

Reflections Care Limited

The Lodge at Burcot Grange

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

The Lodge at Burcot Grange is a residential home. It provides accommodation and personal care for up to 54 people. At the time of the inspection, there were 14 people permanently living at the service and three people who were on a short period of respite stay.

People's experience of using this service:

People were supported by staff that were caring, compassionate and treated them with dignity and respect. Staff understood the needs of the people they supported and their communication needs, meaning person centred care and support was provided based on their individual needs and preferences. We observed positive, meaningful relationships between people and staff.

Risks of abuse to people were minimised because the service had robust safeguarding systems and processes. Staff understood safeguarding reporting processes and the registered manager had a detailed oversight of current and historical safeguarding matters.

There were effective systems that ensured the service was safe. Health and safety checks, together with effective checks of the environment were carried out by dedicated staff.

People were supported by staff who had the skills and knowledge to meet their needs. Staff understood their role and were confident when performing it through a continual training package. Staff at the service worked together with a range of healthcare professionals to achieve positive outcomes for people and followed professional advice to achieve this.

People were supported in the least restrictive way possible; the policies, systems and culture in the service supported this practice. There were effective systems in place that ensured people who were deprived of their liberty were done so with the appropriate legal authority.

People's concerns and complaints were listened and responded to. Accidents, incidents and complaints were used as opportunities to learn and improve the service. There were effective systems at service and provider level to share key events and incidents to reduce the risk of recurrence.

People, their relatives and healthcare professionals gave us positive feedback about the quality of care people received. The feedback on the leadership of the service and the registered manager was positive. Quality monitoring systems included audits, observation of staff practice and regular checks of the environment to ensure people received optimal care.

Rating at last inspection: Not previously rated. Registered in November 2017.

Why we inspected: This was a planned inspection.

Follow up: We will continue to monitor the service through the information we receive. We will inspect in line with our inspection programme or sooner if required.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

The Lodge at Burcot Grange

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

This inspection was completed by one 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.

Service and service type:

The Lodge at Burcot Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection. The service accommodates up to 54 people. At the time of our visit there were 17 people using the service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

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. The provider returned the PIR and we took this into account when we made judgements in this report. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is legally required to tell us about.

During the inspection we spoke with four people who lived at the service and eight people's relatives. We

also spoke with eight members of staff, this included a Director, the Care and Quality Manager, the registered manager and care staff. We reviewed a sample of people's care and support records. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, training records, policies, audits and complaints.

After the inspection we contacted healthcare professionals who had a contract with the service to obtain their views of the service provided.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse and avoidable harm by staff that had regular safeguarding training and knew about the different types of abuse.
- Staff were confident any concerns they reported would be listened and responded to promptly.
- The provider had effective safeguarding systems in place. Staff understood the external agencies they could contact to raise concerns to if required.
- The service had notified any safeguarding concerns to the Care Quality Commission (CQC), and included details of actions taken to protect people.
- The registered manager worked well with the local authority and kept a record of all current and historical safeguarding matters.

Assessing risk, safety monitoring and management

- People said they felt safe. Relatives told us they felt the service was safe. People's comments included, "Oh it's excellent, you couldn't wish for better care." A relative commented, "I think the staff look after her. We are not worried about her safety she gets really good care here."
- Healthcare professionals told us they felt staff followed recommended guidance and advice well, and actively sought information or how to support people safely when they felt it was required.
- The service environment and equipment was well maintained and records were kept of regular health and safety checks. Individual emergency plans were in place to ensure people were supported to evacuate in the event of a fire.
- People had current, detailed individual risk assessments. We reviewed examples of risk management in relation to diabetes, falls and choking. There was clear guidance for staff on managing these risks.
- Through our observation and conversations with staff, they demonstrated a good understanding of the support people required to reduce the risk of avoidable harm.
- Staff actively promoted independence whilst observing risk, for example during one observation a member of staff who was supporting a person said, "I'm going to let you do this on your own, just be very careful and I'm here to help if needed."

Staffing and recruitment

- There were enough staff on duty to keep people safe and meet their needs. People and their relatives spoke positively about the staffing levels in the service.
- One person commented, "Oh yes the staff are excellent, they are very attentive, nothing ever seems too much trouble for them."
- The service was fully staffed based on the current occupancy level. Recruitment was ongoing in order to facilitate the undertaking of further admissions.

