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Burntwood 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

Burntwood Lodge provides accommodation and personal care for up to six people with a mixture of needs which includes elderly frail or a learning disability. People's accommodation is arranged over two floors. There were six people living at Burntwood Lodge on the day of our inspection.

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 and associated Regulations about how the service is run. The registered manager assisted us during our inspection.

At our last inspection in February 2016 we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to take action in relation to the person-centred care and good governance. Following the inspection the provider submitted an action plan to us to tell us how they planned to address these concerns. We carried out this inspection to check if the provider had made the changes required. We found that improvements had been made in all areas and the regulations were now being met.

People lived in a homely environment and were cared for by staff who knew them well and had developed relationships with them. People were spoken to in a respectful way and encouraged to do things for themselves or spend their time as they wished. Staff supported people to eat a good range of foods and those with a specific dietary requirement were provided with appropriate food.

People had access to external health services and professional involvement was sought by staff when appropriate to help maintain good health. Medicines were stored appropriately and recording of medicines was completed to show people had received the medicines they required.

People were encouraged to take part in activities and staff were consistently reviewing activities and thinking of new ways to keep people stimulated. We found support plans were more person-centred than at our last inspection and staff were continuing to review these and add information that was meaningful to individuals. There were a sufficient number of staff on duty to enable people to either stay indoors or go out to their individual activities.

Staff met with their line manager on a one to one basis and staff said they felt supported. Staff said the registered manager had good management oversight of the home and there was a good culture within the team. Staff received a good range of training. Staff met together regularly as a team to discuss all aspects of the home.

Risks to people's safety were identified and control measures were in place to minimise the risk of harm. Staff recorded all accidents and incidents and took relevant action to minimise the risk of them happening

again. Staff were knowledgeable about their responsibilities to keep people safe and were aware of reporting procedures should they suspect potential abuse. Appropriate checks were carried out to help ensure only suitable staff worked in the home.

Staff were following the legal requirements to make sure that any decisions made or restrictions to people were done in the person's best interests. Staff understood the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS).

Quality assurance audits were carried out to help ensure the care provided was of a standard people should expect. Any areas identified as needing improvement were made by staff. If an emergency occurred, such as a fire, people would be evacuated following guidance in place for staff.

A complaints procedure was available for any concerns. This was displayed in a format that was easy for people to understand. People, their relatives and external stakeholders were encouraged to feedback their views and ideas into the running of the home.

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.

Medicines were administered and stored safely.

People's individual risks had been identified and guidance drawn up for staff on how to manage these.

There were enough staff to meet people's needs and appropriate checks were carried out to help ensure only suitable staff worked in the home .

Staff knew what to do should they suspect abuse was taking place. There was a plan in place in case of an emergency.

Is the service effective?

Good

The service was effective.

Staff had the opportunity to meet with their line manager on a one to one basis to discuss aspects of their work.

Staff received appropriate training which enabled them to carry out their role competently.

People were involved in choosing what they ate.

People had involvement from external healthcare professionals to support them to remain in good health.

Is the service caring?

Good

The service was caring.

Staff showed people respect and made them feel that they mattered.

Staff were caring and kind to people.

People were supported to remain independent and make their own decisions.

Relatives and visitors were welcomed and able to visit the home at any time.

Is the service responsive?

Good

The service was responsive

People were able to take part in activities both within and outside of the home.

Staff responded well to people's needs and support plans were person-centred.

Complaint procedures were available for people in a way they could understand.

Is the service well-led?

Good

The service was well-led.

Quality assurance checks were completed to help ensure the care provided was of good quality.

Everyone was involved in the running of the home. This included the people who lived there, their family members and the staff.

Staff felt the registered manager had a good management oversight of the home and supported them when they needed it.

Burntwood 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 was 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 was an unannounced inspection that took place on the 28 February 2017. Due to the small size of the service the inspection was carried out by one inspector.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

We asked the provider to complete 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 reviewed the PIR before the inspection to check if there were any specific areas we needed to focus on. The PIR did not show any evidence of risk at this location.

During the inspection we were unable to speak to anyone at length because of their communication needs instead we observed the care and support being provided by staff. We obtained feedback from two relative's following the inspection. We also wrote to three health and social care professionals requesting their views of the service and received feedback from one.

As part of the inspection we spoke with the registered manager and two members of staff. We looked at a range of records about people's care and how the home was managed. We looked at two care plans, medication administration records, risk assessments, accident and incident records, complaints records and internal and external audits that had been completed. We also looked at two staff recruitment files.

