

Burdyke Lodge Ltd

# Burdyke Lodge

## 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

Burdyke Lodge is registered with CQC to provide residential care for up to 27 older people. Three rooms are available to be used as double rooms if requested, however at the time of the inspection these were being used for single occupancy only and there were 23 people living at the home.

People's level of care and support needs varied. People were independently mobile some using walking frames. Many were self-caring and required only guidance and prompting from staff,. A number of people went out alone or with friends and family, whilst others required more assistance with all care needs and remained in bed or in their rooms as they chose.

This was an unannounced inspection which took place on 3 and 8 November 2016.

At the last inspection undertaken July 2015 CQC did not identify any breaches of regulation. However we did make some recommendations about the safe administration of medicines, and ensuring professionalism and dignified care were maintained at all times.

There was a registered manager at the home; however the day to day running of the service was the responsibility of the home manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. The registered manager was also the registered provider. People spoke highly of the home and the way it was run. And staff told us that they felt supported.

Staff had an understanding about how to recognise and report safeguarding concerns. Staff were clear that any concerns would be reported to the home or registered manager.

Risk assessments were completed for identified health and environmental needs. This included specific health related risks for the individual and environmental risks for the premises. Medicines policies and procedures ensured people received their medicines safely. People who looked after their own medicines without support from staff had risk assessments to support this. These were reviewed regularly to ensure medicine procedures remained safe.

Care plans and risk assessments were regularly reviewed and updated. Documentation was personalised and included peoples choices and the involvement of family and next of kin or significant others when appropriate. There was information to inform staff of people's backgrounds and health needs. People who moved to Burdyke Lodge for a short period of respite care had care information in place. These were updated during the inspection to ensure they contained the level of detail in permanent care folders; however staff knew people and their needs well.

People living at Burdyke Lodge told us that staff responded to them promptly when they needed assistance and they felt staffing levels were appropriate. Staff had received training and support and felt they had the knowledge and skills to provide care for people appropriately.

People had capacity to make decisions and felt involved in decisions and choices about their care. Staff told us how they supported people's choices and preferences. Management had an understanding of mental capacity assessments (MCA) and Deprivation of Liberty Safeguards (DoLS).

We received positive feedback regarding the meals provided. Meal choices were available and people were supported to eat a healthy balanced diet. People's weights were monitored regularly to identify any health changes, however when people declined to be weighed, this was not always clear from documentation. Referrals were made to GPs and other health professionals when required to help maintain people's good health.

Staff were kind, caring and supportive. They knew people well and were able to tell us about people's likes, dislikes and preferences. Staff spoke to people and we saw light hearted banter between staff and people living at Burdyke Lodge. It was clear that people enjoyed this and they responded positively. People's dignity and privacy were respected and everyone told us the atmosphere was homely and welcoming.

Activities were scheduled most days. This was predominately provided by visiting organisations, although staff told us they did some activity provision themselves. We saw that people went out or kept themselves busy throughout the day, some sitting to read the newspaper or watch television whilst others chose to remain in their rooms.

There was a homely warm atmosphere and people were encouraged to share their views and give feedback regularly. This included information about living at Burdyke Lodge, feedback on the home environment, staffing and meal provision. A system was in place to assess and monitor the quality of service provided. Some areas needed to be expanded to ensure all areas of auditing were effective. Audit information was used to continually improve and develop the service.

## 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.

Staff had an understanding about how to recognise and report safeguarding concerns.

Medicines policies and procedures were in place to ensure people received their medicines safely.

Risk assessments were completed for identified health and environmental needs.

People living at Burdyke Lodge told us that staff responded to them promptly when they needed assistance and they felt staffing levels were appropriate.

### Is the service effective?

Good ●

The service was effective.

Staff had received training and felt they had the knowledge and skills to provide care for people appropriately.

Staff had regular supervision and appraisals.

Management and staff had an understanding of mental capacity and Deprivation of Liberty Safeguards (DoLS). People felt involved in decisions and choices about their care.

