

Elderly Medicare Limited

Burnham Lodge Nursing Home

Inspection report

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Date of inspection visit: 21 November 2014
Date of publication: 02/03/2015

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 

Overall summary

This inspection was unannounced and took place on 21 November 2014. At the last inspection of the home on 12 December 2013 no concerns were identified.

Burnham Lodge Nursing Home provides nursing care and accommodation for up to 23 people. The home specialises in the care of older people. There were 18 people living in the home at the time of our visit.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During the inspection there was a relaxed and cheerful atmosphere in the home. People chatted easily with staff and there was friendly banter with one person. They told us they always enjoyed laughing and joking with staff.

Summary of findings

People said they were happy living in Burnham Lodge Nursing Home and found staff were always caring and compassionate. One visitor, said, "They are always cheerful and welcoming."

The registered manager's vision for the home was to ensure all people received care and support in a dignified and respectful manner, this could be seen throughout the visit. Staff all demonstrated their awareness of the registered manager's vision and could tell us how they helped people to maintain their independence and choice as best as they could. One staff member said as the dignity champion they had looked at ways of reducing embarrassment for people when they needed to use the hoist in a public area such as the lounge. Another staff member told us, "We discuss the importance of respect and dignity at meetings and supervision and it is written in their care plans as well. It is their home and they should be able to live how they want."

All care staff had received training in identifying and reporting abuse. All staff spoken with were able to explain to us the signs of abuse and how they would report any concerns they had. They all stated they were confident any concerns brought to the registered manager would be dealt with appropriately. People told us they felt safe in the home and they all knew who to talk to if they wanted to raise a concern or complaint. The registered manager explained they had a system where staff could talk through any concerns they may have so any issues could be dealt with promptly.

People said they felt safe living at the home and with the staff who supported them. One person said, "They are all very kind I have never heard a cross word. A visitor said, "Mum is so relaxed here I am sure she feels really safe." There was a robust recruitment procedure in place which minimised the risks of abuse to people.

People's health care needs were fully assessed and care and support was provided on an individual basis. One staff member told us, "The care plans have plenty of information and we review them regularly with the person. But the important thing is to talk to them as they may want something different that day." This meant people's individual changing needs were considered and catered for in consultation with them or a family member if necessary. Care plans and care practices were monitored to ensure people's preferences were being followed and improvements were made when needed.

People had access to healthcare professionals such as the GP, district nurse, Chiroprapist and dentist. Staff supported people to attend appointments with specialist healthcare professionals in hospitals and clinics. Staff made sure when there were changes to people's physical well-being, such as changes in weight or mobility, effective measures were put in place to address any issues.

Everybody spoken with told us they enjoyed the food, they all said the food was excellent. People were offered choices and the food was nutritious and well presented. People who needed assistance with eating were supported in a dignified unhurried manner. Some people chose to eat in their room, one person said, "the tray is laid nicely and the food is always warm enough."

There was an activities programme in place and people told us there was plenty to do. The activities person had introduced exercises and had supported people in doing their Christmas shopping and writing to relatives. A visitor said, "The activities have improved and they are arranging more for people to do, I have discussed introducing knitting and the manager has put it into the programme." People were supported to maintain links with the local community; the registered manager had links with local groups and the school.

There were systems in place to monitor the care provided and people's experiences. A regular survey was carried out asking people, their relatives and healthcare professionals about the service provided by the home. Suggestions for change were listened to and actions taken to improve the service provided. All incidents and accidents were monitored, trends identified and learning shared with staff to put into practice.

Records were in place to ensure people's wishes and preferences during their final days and following death were respected. The home had achieved the National Gold Standard Framework in August 2013. This is a comprehensive quality assurance system which enables care homes to provide quality care to people nearing the end of their life. Reaccreditation for this award is carried out every four years.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People said they felt safe living in the home.

The provider had systems to make sure people were protected from abuse and avoidable harm. Staff had a good understanding of how to recognise abuse and report any concerns.

There were enough experienced and skilled staff to support people and meet their needs

People's medicines were managed well and staff received training to support them to do this.

Good



Is the service effective?

The service was effective.

People received effective care and support because staff had a good knowledge and understanding of their individual needs.

Staff received on-going training and supervision to enable them to provide effective care and support.

People's health needs were met and they could see health and social care professionals when needed.

People had their nutritional needs assessed to make sure they received an adequate diet.

Good



Is the service caring?

The service was caring.

Staff were kind, compassionate and respected people's diverse needs recognising their cultural and social differences.

People's privacy and dignity was respected and they were able to make choices about how their care was provided.

Visitors were made welcome at the home at any time.