Good

Is the service safe?

Our findings

A family member said they felt their relative was safe at Burntwood Lodge. They told us, "It's the way he's looked after."

Staff understood people's individual risks and how to keep people safe. Staff supported people to live their life in a safe way by ensuring they were not put in situations which could leave them at risk of harm. For example, two people required mobility aids to move around the home and we observed staff ensured that they used this any time they moved between rooms. Another person needed to be transferred using a hoist and there was clear guidance in this person's support plan to say that should be carried out by two staff.

Staff had a good understanding of safeguarding which meant they helped keep people safe from harm. Staff told us who they would go to if they had any concerns relating to abuse. One staff member said, "I would talk to the manager or if needed go straight to CQC or the council." There was information available for staff which contained relevant contact numbers. A relative told us when we asked if their family member was safe, "He's extremely vulnerable and he doesn't show any indications of being unhappy."

There were a sufficient number of staff on duty to support people with their needs within the home as well as on any outside activities. We were told us there were usually two staff on duty during the day, together with the registered manager and two waking staff during the night. We found this to be the case during our inspection. Staff undertook the cleaning, laundry and cooking within the home. A staff member told us, "We do tasks first, then focus on people for the rest of the day." We observed this happening. We saw people receiving attention when they required it from staff. A relative told us, "Overall I have had no issues with the staffing."

Staff logged all accidents and incidents. They recorded details of the accident/incident and what action had been taken to help prevent a reoccurrence such as ensuring people had constant supervision when they used the bathroom.

Staff followed good procedures in relation to the handling of medicines which meant people received their medicines in a safe way. Medicines were stored in a lockable cabinet. Each person had a medicines administration record (MAR) which was completed properly, without gaps or errors which meant people had received their medicines correctly. Each MAR held a photograph to ensure correct identification of people. We saw staff providing people with their preferred method of taking their medicines. Were people had 'as required' (PRN) medicines the doctor had authorised these and guidance was in place for staff such as, why the PRN may be required, how often it could be given and the maximum dosage a person could have.

People were protected from being cared for by unsuitable staff because the provider carried out appropriate checks to help ensure they employed only suitable people to work at the home. Staff files included a recent photograph, written references and a Disclosure and Barring System (DBS) check. DBS checks identify if prospective staff had a criminal record or were barred from working with people who use care and support services.

People's care would continue in the least disrupted way in the event of an emergency, such as a fire and people had to be evacuated. Each person had their own individual evacuation plan and should the home have to close for a period of time people would be accommodated in a neighbouring care home. A fire risk assessment had been carried out in January 2016 and reviewed in July 2016.

Good

Is the service effective?

Our findings

Staff received appropriate and relevant training and were encouraged to develop their knowledge. The provider told us in their PIR that staff, 'receive sufficient training to ensure they have suitable skills to deliver support to service users to meet their identified needs' and we found this to be the case. All staff had a qualification in Health and Social Care Level 1 or above and one staff member told us they had been encouraged to and had just completed their Level 2. In-house training for staff included safeguarding, infection control, dementia, first aid and moving and handling. From the records provided to us by the registered manager we found that staff were up to date on their training.

The provider told us in their PIR that staff had regular supervisions and appraisals. This was to allow staff to meet with their line manager on a one to one basis and as a way for their manager to check staff were putting their training into practice and that they were following the standards expected of the provider. Staff confirmed this was the case and we noted from the records that staff received supervision three-monthly.

People were supported to have a varied diet to help maintain their health. The provider told us in their PIR that, 'food is freshly prepared each day, nicely presented and served according to individual taste and requirements' and we observed this on the day. Each day people could make their own decisions about the food they ate and we saw a variety of meals served up at lunch time based on people choices and individual dietary needs. People's specific dietary requirements were recognised by staff and provided with food and utensils appropriate for them, such as a fork. Throughout the day people were encouraged to drink fluids as staff regularly offered people drinks. One person told us, "The food is not too bad." A relative told us, "If he doesn't want food until three thirty in the afternoon staff provide that for him. If he wants something in the middle of the night, he gets it."

Staff understood the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and ensured that any decisions made were in people's best interest. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where people lacked capacity to make decisions we found that on the whole mental capacity assessments had been drawn up and when appropriate discussions took place between staff, the family or professionals to make a best interest decision. However we found that some records had not been completed and discussions around best interest meetings had not always been recorded. We discussed this with the registered manager during our inspection who informed us this was on-going work and they were able to demonstrate to us that they had the necessary paperwork for completion. Were people were able to we saw they had signed their consent to care.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was

working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff had assessed people's capacity and where appropriate submitted DoLS application in relation to restrictions such as the locked front door.