People were supported to eat and drink. Meal choices were provided and people were encouraged to maintain a balanced diet. People's weights were monitored.

People were supported to have access to healthcare services and maintain good health.

### Is the service caring?

Good ●

The service was caring.

People were involved in day to day decisions and given support when needed.

Staff knew people well and displayed kindness and compassion when providing care.

Visitors spoke highly of staff and felt welcome to visit at any time.

### Is the service responsive?

Good ●

The service was responsive.

Documentation was personalised, up to date and included specific information about people's backgrounds and health needs.

Care plans and risk assessments were regularly reviewed and updated.

People's choices and the involvement of relatives and significant others was included in care files.

An activity programme was in place.

People were encouraged to share their views and give feedback to enable continued improvement.

### Is the service well-led?

Good ●

Burdyke Lodge was well led.

A system in place to assess and monitor the quality of service provided. Some areas needed to be expanded to ensure all areas of auditing were effective. Audit information was used to continually improve and develop the service.

There was a registered manager at the home; however the day to day running of the service was the responsibility of the home manager.

Staff, relatives and people living at Burdyke Lodge spoke positively about how the home was run.

There was a homely warm atmosphere and people's feedback was sought and considered.

# Burdyke Lodge

## 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 which took place on 3 and 8 November 2016 and was unannounced. The inspection team consisted of one inspector and an expert by experience in older people's care. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The last inspection took place in July 2015 where no breaches of regulation were identified.

Before our inspection we reviewed the information we held about the home, including previous inspection reports and the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at information and notifications which had been submitted by the home. A notification is information about important events which the provider is required by law to tell us about. We also reviewed any other information that has been shared with us by the local authority and quality monitoring team.

We observed care in the communal areas and throughout the home, including how people were supported during their meals.

We spoke with 12 people living at Burdyke Lodge, two relatives, one visitor and seven staff. This included the registered manager, home manager, care and support staff working at the home during the inspection. After the inspection we received feedback from two visiting health professionals.

We spent time looking at care records and case tracked four people. Case tracking is when we look at care documentation for that person to get a picture of their care needs and how these are met. This included two people staying at the home for a period of respite care, one of whom had moved to Burdyke Lodge just prior to the inspection. We also looked at documentation in two further care plans to follow up on specific areas of care including risk assessments and associated daily records.

Medicine Administration Records (MAR) charts and medicine storage and administration were checked and we read diary entries and other information completed by staff. We reviewed three staff files including one person who had recently began work at Burdyke Lodge and other records relating to the management of the home, such as complaints and accident / incident recording and audit documentation.

# Is the service safe?

## Our findings

People said they felt safe living at Burdyke lodge. We were told "I feel safe, people here have to sign in, the premises are quite secure." And, "Oh yes very safe here, I have a lovely room with en-suite. A relative told us "I feel quite happy with her safety, she has good company, good food and nice room, safety is good, they contact me if necessary."

People at Burdyke Lodge had a range of care needs. These were assessed and reviewed monthly to ensure that the home could provide safe care. Those with reduced mobility had assistance provided by staff as required, however most people walked about independently with the use of walking sticks or frames and just required prompting and guidance. Both the registered and home manager were clear the home was not able to cater for people who required lifting and moving equipment. Burdyke Lodge did not have a lifting hoist and therefore if a person's condition deteriorated and they required this, then the home would not be able to meet these needs and the person would need to move to an alternative care service.

People at the home were safe. Systems were in place to help protect people from the risk of harm or abuse. People told us how they would alert staff if they were worried or felt they needed assistance. Both the registered and home manager was aware of their responsibility to report any safeguarding concerns. A safeguarding policy was available for staff to access if needed and staff had received safeguarding training. Staff demonstrated an understanding of how to recognise and report safeguarding concerns and told us they could also contact the registered or home manager at any time if they had concerns. We discussed past incidents which had not been reported to the local authority or CQC with the registered and home manager. These had since been reported to CQC in retrospect. The home manager told us they had recently completed a local authority safeguarding training course and would ensure all incidents were reported appropriately in the future and would contact CQC and the local authority if they needed any clarification. We advised that the registered manager also complete this training to ensure they were aware of current regulatory requirements.

