

Burdyke Lodge Ltd

Burdyke Lodge

Inspection report

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Seaford
east Sussex
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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Requires improvement



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

Burdyke Lodge is a residential home providing care for older people in Seaford. People living at Burdyke Lodge required varying levels of care and support. Many were highly independent and just required some assistance with washing and dressing and others required assistance with all care needs. People told us, "This is a lovely place to be." Two visitors told us, "We have visited a number of other homes, this is by far the best." And "When I need somewhere I will come here, it's just so lovely here."

This service provides care funded privately or by the local authority.

The service is registered to provide care for up to 27 people. At the time of the inspection there were 22 people living at the service.

This was an unannounced inspection which took place on 20 and 21 July 2015.

Burdyke Lodge had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like

Summary of findings

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 service was in a period of transition due to changes in management. Staff told us about the recent changes made to the service. In general, staff felt that it was a friendly place to work and knew that management were always available to support them. However, it was clear from talking to people that not all staff had remained professional in discussions with people using the service.

There was an acting manager who was in day to day charge of the running of the service. People told us that the registered manager and acting manager had very different management styles. This had caused some tension within the day to day running of the service for staff and people living at the service. The registered manager visited the service regularly and was in the process of overseeing the acting manager's transition before the registration process commenced with CQC. The registered manager was on holiday at the time of the inspection.

There was no guidance in place for 'as required' medicines to ensure consistency in administration. We have made a recommendation about the management of some medicines.

Personal emergency evacuation plans were in place for everyone living at the service. The fire risk assessment needed to be updated.

It was unclear what hours the registered manager spent at the service as this had not been documented. The acting manager worked full time at the service, supported by the deputy manager.

Kitchen audits had not been fully completed. However auditing for other areas of the service had been completed monthly, this included falls, accidents and incidents.

People's care needs had been regularly reviewed to ensure that any changes were identified and related risk assessments completed. People were involved in monthly reviews which were carried out with them by their keyworker.

People were asked for their consent before care was provided and had their privacy and dignity respected.

People's nutritional needs were monitored and reviewed. People had a choice of meals provided and staff knew people's likes and dislikes.

Referrals were made appropriately to outside agencies when required. For example GP appointments and community nursing visits.

People's independence was encouraged and supported. Activities were provided for people who wished to attend. Many people went out alone or regularly with family and friends.

There was an on-going recruitment programme to ensure that appropriate staffing levels were maintained and to ensure staff were safe to provide care to people. Staff received a period of induction with on-going support provided. There was a clear programme of staff training, regular supervision and appraisals.

Staff had a good knowledge of how to recognise and report abuse. Staff felt their training needs were met and they had opportunity for further future development.

Feedback was gained from people this included questionnaires and meetings.

There was an on call rota to ensure management availability at all times should an emergency occur.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Medicines procedures for 'as required' medicines needed to be improved.

Fire evacuation risk assessments needed to be improved to incorporate different staffing levels at night.

People told us they felt safe and staff knew what to do if they suspected anyone was at risk of abuse.

Risk assessments were in place to ensure people's safety was maintained.

All required recruitment checks were completed before staff began work.

Requires improvement



Is the service effective?

The service was effective.

People were asked for their consent.

Management and staff had a good understanding of Mental capacity and involved people in decisions about their care.

Staff had completed relevant training, and received regular supervision and appraisals to support them in their role.

People enjoyed the meals and their dietary needs were well met.

Good



Is the service caring?

The service was not consistently caring.

Staff had not remained professional in discussions with people using the service or ensured their dignity was maintained. Personal information had been shared and this had caused some issues within the service.

People and relatives gave very positive feedback about the care and support received.

Staff knew about people's care needs.

People were encouraged to maintain their independence.

Requires improvement



Is the service responsive?

The service was responsive.

Care plans were well written and gave a clear picture of people's care needs.

Monthly care reviews took place and people were involved in this process.

People were able to express their views about their choices and preferences and felt these were listened to.

Good



Summary of findings

Complaints policies and procedures were in place.

Is the service well-led?

The service was not consistently well led.

The registered manager did not document time spent at the service.