Good



Is the service responsive?

The service was responsive.

People received care that was responsive to their needs because staff had a good knowledge of the people who lived in the home.

The registered manager worked with professionals to ensure they responded appropriately to people's changing needs.

There was a programme of activities appropriate to the needs and interests of people who lived in the home.

Arrangements were in place to deal with people's concerns and complaints. People and their relatives knew how to make a complaint if they needed to.

Good



Summary of findings

Is the service well-led?

The service was well led.

People who lived at the home and their relatives told us the home was well run.

The registered manager's vision and values were communicated to staff through staff meetings and formal one to one supervisions.

Staff told us the registered manager was approachable and listened to any suggestions they had for continued development of the service provided.

The quality of the service provided was effectively monitored to ensure continuous improvement.

Good



Burnham Lodge Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 November 2014 and was unannounced. It was carried out by one adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR) This is a form that asks the provider to give some key information about the service,

what the service does well and improvements they plan to make. We also looked at other information we held about the home before the inspection visit. At our last inspection of the service we did not identify any concerns with the care provided to people.

At the time of our visit there were 18 people at the home. We spoke with five people individually and a group of people taking part in an activity. We spoke with two visitors to the home. We also spoke with four members of staff and the deputy manager. We looked around the premises and observed care practices. We looked at records which related to people's individual care and to the running of the home. These included three care and support plans, three staff personnel files, records of health and safety checks and medication administration records.

Is the service safe?

Our findings

People said they felt safe in the home, they told us they had a very close relationship with staff which made them feel comfortable when care was being provided. One person said, "I feel safe living here, they really care about how I feel". Another person said, "As safe as house's, I have never felt uncomfortable and nobody has ever said an unkind word to me". One visitor said, "I am happy with the way my relative has settled in and I know they feel safe and secure now". People were relaxed with staff and chatted and joked easily through the day.

Risks had been identified and where possible discussed with people or someone acting on their behalf. For example in one care plan the person had decided not to use bedrails. The risks had been clearly explained and discussed with the person. Staff had recorded the person's understanding of the risks involved and the strategies in place to reduce that risk. Another care plan recorded a person's risk of pain; there was clear direction on the use of the Abbey Pain Scale. This is a system that enables care staff to assess pain levels in people with dementia who are unable to verbalise the pain they are experiencing.

People told us there was sufficient staff to meet their needs. One person said, "There is always plenty of staff around. They are always there quickly if you call". Another person told us, "There are plenty of staff they take the time to talk and you never feel rushed". During the visit we observed staff had time to chat and join in activities with people as well as carry out their routine duties and respond to requests for assistance. During our visit call bells were responded to promptly and nobody had to wait to receive support.

The registered manager confirmed they were flexible with staffing levels. They said they would assess the needs of people and increase staff on the grounds of the time needed to provide personal care. They also confirmed extra staff would attend if they had activities outside the home which required more staff.

The staffing rota showed there was a registered nurse on each shift. In addition there were four care workers on each day time shift and one at night. One staff member said, "There is always a registered nurse on duty and there are senior care workers to talk to if you need advice". Registered nurses were also available on call if needed.

Staff told us they had all attended training regarding safeguarding people. They also confirmed they had access to the organisations policies on safeguarding people and whistle blowing. Staff were able to tell us about the signs that might indicate someone was being abused. They also told us they knew who to report to if they had concerns. People had access to information on how to report abuse. The contact details for the local authority safeguarding team were displayed for people, staff and visitors to read.

Risks to people were minimised because relevant checks had been completed before staff worked unsupervised. These included employment references and Disclosure and Barring Service (DBS) checks to ensure staff were of good character. DBS is a service that maintains criminal records which providers can check before employing staff. Staff were provided with an induction programme which followed the Skills for Care common induction standards. Staff spoken with confirmed they received induction training and worked with a senior member of staff until they felt confident and were assessed as competent to work without direct supervision.

People received their medicines when they needed them. There were procedures in place for the safe management and administration of people's medicines, these were followed by staff. Medicines were only administered by staff who had received appropriate training to carry out the role. One person said, "They are really good at remembering when my tablets are due". During the visit staff offered people their prescribed medicines at appropriate times of the day.

There were suitable secure storage facilities for medicines which included secure storage for medicines which required refrigeration. We looked at the medication administration records and noted that medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. We checked a sample of records against the medicines held at the home and found them to be correct.

The service planned for emergency situations and maintained important equipment to ensure people would be safe. There were regular checks on the lift and the fire detection system to make sure they remained safe. Hot

Is the service safe?

water outlets were regularly checked to ensure temperatures remained within safe limits. There was an emergency plan in place to appropriately support people if the home needed to be evacuated.