Incidents and accidents were reported and the home manager had oversight of any incidents/ accidents or falls that had occurred. A monthly audit was completed and these were analysed to look for any trends. The manager and staff understood the importance of learning from incidents to facilitate continued improvement within the service. For example when a person was identified as at risk of falls, their bedroom had been rearranged to improve the space in the room for the person to move about safely. A minor incident occurred during the inspection and this resulted in a person having a fall, we saw that this was responded to immediately and steps taken to prevent it re-occurring.

Risks to individuals were identified and well managed. There were individual risk assessments in place which supported people to stay safe, whilst encouraging them to remain as independent as possible. This included, going out alone, managing their own medicines, other specific risks identified for the individual and the way they chose to live. People had risk assessments for diabetes, mental health, risk of pressure damage and other specific individual risks which had been identified during their initial assessment or subsequent regular reviews of care.

People's care and health needs had been considered in relation to their safe evacuation in the event of an emergency. Personal emergency evacuation plans (PEEPS) were in place with fire safety and evacuation information. An external fire professional carried out annual checks and risk assessments for the home. Most staff had received fire safety training and further training was due to take place shortly after the inspection to ensure all staff training was updated.

Staffing levels were appropriate to meet people's needs. Staff told us that most people required minimal care and support with personal care and health needs. When staff called in sick other staff would cover. If this was not possible the home manager would cover the shift or an agency care worker would be used. The home manager spent time during the inspection assisting in communal areas when needed and spending time talking to people and visitors. Staff felt they had time to spend with people and although certain times of the day were busier than others, we also saw that staff were able to sit with people to offer assistance or just for a chat to check people were alright and had everything they needed.

During the inspection call bells were responded to promptly and people confirmed that staff were available when needed. We were told, "I like the staff, I can choose what I do, they come quickly if I need them. The boss is good too, they are all good here." And, "I like the staff, I do think there are enough staff, they work hard." "I do like the staff yes, I am looked after okay." One person told us they felt staff worked too hard and that they worried they were too busy; however, they had no specific concerns regarding the way care was provided.

Visitors and relatives spoke highly of the staff and management telling us. "I like the staff, they are all good, I think there are enough of them, they come quickly." And, "They are very attentive, friendly staff." The home manager told us staff turnover had reduced. One new staff member had just started and was completing a period of induction and a 'bank' member of care staff was currently going through the recruitment process. This would mean extra cover was available if needed.

A recruitment process was in place, overseen by the home manager. We looked at three staff recruitment files; this included one file for a recently employed staff member. All files showed relevant checks had been completed before staff began work. For example, disclosure and barring service (DBS) checks, a DBS check is completed before staff began work unsupervised to help employers make safer recruitment decisions and prevent unsuitable staff from working within the care environment. Application forms included information on past employment and relevant references had been sought before staff were able to commence employment.

There were clear systems to ensure people received their medicines safely. Staff completed medicine training and updates when required. Medicine competency checks had taken place. Medicines were regularly audited to ensure that safe procedures for the administration of medicines were maintained. Medicine Administration Records (MAR) charts were checked by the deputy manager regularly to ensure that all documentation had been completed correctly. We observed medicines being administered and saw that this was done following best practice procedures. People who looked after their own medicines had risk assessments in place to support this. These were reviewed monthly or more frequently if there were any changes to people's health. The registered and home manager were aware of their responsibility to ensure all medicines were correctly stored within the home and lockable storage was available in people's rooms if they were self-medicating.

At the last inspection we made a recommendation that the home improve their procedure for the administration of PRN (as required) medicines. PRN medicines are prescribed by a person's GP to be taken as and when needed. For example pain relieving medicines. At this inspection we found that protocols for

administration of PRN medicines were in place. PRN guidance identified what the medicine was, why it was prescribed and when and how it should be administered. People told us they received their medicines at the times they expected. One person told us. "I do my medication myself, they supply me when necessary." And, "I look after all aspects of my tablets myself, I contact my GP and order them myself when I need them."