The management of the service was in a period of transition. It was unclear what steps had been taken by the provider to ensure that people felt involved and their queries and concerns responded to appropriately.

Kitchen audits which should be completed by staff were not up to date.

Regular audits completed by the acting manager and deputy were in place to monitor the quality of service and make sure they were meeting the requirements of the regulations.

Notifications had been sent to CQC when required.

Requires improvement



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 20 and 21 July 2015 and was unannounced.

The last inspection took place on 14 June 2013, no concerns were identified.

The inspection team consisted of one inspector and an expert by experience who has experience of older people’s care services. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at information provided by the local authority. We reviewed records held by the CQC including notifications. A notification is information about important events which the provider is required by law to tell us about. We also looked at information we hold about the service including previous reports, safeguarding notifications and investigations, and any other information that has been shared with us.

Before the inspection, the provider completed a Provider Information return (PIR). A PIR 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 utilised the PIR to help us focus on specific areas of practice during the inspection.

People living in the service were able to tell us about their experiences and what it was like to live at Burdyke Lodge.

We spoke with 15 people using the service, eight relatives and visitors to the service and nine staff. This included the acting and deputy manager, care staff including one night carer, cook, housekeeping and other staff members involved in the day to day running of the service.

We carried out observations in communal areas, looked at care documentation for four people and daily records, risk assessments and associated daily records and charts for other people living in the service. All Medicine Administration Records (MAR) charts and medicine records were checked. We read diary entries and handover information completed by staff, policies and procedures, accidents, incidents, quality assurance records, staff and resident meeting minutes, maintenance and emergency plans. Recruitment files were reviewed for three staff and records of staff training, supervision and appraisals.

Is the service safe?

Our findings

People living at Burdyke Lodge told us they felt safe, secure and supported. One person with reduced mobility said, “Staff anticipate your needs and let you do as much as you are capable of doing. They want you to be independent & only intervene to keep you safe.” Relatives told us that when they left after visiting they knew their loved one was, “Safe as the staff were brilliant.”

Policies and procedures for the management of medicines were seen, however these did not include information for PRN medicines. We found that some PRN medicines were being given daily at the same time over the previous week. It was unclear whether this was the person’s choice. PRN medicine should only be offered when specific symptoms are exhibited and as prescribed by a GP, for example pain relief medicines. Clear guidance and risk assessments must be available informing staff when PRN medicine should be administered and the steps to take before administering it. This is to ensure that all PRN medicines are given in a clear and consistent way regardless of who is administering them. The acting manager told us people were always asked whether they wanted PRN medicines and that these would only be given when people requested them. Staff were appropriately trained to administer medicines. Medicines were stored and disposed of appropriately. Medicines were labelled, dated on opening and stored tidily within the cupboard and trolleys. We observed medicine administration and saw that this done safely. Medicines were administered from medicine trolleys which were locked when left unattended. Medicines and topical creams were stored appropriately in line with legal requirements. Medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of appropriately.

We recommend the provider should take into account the National Institute for Health and Care Excellence (NICE) guidance 2014, Managing medicines in care homes.

Staff demonstrated a good knowledge around how to recognise and report safeguarding concerns. The acting manager and deputy both knew the correct reporting procedure. Staff had access to a member of management on call at all times. This was recorded on the duty rota so

staff were always aware who to contact. A safeguarding policy was available for staff to access if needed. We saw that safeguarding alerts were responded to and referrals completed to outside agencies if appropriate.

Risks to individuals were identified and well managed. There were risk assessments in place which supported people to stay safe at Burdyke Lodge, whilst encouraging them to be independent. For example due to their high level of independence a number of people were able to manage their medicines or just required a minimal level of support and one person managed all their personal health appointments. Other risk management plans included supporting people to go out alone, use of equipment, mental health, mobility and any other individual risks identified during the initial assessment or subsequent regular reviews of care. For example people managing their own medicines were reviewed regularly to ensure this was still appropriate.

Personal emergency evacuation plans (PEEPS) were in place. This information was stored in people’s care files and as part of the evacuation plan and procedure located in the main entrance lobby. This meant people’s care needs and mobility had been considered in relation to their safe evacuation in the event of an emergency. We spoke to member of night staff who was clear about the evacuation procedure to follow. However it was noted that the fire risk assessment did not identify differing staffing levels at day and night. The acting manager told us they would ensure that evacuation information was updated to include night procedures.

