through the requirement of references and application to the Disclosure and Barring Service (DBS). A DBS check enables a potential employer to assess a staff member's criminal history to ensure they are suitable for employment.
- We were told by one professional working with the service, "There has always been enough staff to support people every time I have visited."

### Using medicines safely

- Peoples medicines were managed safely by staff trained to administer medicines. Records of people's medications were recorded electronically and administered timely.
- We observed a clearly identified member of staff administering medication to people in a safe way taking time with each person ensuring medication was administered how they need.
- People told us they knew which medicines they take with one person telling us, "Staff tell us to take our time and say what the medicines are so we know."
- People's records detailed how they preferred to take their medicines including clear protocols for medicines as and when needed.

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

- The provider had clear safeguarding and whistleblowing systems which the staff knew how to effectively use.
- Staff told us they received regular safeguarding training. One staff member told us safeguarding is "Protecting residents from any kind of harm, including abuse such as physical, emotional or financial."
- People we spoke with told us they felt safe, one person told us, "Yes I feel safe, it's like being in your own home."

### Assessing risk, safety monitoring and management

- Risks to people were assessed and managed safely. For example, we saw assessments for the risk of falling, malnutrition and oral health, which included pro-active measures to manage the risk.
- Staff told us they were aware of the risks relating to each person and they knew how to safely manage

these risks. One staff member told us, "We are involved in peoples risk assessments, following them and reviewing them."

- Staff supported people to mobilise in the home and use the walking aids they required, staff walked slowly and patiently with people.

#### Preventing and controlling infection

- Staff had received regular training in infection control and prevention and had access to personal protective equipment (PPE) to help them reduce risk of infection.
- Staff used PPE in the course of their duties, for example when preparing to support people with personal care.

#### Learning lessons when things go wrong

- Accidents and incidents were reported then followed up by the registered manager through analysis of the information to identify themes and implement any actions to reduce the risk of reoccurrence.
- Staff told us any implemented actions were communicated to them through handover and risk assessment updates.



# 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 Requires Improvement because the service was not consistently effective. 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.

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

- We saw a pre-assessment of people's needs completed by the registered manager before the service began to provide support, and people and their relatives confirmed this. The assessment included people's physical, mental health and social care preferences to enable the service to best meet their diverse individualistic needs.
- A healthcare professional and family members told us they are involved in people's care, one family member told us, "Nothing is too much trouble if we feel [family member] needs something we just have to say, and they keep us informed of any changes."
- Individualised care plans were in place for all people using the service. We read that regular reviews of the plans were completed to ensure they accurately detailed the needs of people using the service. Regular reviews enabled staff to provide care in line with people's developing needs and choices.

Staff support: induction, training, skills and experience

- Staff completed induction training when they started working in the service and completed regular role specific training to maintain their knowledge and skills. One member of staff told us, "I have completed my level 3 NVQ in Health and Social Care and moving on to my level 4."
- Staff told us they completed both face to face and online training with one telling us, "This was definitely the best induction training I have ever had."
- The registered manager spent time with the staff on duty throughout the day and was always visible to provide support to staff and people living in the service.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people in each of the dining rooms at meal times. Staff supported people to have an enjoyable meal by playing people's favourite music in the background and interacting positively with people. One example was when a person told the staff he could play the spoons and was encouraged to do so which was well received by the other people in the room.
- Staff spoke with people individually explaining what was in the food, for example that a chicken keiv contained garlic sauce. Staff ensured people had choices, they asked people if they would like help to cut up their meal or if they wanted any sauces though they clearly knew people's preferences they encouraged people to make their own choices.
- One person told us, "There are always choices on the menu and the food is warm and tasty, they do pretty

well."

- Staff worked closely with the GP and district nurses who came into the service regularly and we read advice and input from healthcare professionals included in care plans.
- Staff made appointments when necessary for people to visit healthcare professionals or where needed they made arrangements for healthcare professionals to visit people in the service.
- One professional we spoke to told us, "The staff are very supportive, for example if a dressing has come off between visits they will redress it to keep the person safe and free from infection."

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

- The premises were suitable and accessible to the people living at the service. The environment was well maintained, homely and offered plenty of personal space.
- People were encouraged to personalise their own rooms and we saw these reflected people's tastes and preferences.

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.

- Staff had received training in MCA and the associated code of practice. The manager understood their responsibilities under the act, however none currently required DoLS authorisation.
- One staff member told us, "It is decision specific, so we support people to be as independent as possible, showing options and promoting independence. If they lack capacity, we work in their best interest and involve family and those with LPA if they have it." Lasting Power of Attorney (LPA) is when a person appoints one or more individuals to make decisions on their behalf.

# 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 the same. 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

- Staff received equality and diversity training as part of their role. This helped staff understand what discriminatory behaviours and practices might look like to help them make sure people were always treated fairly.
- We observed people being treated with respect through the way in which staff communicated to people and how they spoke about people when speaking with us.
- The registered manager told us how they support people with equality and diversity through initiatives such as links with the local LGBT+ groups who spend time with people and have supported family of people living in the service.
- One staff member told us, "We don't treat anyone any different, they are not treated the same, but everyone is offered the same opportunities with activities or if we offer one person a cup of tea we offer everyone."
- One family member told us, "I think they have taken 10yrs off [family member], [family member] is content and happy."