Systems were in place to ensure the building and gardens were maintained. Day to day maintenance was carried out by the provider/registered manager. Emergency contact details were in place for all more serious issues and a member of management was on call at all times in the event of an emergency. Some areas of maintenance including personal appliance testing (PAT) were checked annually and were due around the time of the inspection. A legionella risk assessment was not available but the provider confirmed after the inspection that was due to be completed on 22 November 2016.

# Is the service effective?

## Our findings

People were supported and encouraged to be involved in decisions and choices. People told us they spent their time how they chose and a number of people went out alone or with friends/relatives during the inspection. People were keen to express positive comments about the home and staff, telling us, "The staff know me, I have dropped feet, they put supports on every morning for me I have a care plan, it was discussed with my family. " And, "The staff know me, I am very spoilt here," I am independent and make my own decisions."

People felt staff were appropriately trained to provide their care and staff confirmed that they received regular training to help meet the needs of people they cared for. One member of staff told us they had worked at Burdyke Lodge for ten years and were very happy. They felt they received appropriate training which was up to date and that the management were supportive.

Many staff had completed a recognised care qualification. A training schedule was in place this identified when staff required updates or training was due to take place. We saw that some training was due at the time of the inspection or shortly after. The home manager was aware that training needed to be arranged. The home used an external training provider. Training was supported by handbooks and marked tests, to ensure that an appropriate level of training had been achieved.

Staff received regular supervision provided by the home manager. Staff confirmed that regular supervision gave them an opportunity to meet and discuss any issues or identify any further training they may need. Annual appraisals were also completed. Staff told us they felt supported by the home manager and could speak to them about any issues if they needed to. The home manager confirmed they received support from the registered manager however, this was not documented. The registered manager told us they would document supervision in the future to ensure there was a clear record of the support provided.

When new staff began work at Burdyke Lodge they completed a period of induction. This included shadowing other members of staff, reading policies and procedures, and evidencing that they had read and understood people's care records. The home manager told us they had worked alongside a new member of staff to ensure they got to know the people living at Burdyke Lodge and felt confident and competent to provide appropriate care. New staff would complete a period of shadowing either the home manager or another experienced member of staff. Once the induction and training is completed the staff member would be deemed competent to work unsupervised.

People were actively involved in decisions about their care; many were independent, arranging their own medicines and health appointments. For those who did require support, staff included the person in any day to day decisions. For example, people were reminded and encouraged to participate in an exercise class taking place during the inspection, they were asked what they would like to have for their lunch and where they would like to sit in the communal lounge.

The registered manager told us everyone living at Burdyke Lodge had capacity to make decisions about

their day to day care and welfare. The home manager had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and what may constitute a deprivation of liberty. Staff also demonstrated an understanding of consent and how this should be integrated into every day practice when care was provided. The Care Quality Commission has a legal duty to monitor activity under DoLS. This legislation protects people who lack capacity and ensures decisions taken on their behalf are made in the person's best interests. No-one currently living at Burdyke Lodge had a DoLS application in place. People's mental health and wellbeing was reviewed and the home manager was aware when referrals may be required to other health professionals to support any decisions made regarding people's safety and welfare.

People were supported to have access to healthcare services and maintain good health. People were supported to attend appointments and GP visits were requested when people became unwell. Some people had visits from a community nurse, and the home liaised with occupational, speech and language therapy (SALT) and other associated healthcare organisations involved in people's care. One visiting professional we spoke with after the inspection told us that they always found staff at Burdyke Lodge to be polite and caring and they seemed to know people well.