There were systems in place to ensure the safety and maintenance of equipment and services to the building.

Incidents and accidents were reported and the manager conducted a thorough investigation of each incident. For example all falls were logged on a specific chart in people’s care plans. During each monthly review completed 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 people had falls or incidents had occurred care had been reviewed and changes made appropriately.

People had their needs met and were kept safe because there were enough suitable staff. People who use the service told us staff were “Brilliant.” And, “They are so good, they listen to you and they make you feel safe and looked

Is the service safe?

after.” People told us if they used the call bell to alert staff this would be answered promptly. Another told us, “The managers are spot on, they pick up on things, those little things make a big difference.” Both the acting manager and deputy confirmed they worked on ‘the floor’ supporting staff when needed. The services were currently recruiting for care, kitchen and domestic staff to fill current vacancies. A new member of care staff had started work on the day of the inspection and was part of the on-going recruitment to ensure staffing levels were maintained.

People were protected as far as possible by a safe recruitment system. We looked at staff recruitment files these included details of relevant checks which had been completed before staff began work. For example disclosure and barring service (DBS) checks, A DBS check is completed before staff begin work to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. Application forms included information on past employment and relevant references had been sought before people were able to commence employment.

Is the service effective?

Our findings

People told us that staff demonstrated an 'excellent' level of knowledge and training. One told us how they were unable to mobilise when they arrived at Burdyke Lodge but with the care and support they received they were now able to walk around by themselves with the aid of their Zimmer. Relatives and visitors spoke very highly of the standard of care people received, Telling us, "Staff know how to look after people, they are very good."

Staff received appropriate training and told us that the training they received was very good and gave them further opportunities for professional development. One staff member told us about a specific management course that they were attending funded by the service and how they had been involved in the implementation of new documentation used by night staff. This had made them feel valued as an employee and they felt that their views had been listened to and acted upon. New staff told us that they had a period of induction and were supported throughout this time by management and other care staff. Staff felt that training provided was effective and people living at the service told us staff were knowledgeable about their care needs.

The manager told us they had recently started using the new Care Certificate Standards induction for new care staff. The Care Certificate sets out the learning outcomes, competences and standards of care that are expected from care workers to ensure they are caring, compassionate and provide quality care. The manager told us they had found this effective and would be reviewing how this worked for new staff. They had recently given staff a copy of the self-assessment tool which they would be discussing at people's supervision. Staff received regular supervision and appraisals. This was arranged in advance and information included on staff rotas to inform staff when they were due.

Staff and management had a good understanding of the Mental Capacity Act 2005 (MCA). This legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. People's mental health was reviewed every month as part of their overall care reviews. This ensured that any changes were identified and appropriate action could be taken. The manager told us that everyone at Burdyke Lodge was able to make their own decisions, but understood how and when referrals may be required

should there be any concerns regarding people's capacity. People said staff always asked for consent before providing any care. Staff described how they would ask for people's permission before giving support, and what they would do if someone declined the support offered. We observed staff involving people in decisions and speaking to people to ensure they were involved in how they received care and spent their day.

Referrals had been made to other health professionals when required. This included GPs, community nurses, chiropodist and continence advisory service. We saw that community nurses visited during the inspection. The deputy and acting manager contacted outside professionals during the inspection, for example, one person needed to see the community nurse the following day and another person required transport to be arranged to enable them to attend an appointment.

Meal times were a very sociable occasion. Tables were nicely set with table mats and condiments. There was a four week rolling menu. Choices were available and we saw that people's individual likes and dislikes were catered for. We received positive feedback regarding the standard of the meals; especially the fresh fish provided on the second day of the inspection, which people told us had been, "Superb."

People who required special meals to meet dietary or health needs had these provided, for example if people were diabetic. The cook knew if people had any allergies and also people's specific likes and dislikes. We observed one person did not have a specific vegetable on their plate, they told us this was because they did not like it, they said, "I told the cook and she knows now and doesn't put it on my plate, they are very good." People's dietary intake was monitored if required to ensure people received appropriate nutrition. Staff told us they always observed people's eating and drinking and reported any concerns if people appeared unwell or they were not eating as well as normal.