- Staff told us people's needs were met. We received feedback that some periods of personal care in the morning could get very busy. This was communicated to the registered manager.
- The provider was in the process of implementing a new dependency tool to aid in determining appropriate staffing levels.
- Staff had been recruited safely. All required pre-employment checks had been carried out including criminal record checks, and getting references from previous employers.

Using medicines safely

- Medicine systems were organised and people were receiving their medicines when they should. Medicine administration records were accurately completed.
- The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- Specific staff were trained in medicines management and competency checks to ensure safe practices were routinely undertaken.
- There were no medicines requiring additional security and recording being stored or administered at the time of our inspection.
- Medicines management audits were completed monthly. Where audits had identified shortfalls or areas for improvement this was addressed with relevant staff.
- Protocols for the administration of 'As Required' medicines were completed.

Preventing and controlling infection

- People were protected from the risks associated with poor cross infection practice. The service was very clean and odour free. People's relatives spoke positively of the clean atmosphere.
- One person we asked about the cleanliness commented, "Oh yes - it's spotless."
- The service had dedicated housekeeping staff who followed cleaning schedules.
- Staff had completed infection control training and followed good infection control practices. They used protective clothing gloves and aprons during personal care to help prevent the spread of healthcare related infections.
- Regular infection control audits were carried out by the service management.

Learning lessons when things go wrong

- Accidents and incidents were reported and monitored by the registered manager to identify any patterns or trends.
- Monthly and annual trend analysis results were reviewed by the care and quality team to ensure that provider level oversight of accidents and incidents was undertaken.
- The provider used significant events that had taken place at the service or other services run by them, as an opportunity to learn and help ensure there was no re-occurrence of the event.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People were assessed prior to moving in to the service. This assessment process ensured a comprehensive care plan that detailed guidance for staff on how to meet people's needs was completed on admission.
- Assessments of people's needs were comprehensive, expected outcomes were identified and care and support was regularly reviewed.
- Management and staff worked with external healthcare professionals to deliver care in line with best practice. Healthcare professionals told us staff delivered care in line with guidance and recommendations.
- Relatives told us they felt involved in the assessment and admission process and that staff were receptive to information given to them.

Staff support: induction, training, skills and experience

- People were well cared for by staff that had the knowledge and skills to meet people's needs. Staff received training in various methods which included online, face to face training and competency assessments.
- Staff we spoke with told us they felt well supported by the provider and registered manager. The registered manager explained how they empowered staff with delivering additional training around taking and recording minor clinical observations.
- Staff were well supported in their work. Through regular supervision they had opportunities to discuss people's care needs, receive feedback, and discuss any further training and development needs.
- New staff received a provider level induction to ensure they had the required skills and competence to meet people's needs. Where required, staff new to care completed the Care Certificate to understand the national minimum standards.
- People and their relatives spoke positively about the competence and care provided by staff at the service. Comments included, "They're attitude is very caring and very nice, very helpful."

Supporting people to eat and drink enough to maintain a balanced diet

- People and their relatives commented positively on the food provided at the service. We observed staff supported people where needed with nutrition and hydration.
- There were menus available to people to choose their meals. During observations we saw staff plated different options of meals so people could make an informed choice when selecting meals.
- People were well supported with hydration. We observed people were continually offered drinks and relatives commented that when they visited people were always drinking or being offered drinks.
- The service currently recorded every person's food and fluid intakes. They advised this assisted them in the early identification of potential dehydration and identifying the risks of a urinary tract infection.

- Where people were identified as being at risk of malnutrition, a plan of care to increase caloric intake and increase weight recording frequencies was implemented to support weight gain.
- Feedback on the food was positive and comments included, "Oh it's very good, very good." A relative said, "From what we have seen the food is very good. It's all freshly cooked."

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

- The service was newly built and all rooms were en-suite with wet room style bathing facilities to support privacy and dignity.
- The service was spacious with wide corridors to support freedom, there were numerous lounge areas for people to access and dedicated areas where meetings and additional activities could be undertaken.
- People could access the open-air courtyard on the ground floor or the first-floor secure balcony area independently if they wished.
- Some people living at the service were living with dementia and were independently mobile. There was pictorial signage on bathrooms and bathing rooms to help people orientate around the service.