People could expect to receive effective care from staff when they needed it. Some people were living with epilepsy and staff were provided with clear guidance on signs and symptoms to recognise. Details in support plans included actions staff should take in the event someone suffered from an episode.

People were by supported to maintain good health. Records evidenced that people had involvement from health professionals such as the doctor, optician, chiropodist or the district nurse. Staff had worked closely with the district nurses in relation to one person in order to improve their skin integrity. We noted the GP had been called when staff noticed people appeared unwell.

Good

Is the service caring?

Our findings

One person told us, "I am well looked after here." Relatives told us staff provided kind care to people. One relative told us, "The staff couldn't do more. He's like an old friend to them. They love him." Another said, "We feel so relieved. The staff are extremely caring." A professional told us, "From my observation (person) is happy there, (person) looked and appeared well cared for."

Staff displayed kind, caring behaviour and it was clear to see that staff knew people well. Staff understood people's ways of communicating, such as simple sign language. A staff member told us, "When he does rubs his hands together that means he's happy and when he turns his head away it means, 'no'. We observed staff respond to people who lacked verbal communication, clearly understand what the person was asking for. A relative told us, "He loves the attention of the staff."

People lived in an environment that was homely. The provider told us in their PIR, 'our philosophy ensures provision of a service that reflects a homely and comfortable atmosphere' and we found this was the case. There were few notices or posters displayed in the communal areas giving the environment a homely feel. People's individual rooms were personalised with their own belongings, ornaments and pictures. The atmosphere gave the impression of a family living together. A relative said, "It feels just like a home."

Staff treated people respectfully and made them feel they mattered. We heard staff call people by their preferred name (in line with their support plan) and saw staff had ensure people were dressed neatly and appropriately for the weather. Staff used forms of endearment at times when addressing people such as, "Sweetie" and we saw staff touch, stroke or kiss people when speaking with them. A staff member told us one person had kept pointing at their new slippers. The staff member said, "Rather than just accept they were pointing at their slippers, I decided to remove them and have a look and I found they had a corn on their toe, which was what they were trying to tell us." Another person chose not to have lunch but instead requested they have a hot meal later in the afternoon. Staff respected this person's wishes.

People could have privacy when they wished. During the day some people took themselves to their rooms. Staff were aware of people's whereabouts but respected people's choice to be on their own. Other people sat in different rooms throughout the day depending on what activity they were doing.

People's individuality was recognised by staff. One person liked drawing and staff ensured they had coloured pencils and drawing materials. Another liked to read magazines and we saw that they had a magazine delivered in the post and staff sat and went through it with them. A third person liked to knit and we found in their room a basket of wool and knitting needles which they could help themselves to.

People were support to be independent in their mobility as much as possible. Two people required a mobility aid to move around the home and staff were seen to support these people to use them to help maintain some independence. One person's 'goal' was to become more independent in making a cup of tea and we noted in their support plan that this person was, 'confident to pour milk and add sugar to his tea now'.

Relatives told us they were able to maintain relationships with their family member. One relative said, "He comes to us regularly and we are made to feel welcome when we go to the home."

Good

Is the service responsive?

Our findings

Relatives felt there was sufficient opportunity for people. One relative told us, "They (staff) are brilliant. He's getting more social interaction than he's ever has. They have the right balance of keeping him secure but conscious of the need to get him out."

At our inspection in February 2016 we found a breach of regulation as there was lack of motivating leisure time for people. At this inspection we found things had improved as people were encouraged more to participate in activities. The provider told us in their PIR, 'the home runs its own transport and each service user is a member of the East Surrey Dial-a-Ride organisation which enables them to socialise and participate in events in the community' we found this was the case as people went out in the home's vehicle regularly and were their mobility restricted this, staff arranged for Dial-a-Ride to transport people and staff would meet them at the selected destination. One person attended a day centre each day, others went out once or twice a week and one person who had an interest in railways, belonging to a local railway society. We saw staff go out for a walk with one person during the afternoon. Before they left the home the staff member checked the person had sufficient warm clothes on because of the weather.