Feedback was sought from people when the next day's meal choices were collated and this was used in future planning of meals. Some people told us they chose to eat in their rooms whilst others always used the dining area. Staff were available to provide assistance if required, people ate at their own pace and meal times were unhurried.

Is the service caring?

Our findings

People gave very positive feedback regarding the caring, respectful and compassionate nature of staff and management. Telling us, "I am treated with great compassion, when staff help me they do so with great respect maintaining my dignity. Carers all give their best." Relatives we spoke with described the care people received as being, "Wonderful." One relative told us how their father was quite solitary but was now starting to chat to people and mingle more. "It is all down to the staff." People felt they were treated with respect and that care workers encouraged and supported them to maintain their independence whenever possible.

Staff told us they were aware of the need for confidentiality and the importance of treating people in a dignified manner. However, we observed a staff member call out across the lounge to ask if someone needed to use the toilet. Although the person did not appear to be concerned by this, the staff member had not considered that this may be inappropriate in front of other people using the service and visitors. We were also told information by three people living in the service we would not expect them to be aware of. This included why staff members had left the service and staff opinion of other staff members. They told us that a staff member had discussed changes happening within the service with them and shared their opinion of the changes. We spoke to the acting manager regarding this and they were aware that a small number of staff had been unhappy with changes which had taken place in relation to staff tasks and documentation. The acting manager told us that the registered manager had spoken to staff and people with regards to this and that all staff were aware that they needed to act professionally and not share information with people which should remain confidential. No one we spoke with had any personal concerns with regards to the care provided.

People's care documentation was secured safely within a cupboard in the manager's office. Staff told us they were aware of the need for confidentiality when assessing and reviewing people's care documentation.

The acting manager told us changes which had been implemented were in place to ensure that the service continued to improve and meet requirements. We were unable to speak to the registered manager as they were away during the inspection.

Staff took the time to chat to people. We saw many occasions when staff stopped to talk to people in the communal areas or in people's rooms. We saw that people went to speak to the acting manager in their office. One person told us, "I was upset and now she's chatted to me I feel much better, it is lovely I just pop in and she listens."

Relatives told us that they could speak to the acting manager at any time. "There is always someone here, you just pop into the office and things are sorted."

The acting manager and staff knew the people they cared for well and spoke about them in a kind and caring way. They understood people's life histories, likes and preferences and were able to describe in detail how they would meet people's preferred care needs. Staff understood the importance of supporting people to make their own decisions and told us how they ensured people's privacy when providing personal care. People knew who their keyworkers were, and told us that they spent time with their keyworker every month to go through their care plans. One told us, "They sit with me in my room, ask me about things and we talk through anything new I need, they then make sure this is included in my records and I sign it when it's done. It's all about me, I get my say." The manager also spoke with people regularly to make sure their care needs were met and choices and preferences respected.

There was information in the staff room regarding the 'six steps to dignity'. Staff told us how they ensured people's dignity was respected for example one person liked to dress smartly and this was important to them. People told us that staff treated them in a dignified way ensuring that their needs were considered. One told us, "Staff always knock and wait for them to reply before entering as this was something they had requested. We observed this during the inspection."

People were encouraged to maintain relationships with family and friends. A number of people went out alone, others with family or friends. This was encouraged and supported by staff and the provider. Relatives were seen to visit throughout the day and told us they were always welcome at any time to pop in if they wished and felt welcomed and involved by staff. People were kept informed when they had appointments and information regarding future activities and events was displayed on the wall in the main corridor.

Is the service responsive?

Our findings

People and their relatives told us the staff were responsive. People were involved in their initial assessment before moving into Burdyke Lodge. People felt that staff understood how they liked to have their care provided. One told us, "When I moved in I had a choice of rooms, I picked this one. I like my time on my own, staff respect this." A relative told us that they had spoken to the manager and deputy as their father needed to attend an appointment. "They are going out of their way to help sort out transport, they are wonderful, I cannot fault them, you speak to them and they just go the extra mile."