Supporting people to live healthier lives, access healthcare services and support

- People had access to a variety of healthcare services and professionals according to their needs.
- People were registered with the local surgery for their GP appointments. Professional feedback showed staff recognised changes in people's health, sought professional advice appropriately and followed that advice.
- People's relatives were confident the service would seek and receive care from external professionals when needed. Examples were given of when this had happened.
- Care records evidenced advice had been sought from professionals such as speech and language therapists, the local falls team and the community psychiatric nurse where required.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions set within authorisations were being met. At the time of our inspection, there were six people at the service with authorised DoLS and seven pending applications.

- One person had a condition on their DoLS which the service was legally obligated to meet. The service was currently in the process of actioning the condition.
- We observed people were consulted prior to any care and support interventions and their consent was sought.
- Where restrictive practices were in place, for examples bedrails or pressure mats, we found a best interest decision processes had been followed and the service had explored the least restrictive options available to support people.
- The service ensured that as part of the pre-admission process they had ascertained if people had an appointed Lasting Power of Attorney (LPA) in place to make certain decisions on their behalf if they did not

have capacity to do so.

- Where an LPA was in place, the service had ensured they had a copy of the relevant record on file and consulted the relevant people when needed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received care from staff who developed positive, caring and compassionate relationships with them. Staff we spoke with were focussed on delivering person centred care.
- People told us staff knew their preferences and cared for them in the way they liked. One person when asked if they were treated respectfully commented, "Yes, very much, nothings too much trouble for them."
- A health professional told us, "Any staff and patient interactions I have witnessed have been positive."
- The atmosphere was homely, and the ethos was to provide individualised care, enabling people to live a relaxed and fulfilled life. A relative commented, "It's a happy atmosphere. No one seems to be concerned, they (staff) always make you feel at ease."
- The service had received very positive feedback on a national website, with all 19 reviews rating the service as, 'Excellent' saying they would be "Extremely likely" to recommend the service to others.
- A selection of compliment cards reviewed echoed the website feedback, with examples given where a relative said they were, "Treated like Royalty" when a specific dining arrangement had been requested.

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

- People's views were regularly sought through day to day interactions, and through individual care reviews together with the 'Resident of the Day' initiative.
- Comments from people included, "Yes they do (offer choice), and they ask you if you need help. They don't tell you what to do." Another said, "They always ask if you can shower yourself."
- Staff spent time with people. We observed staff members checked with people if they were comfortable. Staff were observed asking people what their preferences were for entertainment, and then doing things in line with people's preferences.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. The service management monitored and observed staff carrying out care provision and social interactions through a dignity audit.
- People were encouraged to do as much for themselves as possible. We observed examples of staff providing encouragement to people when mobilising but still ensuring people knew support was available if needed.
- Throughout the inspection visit we saw many positive interactions between people and the staff and management. During the use of mobility aids, for example the use of a hoist, people were communicated with well and offered reassurance.
- The lunch service for people was a positive experience, where people's choices were respected if they wished to wear an apron or not to support their personal preference and dignity.

- Respectful and meaningful conversation was observed between staff and people that required physical support from staff to eat their lunch.
- The observed interactions we made between the staff and people's visitors evidenced they knew each other well and they had a good relationship.
- Visitors told us they were always made welcomed into the service, and the registered manager promoted an 'open door' approach for visitors to attend at any time.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The service identified people's information and communication needs by assessing them.
- People's care records were detailed about their individual needs and preferences, and were regularly reviewed and updated as their needs changed. We spoke with staff about the use of electronic care records and we received positive feedback.
- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared with others.
- The service recognised the importance of maintaining community links and supporting people to maintain contacts with family and friends. Relatives we spoke with were positive about their involvement in care planning and the communication they received from the service.
- Social isolation was reduced through community links being established by the registered manager with the local school. Pupils were currently producing art work to go onto the doors of each lounge in the service that people had recently been involved in naming.
- A 'Dementia Lodge Café' and 'High Tea' were held monthly. These events invited members of the local community to the service to allow people and their carers to share experiences about living with dementia.
- The registered manager had arranged an 'Egg Hunt' over Easter for people and the children of the local community.
- People enjoyed a variety of hobbies and leisure pursuits and were encouraged to participate in their local community. The service had a designated activities member of staff to facilitate activities.
- There was a range of activities for people to partake in, including activities within the service and attending local venues for tea dances and outside entertainers were regularly used.
- There was a minibus that was regularly used to support people to access the local community, and members of staff ensured that people were offered the chance to accompany them to the local shops when provisions were being purchased for the service.

