

# Burlington Care Limited

# Foresters 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

.Foresters Lodge is a care home with nursing for up to 69 adults and older people who have a physical disability or a dementia related condition. There were sixty two people resident during the inspection.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People felt safe and staff had been trained and understood their responsibilities around safeguarding adults and reporting concerns.

Risks to people's physical and mental health had been identified and guidance was available for staff to manage those risks. The environment and equipment was safely maintained.

Staff recruitment was robust and there were sufficient staff on duty to meet people's needs. Staff were well trained in basic care and in specialist subjects giving them the knowledge they required to care for people who used the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People had access to a nursing team within the service and other healthcare professionals from the community such as their GP or community mental health team. They each had a health passport with details of their care needs, for those times they needed to visit other services such as hospitals.

Staff maintained positive relationships with people and showed care and compassion in their interactions.

Staff were caring whilst maintaining positive relationships with people. Feedback was positive from people, their families and professionals.

There was a quality monitoring system in place which identified where improvements were needed. Lessons learned were discussed at monthly managers meetings where issues had been identified.

People and staff were invited to share their views and give feedback about the service. They attended regular meetings where they could discuss any issues related to the day to day running of the service.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

|                                                               |               |
|---------------------------------------------------------------|---------------|
| <b>Is the service safe?</b><br>The service remains Good       | <b>Good</b> ● |
| <b>Is the service effective?</b><br>The service remains Good  | <b>Good</b> ● |
| <b>Is the service caring?</b><br>The service remains Good     | <b>Good</b> ● |
| <b>Is the service responsive?</b><br>The service remains Good | <b>Good</b> ● |
| <b>Is the service well-led?</b><br>The service remains Good   | <b>Good</b> ● |

# Foresters 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 comprehensive inspection took place on 21 and 26 November 2018. Day one was unannounced and we arranged with the registered manager to return on day two.

The inspection team was made up of one adult social care inspector, one bank inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was in adult social care services.

Prior to the inspection, we reviewed all the information we held about the service, including previous inspection reports and statutory notifications sent to us by the provider. Statutory notifications, which are a legal requirement, provide CQC with information about changes, events or incidents in order that we have an overview of what is happening at the service. We also received feedback about recent monitoring by East Riding of Yorkshire local authority.

Before the inspection, the provider completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to assist us in planning the inspection.

During our inspection, we spoke with six people who used the service, two care workers, the activities co-ordinator, one team leader, the deputy manager, the registered manager, and the regional manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spent time looking at documents and records relating to people's care and the management of the service. We looked in detail at four people's care plans, medicine records, nine staff recruitment and training

files and policies and procedures developed and implemented by the provider. We observed medicines being administered, the lunch time experience and activities throughout the two days.

Following the inspection, the registered manager sent us copies of staff rotas.

# Is the service safe?

## Our findings

People living at Foresters Lodge and their relatives told us they felt safe. One person told us, "Oh yes, I feel safe. It was funny coming to a new place but it is okay now." Staff followed the safeguarding policy and understood how to protect people from potential abuse or harm. Staff described how they kept people safe saying, "We complete risk assessments and any risky behaviour is managed through detailed care planning. Staffing is good." Staff and people living in the home told us they felt confident any concerns raised would be managed effectively and thoroughly. Staff were aware of how to whistle-blow and there was a policy available for staff to use should this be required.

Risk assessments were in place for each person and these were regularly reviewed or updated when changes occurred.

Where people displayed behaviours that may challenge others there was a behaviour support management plan for staff to follow. Where it was appropriate mental health professionals were involved in the persons care. One person was identified as having behaviour that challenged others. The care plan provided clear guidance to staff about how to deal with these behaviours. Any accidents and incidents had been recorded and reviewed.

Accident and incident records were entered on to an online internal reporting system and reported to the regional manager in their monthly report where they were analysed. The service has been under scrutiny by the local authority over the last 12 months. In response to learning from mistakes the registered manager has implemented more robust monitoring which has reduced the number of incidents that have occurred.

Staffing levels were sufficient to meet people's needs. One member of staff told us, "There is enough staff on duty and there is a good skill mix in the current staffing group."

Staff recruitment procedures were robust. People had completed application forms, attended interview and background checks had been completed. These included references and background checks by the Disclosure and Barring Service (DBS). DBS checks provide information about people's background and helped employers make safer recruitment decisions to prevent unsuitable people from working with adults who may be vulnerable.

Medicines were managed safely. There were clear procedures for ordering, administration, storage and returning medicines. Where people required their medicine covertly procedures had been followed in line with the Mental Capacity Act 2005 and the appropriate permissions were in place.

Servicing and maintenance checks of equipment and the building had been completed in line with health and safety at work guidance. The service was clean and tidy. A business continuity plan outlined what staff were to do in an emergency.

Data protection legislation was followed. Records and people's confidential information were kept in a

locked office with limited access.

## Is the service effective?

### Our findings

People's needs were thoroughly assessed in a pre-admission assessment prior to people coming to live at the service. Care plans were developed from this assessment and ongoing monitoring of the person. People's care plans were detailed and personalised and risk assessments were in place where appropriate. For example, one person had diabetes. Their care plan was detailed and referred to The National Institute for Health and Care Excellence (NICE) guidance.

Where people's physical and mental health conditions had an impact on their wellbeing their GP, district nurse or community mental health team were involved. Health passports were in place if people needed to transfer between services. This gave important information about their medical conditions and other needs to ensure they received consistent care.

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. We saw that people were asked for their consent to care and where they were unable to consent decisions were made involving their relatives and professionals in their best interest.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS). Applications had been made for DoLS where necessary. Staff had a good understanding of the MCA.