Burdyke Lodge had a dining area on the ground floor. Many of the people came to the dining room for their lunch time meal. People had a choice where they ate and a few chose to remain in their rooms and one sat in the lounge. Tables were nicely set with napkins, condiments and drinks provided. We spoke with the chef who told us that they asked people what they wanted for their meals. We saw one main choice of hot meal was displayed on the chalkboard in the lounge. However, everyone was asked if they liked the main choice and if they didn't, then alternatives were offered. We heard one person ask for a whole cooked carrot as they found this easier to pick up with the fork and another requested an omelette instead of the meat choice. Both of these were provided by the chef. There was a relaxed atmosphere throughout the lunchtime. Everyone was able to eat independently, staff remained vigilant and offered assistance if needed. When asked about the food comments were all favourable. We were told, "I have no complaints, I like the food, we have a choice, we can have fish on a Friday if we want, I have plenty to drink." And, "Food is very good, nothing to grumble about and yes we have a choice," "Food, the best you can get, I don't have many teeth so I have to be careful, good choice, I have to eat small meals, no grumbles." One person said that they would enjoy a glass of wine with their meal but was not sure if they would be able to. Some people told us they enjoyed an alcoholic drink in the afternoon. One person was sat in the lounge enjoying a glass of beer and another told us they had a drink before dinner to give them an appetite. Evening meals were also flexible and the chef was making homemade soup for supper with a choice of smoked salmon sandwiches or sausages. The chef told us they were very happy to cater for individual's needs and preferences.

# Is the service caring?

## Our findings

People told us they felt cared for by staff. "So kind and caring, nothing to grumble about, I have a bath every week, I get up and go to bed when I want." "Very caring, brilliant, I never stay in my room, life is too short to be on your own." And, "Very kind and caring staff." Visitors told us that they felt staff always treated people with kindness and respect and they had no concerns.

People received care which ensured their dignity was maintained and were supported at all times. We saw staff interact with people in a kind caring and supportive manner. Staff had a good knowledge on how to provide care, taking into consideration people's personal preferences. For example, one person told us they were very private. Staff spoke to this person when they came into their room to check they were alright and supported them when they had appointments or requested help with anything. Staff told us they were always mindful not to ask the person too many questions as they knew the person did not like too much interference and their independence was very important to them.

People spoke highly of staff telling us, "I am free to come and go, they respect me and treat me with dignity." Visitors felt that people's dignity was always considered and staff were very caring. Staff responded positively to people when they called or rang their bell for assistance. Staff stopped and chatted to people in the lounge, and it was clear they knew people well talking about family, visitors and what was happening that day. Interaction was light hearted and friendly.

People were encouraged to maintain relationships with people outside of the home. One person told us their spouse lived in a nursing home around the corner and staff took them to visit their spouse every day. The arrangement was in place that a staff member from Burdyke Lodge escorted them to the nursing home; they stayed as long as they wished then a member of staff from the nursing home would escort them back to Burdyke Lodge. They were very pleased with this daily event and felt staff went the extra mile to make sure this happened. We saw one person who had returned to Burdyke for a period of respite care was greeted warmly by staff and stopped to hug a member of care staff who told them they had been missed and welcomed them back for their stay.

Many people were independent and did not require help with washing and dressing and went out on their own or with friends/relatives. Everyone had access to a visiting hairdresser or could ask their own hairdresser to visit. Many people came down to have their hair set or cut throughout the day. People had their own personal items in their rooms and told us staff respected their belongings. One person came to ask the manager to move an item in their room and change the setting on their radiator. This was done promptly. People told us that their rooms were their own personal space and they asked staff if they needed anything.

People's spiritual needs were supported. One person told us, "I am a Catholic, a Nun visits and gives me Communion once a week." And another said, "I can do as I like, the Priest comes here, as I don't go to Church." "We have a Sermon here once a month, the clergy and his wife always come up to see me." And, "We have communion here if you want to."

Relatives and visitors told us that they were welcome at any time and encouraged to visit, invited to stay for meals and always offered a hot drink during their visit. Everyone we spoke with told us that Burdyke lodge was homely and welcoming.