Improving care quality in response to complaints or concerns

- The service held an appropriate complaints policy and procedure. This was accessible to people living at the service and their relatives. The policy and procedure detailed how complaints or concerns would be handled.
- People we spoke with commented positively about being able to raise matters and one said, "I would tell the carers and she will take it on from there on your behalf."
- Relatives we spoke with told us they felt confident the registered manager would address any complaints of concerns they had. One relative commented, "Communication is good. I have no concerns at all and I am happy with everything."
- The registered manager held a record of any concerns or complaints raised, the action taken and the

resolution. Records evidenced any matters that had been previously raised had been responded to as required.

End of life care and support

- At the time of the inspection no person at the service was receiving end of life care.
- Where people, or their relatives acting on their behalf with the appropriate authority to do so, had expressed any advanced decisions about resuscitation, end of life care wishes or preferred funeral arrangements these were recorded in people's care plan.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created and promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People we spoke with, their relatives and staff told us they had confidence in the leadership at the service. Relatives commented that the registered manager was also always available for them.
- We spoke with the registered manager who was clearly passionate about providing the highest level of quality care achievable. The registered manager worked five days a week, and this included attending the service at weekends. Staff were encouraged to raise any concerns in confidence.
- Local media had reported on the high level of feedback the service had received through a national feedback internet site.
- A daily meeting was held at 10am for senior personnel. This meeting discussed any new or ongoing events within the service that may have any impact on people or the facilities in which people were being cared for. This ensured key matters were communicated.
- The registered manager had notified the Care Quality Commission (CQC) of events which had occurred in line with their legal responsibilities.
- When accidents or incidents had occurred, people and their relatives were informed as soon as possible. Relatives we spoke with confirmed this. This demonstrated their ability to follow the duty of candour regulation.

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

- The registered manager led a dedicated team of staff. Staff understood their roles and responsibilities and were accountable for their practice.
- All of the staff we spoke with expressed a high level of satisfaction in their employment. One staff member said, "We're a very good team, I can't fault it." Another said the registered manager was, "Very good to work for, it's a pleasure to come to work."
- The service had an extensive range of effective quality monitoring arrangements in place. Audits of care records, medicines management, and regular health and safety and infection control checks were undertaken, with continuous improvements made in response to findings.
- The registered manager had trackers and monitoring systems in operation for other areas, for example systems to monitor recruitment processes and Deprivation of Liberty Safeguards applications. A 'Mystery Shopper' system was used to assess the services effectiveness on admissions.
- The registered manager had additional support available from the providers Care and Quality Manager for governance and ongoing quality matters.

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

- People participated in the day to day running of the service, and were consulted at meetings about matters such as food choices and activities. One example was where the provider had sourced a greenhouse on request to enable the growing of plants and flowers.
- We spoke with one person they told how they were involved in the interviewing of prospective staff and how much they valued and enjoyed this. The registered manager confirmed this arrangement was in place.
- A survey of people, and their relatives or those acting on their behalf, had been completed which evidenced mainly positive results.
- There was a 'Resident of the Day' system where people's full care and support needs were assessed and discussed with them to ensure they were happy with how they were being supported.
- We asked people we spoke with if there was anything they could think of they would like to change or improve. Comments received included, "No not really" and "No, I don't think there is anything they could improve on."
- Staff we spoke with felt able to contribute to the running of the service and some commented that the registered manager was open to ideas and suggestions. There were staff meetings held at various levels to communicate matters.

Continuous learning and improving care and working in partnership with others

- The registered manager met regularly with the providers Quality and Governance team and to share experiences, tools and good practice ideas. 'Learning from Events' was discussed at these meetings.
- We asked staff whether they could identify any areas for further improvement, a small number of staff suggested additional staff were needed on some occasions in the mornings - this was fed back to the registered manager.
- The provider was currently exploring options with a view to introducing a staffing dependency tool to assist in determining appropriate staffing levels.
- The registered manager used specific events which took place at the service or provider level as an opportunity to learn and change practice where necessary. Such events were raised at staff meetings and in supervision with specific staff.
- Healthcare professionals that visited people at the service told us they had no concerns about the service provided or the staff ability or in meeting people's assessed needs.