Staff had received training in subjects such as safeguarding, MCA, infection control and health and safety as well as more specialised subjects which allowed them to meet people's needs effectively. These included subjects such as end of life care and person-centred dementia care. Staff told us they felt very well supported through regular supervision with the registered manager and deputy manager.

The service was a converted building with a newer extension. The extension had increased the overall size of the service by 25% and added more communal areas and outside space. People's rooms were personalised and there was plenty of communal space where people could spend time. The registered manager had gone some way to making the service dementia friendly with signage and a café where people could drop in. They told us they were committed to making further improvements where it would enhance people's wellbeing.

People's nutritional needs were assessed and met with the support, where necessary of specialist services such as dietician. Where people had any changes in their weight they had been referred to a specialist service such as a dietician. Food and fluid charts were completed but there were some omissions. We observed people had plenty to eat and drink throughout the day and so concluded these were recording omissions.



## Is the service caring?

### Our findings

We observed staff being patient and considerate of people giving them the time they needed. We observed a staff presence in most areas of the service throughout the day, talking to people and providing reassurance. This gave opportunities for informal communication creating a relaxed atmosphere. Staff were patient and knew people well. There was an inclusive feeling in the service. People were all encouraged to join any activities.

People were comfortable around the staff. When we asked people about the staff one person told us, "They are very good, pleasant and they seem to care" and a second person said, "The way they approach you, if they have to tell you anything they are always courteous."

We saw that people were happy, content and well cared for which demonstrated the positive impact for people living at Foresters Lodge. There was a strong focus on building and maintaining relationships with people and their families. This was demonstrated in the way staff worked alongside families in supporting people.

Staff supported people to maintain their personal relationships. This was based on staff understanding who was important to the person. One person told us, "I am still involved in my [relative's] care. The level of care and kindness is brilliant. It is like home from home."

People were involved in discussions and decisions about their care including any changes where possible. People told us the registered manager had an open-door policy and was always available for practical and emotional support.

Service user meetings were held and we saw minutes from those meetings. In recent feedback to the management one person had reflected, "Regular resident's meetings give us chance to have our say, a very good idea."

People were treated with dignity and respect by staff and their privacy respected. A relative told us, "They would shut the bedroom door. If we are here they (staff) stay out of the way [allowing privacy]." Staff encouraged people to be as independent as possible. People and their relatives confirmed that people were encouraged to do as much as they could for themselves.

## Is the service responsive?

### Our findings

People received personalised care that responded to their needs. Care plans were detailed and captured the information needed to respond to people's needs effectively.

The care plans were devised in consultation with people and their care was designed to provide oversight to maintain the persons safety. One person was fed in a specific way. There was an agreed feeding plan in their care record from the dietician. In a separate care plan the support and care of equipment was outlined giving staff clear instructions about how to manage the it safely. Care was focused on what people wanted or needed and they chose when they received that care and support. We saw one person say, "I'm hot." The care worker responded by offering to open the window. When this was declined they offered the person a fan in their room."

Care plans and risk assessments were reviewed at least once a month by the clinical team and where changes were necessary these were clearly recorded. We did note some minor omissions in care plans but these were completed as soon as the clinical lead nurse was informed. There was no impact for people.

Professionals had commented in recent feedback to the service, "The home is efficient yet still maintains a homely feel" and, "Any concerns are identified and quickly acted upon."

People's activities were planned with them by the activities coordinator, who was supported by a volunteer, and a weekly plan was devised. People told us, "We do chair exercises, dominoes. We throw a ball in the air and catch. They take us out in a car and if there is a lot they take us out in a bus." Some people told us they knew of the activities but had chosen not to take part and one person told us that although they were taken out they wished they could go out more. We observed activities were lacking in some areas. We discussed ways care workers could be in more involved with the registered manager and provider to prevent anyone being socially isolated.

There was a complaints policy and procedure for people to follow. There had been one complaint in 2018 which had been dealt with according to the providers policy and procedure. The provider had responded by letter to the complainants and people were satisfied with the responses they received.

There was no-one receiving end of life care when we inspected. Staff had received training so would be able to provide that care where necessary.

# Is the service well-led?

## Our findings

Foresters Lodge is a care home run by Burlington Care Limited and their website states the, "The needs of the residents are the priority of our well trained and friendly care staff," which is what we observed happening at Foresters Lodge during the inspection. The website identified the aim of Foresters Lodge was to 'Provide for the health and social needs of each of our residents with professionalism, compassion and experience'.

There was a registered manager employed at the service. 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.

There were nursing and care staff at the service who worked as a team for the benefit of people and there were clear lines of responsibility. A deputy supported the registered manager. A regional manager oversaw their work.

The staff referred to the service as being, "Like working for part of the family" and providers and managers as been, "Supportive and caring." This was empowering for staff who told us they enjoyed working at the service which was clear during the inspection.

There was a quality monitoring system in place which identified areas of for improvement. The registered manager was aware of their regulatory responsibilities. The regional manager received a report and visited monthly to check the quality of the service. There were regional monthly managers meetings where there was a permanent agenda item of lessons learned to demonstrate the commitment of the service to continually improve.

Additional checks were carried out periodically by the operations director and quality team. A range of areas were reviewed to make sure the service was meeting the required standard. This included talking to people who use the service, looking around the environment, talking to staff and reviewing records. The quality monitoring had been robust.

There had been an improvement notice issued by the local authority earlier in 2018. All actions had been completed by the provider and this had now been lifted. The latest quality monitoring report was positive.

People had opportunities to express their views. They had regular meetings where they could discuss a variety of issues and gave feedback. Staff meetings were also held every two months and they could share ideas and insights.

The service worked closely with healthcare professionals to ensure good outcomes for people. The registered manager had recently attended an event organised by East Rising of Yorkshire council which looked at services reaching an outstanding rating. This showed a commitment to improvement by the

registered manager.