## Is the service responsive?

### Our findings

People and relatives told us the manager and staff were responsive and told us if they needed to see a Doctor or make an appointment it would be arranged. Relatives felt they were kept well informed about any changes and were always contacted if someone became unwell. People told us that they knew when appointments or visits were arranged. For example, one person told us, "The nurse comes to see me regularly; staff know what day they are due and remind me."

People were happy that staff knew them and understood what their health and support needs. Some people confirmed they had been involved in planning the care they received alongside their families or Next of Kin (NoK) if appropriate. People knew who managed the home and felt that they would be able to raise concerns with either the home or registered manager or speak to any of the staff and the issue would be sorted. People felt if they did raise a concern that they would be listened to. Comments included, "I would go to the girl or fella on the doors if I had a complaint, never had to." A visitor said, "Never had to make a complaint, they would act if there was a complaint." A complaints policy and procedure was in place and displayed in the entrance area. There were no on-going complaints at the time of the inspection.

There was a clear system in place to assess, document and review care needs. Care files included personalised care planning and risk assessments. Information had been sought from people, their next of kin or significant people involved in their care. Documentation included background information about people, staff told us this helped support good communication and meant that they knew about people's lives before they moved to Burdyke Lodge.

People with specific health needs had information in their care plans to inform staff how to provide effective care. This included details of people's physical and mental health needs. For example, one person was identified as at risk of becoming isolated and self neglect. Information was in place to inform and advise staff how to minimise this risk and support the person effectively. All care documentation and risk assessments were reviewed by the home manager and senior care staff to ensure information was relevant and up to date. Changes to people's health or care needs were updated and information shared with staff. All staff told us they read care documentation regularly and were aware of any relevant information about people. New staff were asked to read care records over the duration of their induction to ensure they knew people's needs and their responsibilities.

Burdyke Lodge did not have a designated activity person. Many people told us they did not need activities provided every day as they were busy doing their own thing. People went out throughout the day. Some people came to the lounge for tea and coffee, whilst others sat and read the newspaper, magazines, watched television or just met up for a chat. The home had a number of external organisations visiting to provide activity. This included pet pals, armchair exercise classes and music and movement. People told us they attended the activity when something was arranged that they thought they would enjoy. One told us, "I enjoy the activities, I like the exercise." Another said, "They don't have much going on but when they do I go." People who chose to stay in their room were happy that they had things to do. We were told, "I am a loner, I was an only child and I have stayed that way, I do as I like." And, "When I can I go to activities but

sometimes I am not ready in time. I like watching the news and Judge Rinder and I read." One person liked to set the dining tables. We saw that they were asked by staff if they would like to help and they responded positively telling us, "I like to do this, I like to be busy and keep going."

People and relatives were regularly asked for feedback regarding their care, staff and the meals provided. Feedback was predominantly positive with minor points responded to by the home manager, and actioned. For example one person commented that the hallway light was too bright so staff ensured this was turned off when the person was in bed.

## Is the service well-led?

### Our findings

Everyone we spoke with including people living at Burdyke Lodge, visitors, relatives and health professionals gave positive feedback about the home and the way it was run. People knew who was in charge and told us that the provider/registered manager was available most days but that the home was run by the home manager. People said someone was always around "who was in charge." Comments made included, "I know who the manager is, nice people, I get along with them fine." And, "Yes we can go to either of them; someone is always available if you want to see them." A relative told us, "I could talk to the manager, the culture is friendly here." Relatives confirmed they attended meetings and had no complaints.

Visiting health professionals told us the home always responded promptly and contact outside health professionals when needed. A relative confirmed that their mother had a fall and staff had responded promptly by contacting the GP and an x-ray was arranged.

The registered manager/provider had been in charge of the service for many years. The registered manager told us that they were available at the home most days and supported the home manager who was in day today charge at the home. This seemed to be working effectively. However, we reminded the registered manager that they were responsible for the home as the 'registered person' and therefore must ensure they are up to date with all systems, processes and training to enable them to run the home safely and effectively in the absence of the home manager. The registered manager assured us that they would update their training and ensure they had a clear understanding of all quality auditing and systems in place.