Inside of the home we saw people listening to music, watching the television or chatting to staff. During the morning staff played a ball game with people and we observed people were engaged and there was a lot of laughter as a result of the game. One person's 'goal' was to go on holiday and the registered manager told us this had been arranged and two other people from the home were going too. Staff talked to us about people's individual interests or past hobbies. A staff member said. "It is better than before. There are more activities." The registered manager told us they were constantly looking for new ways of providing individualised, meaningful activities for people and we talked to the registered manager about provided bricks or Lego for one person had told us, "I like to build things."

At our inspection in February 2016 we found a breach of regulation as support plans were not very person-centred and had missing or conflicting information. At this inspection we found things had improved, although this continued to be a work in progress. Support plans contained pictures in relation to people needs as well as fairly detailed information about people to ensure they received the correct support and treatment. We read, where staff had the information, people's life history had been written down. Support plans included information around a person's mobility, nutrition, skin integrity, weight and continence. Were people had a specific health need separate support plans had been included. Staff were knowledgeable about people's needs and were able to describe to us the support people required, the foods they ate and details about individual risks to people. A professional told us, "I have no concerns with the support (person) is in receipt of and consider (person) needs are being met there."

Each person had a keyworker who had the responsibility of ensuring information about an individual was up to date and relevant and we found daily notes were written by staff which recorded what people did during the day, what they ate and what intervention staff provided. We found some of the daily notes were written in a task orientated way and spoke with the registered manager about this. He told us he had discussed this with staff at a recent staff meeting and we found this to be the case. Support plans were reviewed regularly

to help ensure they contained the most up to date and relevant information. Relatives were also encouraged to be involved. A relative told us, "They (staff) met him before he moved he so they could check they could meet his needs. We went through his needs thoroughly."

People received responsive care. One person had poor skin integrity and with clear guidelines in place and consistent responsive care from staff this person's skin had healed. As a result district nursing visits had reduced from twice weekly to three-monthly. Staff continued with a regular level of care to help ensure that this person remained comfortable and free from pain.

There was a complaints procedure available for people. This gave information to people on how to make a complaint. The procedure was written in a way that people could understand. The registered manager told us there had been no complaints about the staff or home since our last inspection.

Good

Is the service well-led?

Our findings

We received positive feedback about the management of the home. One relative told us, "(The registered manager) is very hands on. All I can say is he's very kind and always helpful." Another said, "They are super people (staff) there. We could absolutely talk to the manager if we needed. In fact he approaches us. A professional told us, "The home manager has been responsive in any request that I have made."

At our inspection in February 2016 we found a breach of regulation as we found the registered manager did not have good management oversight of the home as clinical waste was being deposited in general waste bins and the registered manager did not take immediate action. We also found records were not always contemporaneous and some actions from quality audits had not been carried out. We found at this inspection things had improved.

Regular audit visits by an external consultancy company took place to check the quality of the care being provided by staff and that the service was meeting the requirements of the Health and Social Care Act 2014. These audits included reviewing care plans, staff files, carrying out health and safety checks and observing staff interaction with people. We saw that actions identified as a result of these audits had either been completed by the registered manager or were in hand. For example, we found repairs had been made to the bathroom. In addition we were told by the provider in their PIR that, 'the manager regularly meets the service provider, producing a fault report, prioritised in order to enable an action plan to be drawn up'. The registered provider confirmed this was the case.

Staff said they felt supported by the providers and the registered manager and liked working at the home. A staff member told us, "It's so lovely here. The clients are all very individual and I love my job. I love my job." They added, "I can approach the providers or the manager if I have any concerns." Another member of staff said, "We have a very good staff team and (the registered manager) does a good job. He is very hands on." One staff member said the providers made them feel valued as they had held a presentation for them when they recently passed their qualification.

Staff felt the culture and ethos in the home was good as on the whole staff worked well together as a team. One staff member said, "We are all here to provide people with as normal a life as possible." Staff met together regularly to discuss all aspects of the home and we noted from the recent meeting minutes evidence of discussions around individuals within the home and their specific needs or changing needs.

People were involved in the running of the home. Residents meetings were held and everyone was encouraged and given the opportunity to give feedback about the care they received or the service as a whole.

Relatives and stakeholders were encouraged to give their feedback of the home. Surveys had been sent out to relatives and other stakeholders and comments and suggestions received were acted upon. From the 2016 survey, the registered manager had received two comments. These were that there was a pot hole in the driveway and the porch at the front door required some refurbishment. The registered manager told us

the pot hole in the driveway had been filled and the provider has scheduled refurbishment and redecoration of the front elevation of the property for this summer.