Is the service effective?

Our findings

People spoke highly of the staff who worked in the home, they said staff knew their needs and knew how to support them in the way they preferred. One person said, “I have found they don’t hesitate to help and always ask me how I would like things done.” Another person said, “I have everything I need. They know what I need and understand how to look after me”. A visitor said, “I am really pleased with the care my relative receives they know what they like and don’t like and ensure it is all done the way they prefer.”

There was a stable staff team at the home. Some staff members confirmed they had worked there for a few years and got to know the people living there very well. Staff were able to explain how they would care for people in an individual personalised way.

We spoke with staff and reviewed training records. Staff said there were opportunities for on-going training and for obtaining additional qualifications. All care workers had either completed or were completing an NVQ (National Vocational Qualification) or diploma in Care. Registered nurses were supported to maintain their personal development plans to retain their nursing registration. One staff member told us their induction was thorough when they started working at the home. They said they had attended training and had worked with a mentor until assessed as competent to work unsupervised. Staff said they received regular formal supervision and had an annual appraisal. Records of these showed staff had discussed the care needs of people, their personal development and ways of improving the service they provided. Staff also discussed people’s health care needs at each shift change. One staff member said, “We discuss anything that has changed at the start of each shift, communication is really good.”

People said they were involved in their care plans and consented to the care they received. One person said, “I have discussed my care plan with staff and I have agreed to everything they have written. They always ask me about how things need to be done though; after all we all change our minds now and then.” The care plans contained an initial assessment which identified people’s needs. The daily records maintained by staff showed people’s needs were being met according to their care plan. One staff member said, “Sometimes people find it difficult to tell us

what they prefer, so you just need to be patient and try some other way like using pictures or pointing to something like the bathroom to indicate the need to use the toilet.”

The registered manager and staff had a clear understanding of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. One staff member told us, “We know when to refer things to a qualified member of staff, if I was worried about a person’s decision I would always talk to a senior member of staff they are really good.” Another staff member told us, “If we found someone was not able to make informed decisions we would involve people who knew them well in agreeing best interest decisions for them.”

The registered manager confirmed there was nobody in the home who was subject to the Deprivation of Liberty safeguards (DoLs). DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The registered manager was aware of the recent supreme court judgment which extended when applications may be needed and they were in discussion with the local authority on any implications at the service.

People received effective support and were provided with appropriate equipment to meet their needs. One person had been assessed as at risk of developing pressure ulcers. Appropriate measures were in place to minimise the risk. Appropriate pressure relieving equipment was in use and records showed the person was re-positioned in line with their care plan. One person had developed a pressure ulcer before entering the home. Records maintained by the registered nurses showed the wound was healing. Treatment had been regularly reviewed to ensure this remained effective.

People told us they could see health care professionals if they needed to. Records showed us regular appointments had been made with for example, the chiropodist, optician and the dentist. One person said, “I have regular appointments at the hospital and staff go with me and help support me.” The registered manager explained the home

Is the service effective?

operated a weekly surgery system. This meant a GP visited the home once a week. Staff would inform the surgery in advance of any specific requests to see the GP and they would be prepared to see the person during their visit.

Everybody spoken with told us the food in the home was 'excellent'. One person said, "I have always enjoyed my food and they haven't disappointed me yet." Another person said, "Look at it can you fault that it's always good." We observed lunchtime in the conservatory. The registered manager said they had tried to encourage people to use the dining room but they preferred to sit in the conservatory. The meal was very relaxed and people chatted and laughed in a very social manner. Some people chose to eat in their rooms, the trays taken to these people were nicely laid and food was covered whilst being transported. We observed staff supported people who needed assistance in a dignified way. Nobody was rushed and people were supported to be as independent as

possible. One staff member said, "There is always a choice but sometimes people cannot tell us what they want, pictures are ok but there is nothing better than seeing the actual meal."

Each person had a nutritional assessment. One person had been identified as needing encouragement to eat as they had experienced weight loss. Records showed their weight was being monitored, they were receiving food supplement drinks and staff were encouraging them to eat the food they preferred. Another person had been identified as at risk of choking. The person had been assessed by a dietician and a speech and language therapist. A plan of care had been developed in accordance with their recommendations. The staff we spoke with had a good understanding of this person's needs. They could describe the diet and consistency of the meals and fluids required by this person.

Is the service caring?