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

- People were supported to have choice in their daily lives from meals to activities to when to get up and go to bed.
- We read minutes of meetings where people expressed their views on the support they received. One person told us, "Yes we have meetings, I asked for more comfy chairs and this has been provided."
- The registered manager told us the families of people in the service had regular meetings to discuss the support their family members receive and improvements the service could make.
- We read surveys completed by people living in the service and plans to action the outcomes from these.
- Care plans identified people were involved in making decisions about their care, for example we read peoples preferences with the support they received to complete personal care was person-centred.

Respecting and promoting people's privacy, dignity and independence

- Peoples care plans reflected they were supported to maintain their independence, privacy and dignity. One person using the service told us, "In the morning they know I can get myself out of bed and wash and they pop their head around to make sure I can do it."
- Staff sought consent before they provided support to people, for example we observed staff asking for consent before they supported people with personal care and when supporting people to mobilise.

- One person told us, "Yes they ask for consent, they (staff) are always very nice and have always been very good mannered."

# 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 now remained the same. This meant people's needs were met through good organisation and delivery.

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

- The registered manager ensured there was a wide variety of activities available for people living in the service to access. A relative of a person living in the service told us, "Activities are amazing, they do things that give them a real life again."
- The registered manager told us of the links the home had made with a local service to encourage people with little to no family to be able to build links and share an occasional meal.
- The staff told us of the wide variety of activities from movies, choir, day trips out, trampolining to knitting and pamper days. The staff told us of how they supported a husband and wife in the service to go out for date night on occasion.
- One person living in the service told us, "I get my nails done and have my hair done once a week."

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

- People and their representatives were involved in the planning of people's care and support.
- People's care plans were reviewed regularly and contained accurate, person-centred information relating to people's needs. One staff member told us, "People's needs, and wishes are taken into account and exceeded."
- We saw person-centred details in care plans relating to people's routines and how they preferred their care and support to be delivered. One person we spoke with told us, "They (staff) know when I'm getting anxious, they know how I like to sing and when I need help."

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.

- The registered manager and staff had a clear understanding of AIS and knew how to provide people with information in a format they could understand to ensure they could make decisions where possible to be as independent as possible.

Improving care quality in response to complaints or concerns

- The provider had a clear complaints and concerns policy and procedure. People and their representatives knew how to complain.
- People told us they felt comfortable to complain if they needed to, one person told us, "I've never put a

complaint in but would do so with the manager."

- Where complaints had been received, these had been actioned accordingly and resolved.

#### End of life care and support

- At the time of inspection no one was receiving end of life care however the registered manager informed us that staff knew people well enough to be able to put a specific plan together anytime one may be needed.
- The provider had policies and procedures in place which required end of life care plans to be held in people's records.

# 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 because the service was not consistently well led with improvements required to monitor care plans and risk assessments were up to date and accurate. 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 was visible to all staff and people living in the service which prompted an open inclusive and empowering culture as the manager was always available to people living in the service.
- The registered manager had clear expectations about the quality of care delivered and communicated this to staff through meetings and supervisions. We saw supervisions were completed regularly for all staff working in the service.
- One staff member told us, "I have never before worked in a place where everybody has the same goal and wants the best for the people 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

- The registered manager understood their legal obligation to submit statutory notifications relating to key events as and when they occurred at the service.

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

- The provider had systems in place to monitor and review the quality of service that people experienced. This included regular reviews of people's care and a programme of unannounced spot checks on staff to review their working practices and competency when undertaking their duties.
- The registered manager was clear about their role to lead and support the staff team to deliver good care. One member of staff told us, "The manager is always popping up to check people are looked after."
- There was a hierarchy in place which enabled the deputy manager and unit managers to complete audits on the care delivered and support staff to continually meet people's needs through quality performance.

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

- People and relatives were encouraged and provided with regular opportunities to input to the development of the service through relatives' meetings, residents' meetings and surveys.
- The registered manager ensured all people living in the service had equal opportunities to access activities and be involved in the development of their care and the service provided as a whole. For example,

an activities and wellbeing co-ordinator was employed to ensure activities were on offer to suit everyone as well as to stimulate wellbeing and memory care.

#### Continuous learning and improving care

- The registered manager was invested in continuous learning and improving care through many methods from varied activities to promoting family involvement. For example, people have been involved in the recruitment of staff and workshops have taken place to support people using the service to understand their finances better.
- One member of staff told us, "Things are dealt with very positively here and the processes are followed, and things are developed and improved as learning."

#### Working in partnership with others

- The registered manager ensured the service worked with external professionals to promote healthcare including district nurses, GP's and chiropractors.
- The registered manager established good links with local church groups, schools and other homes to work closely with the promotion of people's welfare and bridge generational gaps.