It was apparent that the registered and home manager had a strong working relationship. And they both told they were happy with the working arrangement.

The documentation was overseen by the home manager. We discussed that staff needed to document when people were self-caring to ensure a clear picture of how people's personal care needs were met. This included people's weights and documenting when people refused or declined to be weighed. The home manager updated peoples respite files during the inspection as these were not stored in folders and contained minimal information around risks identified. However, staff knew people and their care needs so this did not impact on people's safety. We spoke to the registered and home manager about ensuring the home's statement of purpose (SoP) and website were up to date, providing relevant information for people accessing it. The SoP was rewritten and we received a copy, the registered manager informed us the website would be updated shortly.

There was a system to assess and monitor the quality of service provided. Some of the audits needed to be enhanced to ensure a detailed picture to evidence how they had been used to continually improve the service and action any areas found. For example, further auditing was needed around cleaning monitoring. Audits which were delegated to other staff needed to be overseen by management to ensure they had been completed accurately, for example infection control and cleaning schedules were not clearly monitored. The registered and home manager were at the home most days and spent time in communal areas and visited people in their rooms. This meant that they were able to identify any concerns promptly, although

not all checks were documented. A regular medicines audit was in place and care plan reviews were on-going. The registered, home and deputy manager all had a good knowledge of people's needs, and staff felt they had the knowledge and support to provide safe effective care.

Both the registered and home manager interacted politely and with humour with people who lived at Burdyke Lodge and they responded well to them with obvious affection and people took great comfort from the support they felt they received.

The home manager felt that the ethos for the home was to ensure that care was person centred, with a real emphasis on always putting the person first and foremost. Staff supported and encouraged people to remain independent and the managers were clear that they could not support people if they required a high level of support. For example they did not have lifting equipment if people became immobile. They also felt that the home and the environment best catered for people with an element of independence and those able to go out alone or with family if they wished. Some people chose to stay in most days but the home would not be able to meet the needs of people with advanced dementia. The home manager told us that in the event that a person fell and was unable to stand without assistance then an ambulance would be called as there was a risk the person may have an injury. We discussed that access to some form of emergency lifting equipment may be beneficial if no injury was sustained and the person was just unable to stand unaided. The home manager told us this was something they would risk assess and discuss with the registered manager.

Both the registered and home manager were available at the home most days, with an on-call system in place at all times. They both displayed a good knowledge and understanding of people, their needs and choices. They had worked hard over the previous twelve months to make improvements to the culture and atmosphere at the home. There had been a reduction in staff turnover and people, staff and visitors we spoke with gave positive feedback about the way the home was run. One visitor told us, "My late mother in law was in another home, this is far more superior and caring."

The management and staff worked hard to ensure the service was open and transparent and welcomed comments and suggestions from people and staff to take the service forward and make continued improvements.

The home manager had completed the Provider Information Return (PIR) and had provided us with information about how the home was run. They told us about areas they were reviewing. This included changes to the care planning documentation to include more detail around discrimination and neglect, and ensuring staff training was completed regularly by staff, to encourage development.

Staff meetings did not take place that often. We saw that the most recent was in June 2016. The minutes for this showed it was not a long meeting but had been used to share feedback from the local authority visits and update regarding the last CQC inspection. Despite the infrequent meetings staff told us they felt supported and the regular supervision meant that they had the opportunity to meet and talk to the home manager if needed. Feedback was sought from residents and relatives in the form of questionnaires. All information fed back to the home was used to continually improve and actions taken were added to the questionnaire to show how minor issues had been resolved.

Staff were aware of the policies and that these underpinned safe practice. There was a whistle blowing policy and staff were aware of their responsibility to report any bad practice. Staff were aware of the importance of being open and transparent and involving people when things happened. We discussed with the home and registered manager incidents that were notifiable to CQC and the local authority and to

ensure these were always completed in a timely manner as this is a regulatory requirement.