Our findings

Everybody spoken with told us they felt staff were caring and respectful. During the inspection we observed staff were kind, compassionate and treated people with dignity and respect. The atmosphere in the home was cheerful and people appeared relaxed and comfortable with the staff that supported them. One person told us, "I am happy here, it's not like being in my own home but as close as I can get. They really care about the way I feel." Another person said, "I have never felt uncomfortable when they are helping me. I know I need a lot of help but it is always done respectfully." A visitor said, "I have always been made welcome and feel included when I visit. They really care about the way they look after people which makes a difference."

People told us they could see their friends and relatives whenever they wanted. One person said, "My family and friends can come anytime and they are so nice to them." Another person said, "I have to thank the girls for the support they give. I've got my chair now so no stopping me from seeing all my friends." Staff had a very friendly and close relationship with this person. We observed the friendly banter between the person and staff which they enjoyed.

People said staff respected their privacy. All rooms at the home were used for single occupancy. People told us they could spend time in the privacy of their own room if they wanted to. Bedrooms were personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. Staff always knocked on doors and waited for a response before entering. We noted that staff never spoke about a person in front of other people at the home which showed they were aware of issues of confidentiality.

We observed staff use a hoist to transfer a person from the wheelchair to a chair in the lounge area. The procedure was carried out in a dignified and respectful way. Staff explained everything and ensured the person was covered to respect their dignity. The staff member explained, "Using

a hoist is not a very dignified procedure but we try to make it as respectful as we can by explaining everything and making sure they have a cover over their legs, especially for the ladies."

People were able to make choices about how and where they spent their time. Some people liked to sit in the conservatory whilst others preferred their own room. One person said, "I prefer to stay in my room but I will go out for the flower arranging this afternoon. The girls are really good and they respect that." People were able to make choices about their care. They told us they could choose when they got up or went to bed and whether they took part in an activity or not. Life histories had been recorded in care plans so staff knew what the person liked to talk about or take part in through the day.

Care plans were in place to ensure people's wishes and preferences during their final days and following death were respected. The home had achieved the National Gold Standard Framework in August 2013. This is a comprehensive quality assurance system which enables care homes to provide quality care to people nearing the end of their life. Reaccreditation for this award is carried out every four years.

The registered manager told us they endeavoured to support both relatives and people in the home following a death. Staff recognised the impact a death could have on other people in the home. One person said they had been really glad staff supported them to attend a funeral so they could, "Pay my last respects." The registered manager explained that a few weeks after a death a registered nurse would write to a relative to ask how they felt the home had supported them and their relative through the end of life process. One response from a relative said, "We could see how much mum meant to the staff as during mum's last week the staff came in to say goodbye at the end of their shifts. I particularly found that very moving. Thanks also to the two members of staff who attended the funeral this was appreciated." We also saw letters and cards from relatives who expressed their thanks for the care the staff had provided.

Is the service responsive?

Our findings

Staff spoken with demonstrated a clear knowledge of the needs of the people in the home. This meant they were able to provide care that was responsive to individual needs. Staff were able to give us detailed information of how they would care for each person as an individual. One staff member told us, "It is important to remember this is their home so things are done as they wish and request."

We observed one person asked to go to bed after lunch. Staff responded to this request and made them comfortable in bed with the radio on the station of their choice. The person said, "I like to have a rest in the afternoon and they always make me comfortable."

Staff had a clear knowledge of people's personal preferences and could explain why a person liked things done in a specific way. One staff member said, "We have plenty of information in their care plans but that is no substitute for talking to them and asking them how they want something done." Another staff member said, "It's their home and that is important to remember."

People told us they received care and support in line with their needs and preferences. One person said, "The girls help me and make sure I am comfortable." Another person said, "They all know I need help with getting to the bathroom, they are often there just as I think about calling."

Before a person moved into the home their needs were assessed to ensure the home could meet their needs. The registered manager said, "We would only take a person if we were sure we could meet their needs. We also need to be mindful of the impact they may have on people already living in the home." One person said, "They were very clear about it being my choice whether I moved here or not."

Two visitors told us they felt informed and involved in the care of their relative. One visitor said, "I have discussed with the manager introducing a knitting club, mum really enjoyed knitting. She was really approachable and is going to introduce knitting in the activities programme." Another visitor said, "We have experienced other care homes, but here they listen to you and take on what you say. They have included our ideas in mum's care plan."

There was a programme of activities available for people to attend. One staff member was training as an activities organiser. They had attended flexercise training and

introduced it into the programme. People said they had taken part in the exercises, the feedback was mixed with some enjoying the new experience and others saying it was too much activity. During the visit people took part in flower arranging one person said they were really enjoying the session whilst relatives of another person said it was good being involved and encouraging their relative to join in. The activities person said they had helped people with their Christmas shopping writing cards and playing board games and skittles. They confirmed that they had been enrolled to do an NVQ (National Vocational Qualification) in Activities.

People were supported to be involved in the local community. Just before the visit they had gone to see the Christmas lights and listen to a local brass band. Arrangements were in place for contact with a local school and a children's dance group. People said they had plenty to do and they were especially fond of the resident dog Bob. One person said, "I really like the fact we have Bob, it gives a more homely feel to life here." The registered manager confirmed local religious leaders could visit the home when people wished. However regular services were not being carried out as people had said they did not want them. Private communion was arranged for those who requested it.

The service encouraged and responded to people's views and suggestions. People said they felt they could discuss their care and living in the home anytime. One staff member said, "Care plans are re-written every two months or more often if needs change. We talk them through with people and their views are recorded." A customer satisfaction questionnaire was sent to people and their relatives in October 2014 comments were mainly complimentary. Suggestions made were around the décor and maintenance of the home. One comment was regarding the carpet in the hall. Action had been taken and the carpet replaced. People's comments about the general décor had been taken on board and a programme of redecoration was in place. One person said, "I really needed something to get around the home. They were really good they got the social worker and arranged for an electric chair. It came yesterday so I am just getting used to it."

We asked people if they knew how to raise a complaint if they needed to. One person told us "I know what to do but never had to make it formal. I just talk with the manager

Is the service responsive?

she gets it done.” One visitor said, “We were given all the information when we first visited the home. I have it at home. I have never felt the need to complain as I can talk direct with the manager she is always available and very

approachable. We looked at one complaint received by the registered manager. It had been dealt with in line with the services’ policy and procedure a copy of which was made available for all everybody in the service user guide.

Is the service well-led?

Our findings

The registered manager and deputy manager were very open and approachable. A visitor said, “I have to say the manager is very approachable. They are prepared to listen and take on board what you say.” A staff member said, “I can go to the manager at any time and they are there to listen to me, I feel really well supported by both the manager and deputy manager.”

There was a staffing structure which gave clear lines of accountability and responsibility. In addition to the registered manager and deputy manager there was a team of registered nurses and senior care workers. A staff member said, “The support here is really good, there is always someone you can go to for advice. There is no them and us; the registered nurses and the managers are all prepared to get down and do the everyday work on the floor.” A person living in the home said, “I see all the staff daily and they have a good communication system. Everybody is prepared to get on with the day to day stuff but they are always there to listen.”

All staff received regular supervision with senior staff. One staff member said, “If you have any concerns you can talk in confidence with a senior care worker or registered nurse. If it needs passing onto the manager they will do so otherwise you can talk it through in confidence and it is just between the two of you.” The registered manager said, “We have a system where staff members can talk with a senior member of staff if they don’t wish to go to manager. We also have a significant event analysis. If staff experience a specific situation they can analyse it by asking; What went well? What didn’t go so well? And, What could have been done better? We can then discuss in supervisions or in a staff meeting as a learning process for them and other staff.

The registered manager had a clear vision for the home. This involved maintaining dignity, respect and choice for people in the home. This vision was clearly followed and supported by all the staff. Everybody living in the home had an “expectation card”. The card outlined the level of service they could expect from their care workers. These included

nine statements, for example, “Care workers will treat you with dignity and respect at all times. You will be treated as an equal without discrimination. Care workers will respect your past skills and experiences”. All staff spoken with were able to describe how they met these expectations whilst supporting people. For example the dignity champion could explain how they protected people’s dignity whilst being hoisted in the communal area. They explained they then used their knowledge to train other staff to ensure there was consistency in the way they supported people.

There were effective quality assurance systems to monitor care and plan ongoing improvements. There were audits and checks in place to monitor safety and quality of care. Where shortfalls in the service had been identified action had been taken to improve practice. In response to shortfalls regarding the maintenance and decor of the home a plan was implemented to decorate all areas and involve people in choosing the colour scheme for their room. The registered manager showed us their plans for refurbishment and the work they had already started they had started; new carpet had been laid and a new wet room was almost completed.

All accidents and incidents which occurred in the home were recorded and analysed. Records showed that when someone had a number of falls action was taken to minimise risks.

The registered manager and deputy manager kept their skills and knowledge up to date by on-going training and reading. They shared the knowledge they gained with staff at staff meetings. Other staff members who took the lead in specific areas would cascade their learning to other staff. For example one staff member was a dementia friend. They shared their learning with staff to ensure they understood current practices with people who had difficulty verbalising their choices. This meant all staff understood how to use pictures or how to show people what they meant.

The home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.