Many relatives and visitors approached us during the inspection to share their views and these were mostly extremely positive with visitors who had been coming to the service for many years telling us it was the best care service in the area. Many of the positive comments related to the management and staff. A complaints procedure was in place and displayed in the main reception area. People told us that they had not read this, but knew where it was if they needed it. Others said they would just ask for information if they cause to raise a concern or complaint. The service had not received any formal written complaints. However, there had been a verbal concern raised by a relative just prior to the inspection, this related to an incident that had occurred involving their relative. The acting manager confirmed that this would be documented and responded to by the registered manager on their return from annual leave. The acting manager understood the importance of ensuring even informal concerns were documented to ensure all actions taken by the service were clear and robust.

People were asked for their feedback in the form of questionnaires, these had been made available in large print for people who requested this. We saw that when any negative comments had been returned a member of management had spoken to the person and the issue had been addressed. For example one person had been unhappy with the temperature of their meal. This had been followed up by the manager and an explanation given.

People's keyworkers reviewed care plans with them every month; these were then checked and signed by the acting

manager. Everyone we spoke with knew who their keyworker was and had spent time with them in the last month. This meant that care reviews were effectively involving people in decisions. If any changes had occurred these were assessed to see if any new risks were identified. Any changes that required referrals or follow up with other outside agencies were responded to in a timely manner, for example changes to people's health or health related appointments. People felt that they had their care provided in the way they wanted. One person told us, "I do my own thing, and I look after most of my own care needs at the moment when that changes or if I need them the staff are there, they know me."

A number of activities were scheduled each week. This included outside entertainers and activity providers visiting the service. Many people told us they accessed these as and when they felt like it. Due to people's high level of independence many went out regularly and arranged their own time to include their hobbies and interests. People told us, "I go along when it is something that interests me or I am not busy. I like the singing, and sometimes go along for exercises, it depends what I am doing that day." People who told us they chose to spend their time in their rooms said that staff popped in regularly and asked them if they wanted to attend activities, so they knew the choice was there if they wanted to attend. One person told us that, "They were not keen on attending." And another said, "I prefer my own peace and quiet." It was unclear what provision was in place for people if they became unwell and were unable to attend activities or chose to stay in their rooms to ensure they did not become socially isolated. The acting manager told us this was something that would be addressed during the monthly keyworker review of care.

Care documentation was well presented and gave a clear overview of people's care needs. Including their background, significant life events, medical history, preferences and care needs.

Accidents and incidents were documented by staff. Follow up checks and any injuries were included in care documentation to ensure continuity of care and highlight any new care needs.

Is the service well-led?

Our findings

People we spoke with were aware that the registered manager was 'handing over the reigns' to the acting manager. This had been done slowly over a period of months. The acting manager was in the process of completing their level five management qualification to ensure they were suitably trained to manage the service. Once completed the plan was that they would apply to take over the registered manager role. People confirmed that the registered manager still spent time at the service most days; however, this was not shown on the staff rota so we were unable to verify the hours the registered manager currently spent at the service. The acting manager worked full time and was in day to day charge, supported by the deputy. People had been informed that the management was in a process of transition. However this was not being managed well by the provider to ensure that people felt involved and their queries and concerns responded to appropriately.

Many people and relatives spoke very highly of the standard of care provided. With many extremely positive comments about the registered manager, acting manager and deputy. We were however aware that some people were unhappy with some of the changes in recent months, which they felt were due to the registered manager handing over day to day running of the service to the acting manager. Communication between management, staff, residents and relatives was not being facilitated appropriately to incorporate the two very different management styles. People and staff told us the registered manager was very relaxed and just let staff get on with things, whereas the acting manager had more specific expectations of staff role and responsibilities. The acting manager recognised the complications that arise when change happens. However, some relatives told us they had concerns and did not feel listened to by the registered manager. People who raised concerns with us during the inspection were directed to the organisations complaints policy displayed in the main hallway, and advised to put their concerns in writing to allow them to be addressed.

The acting manager had implemented a staff mission statement. This was a reminder to staff of things to remember and consider when providing care, staff told us they used this as a prompt to ensure they gave the best care possible to people. Staff told us they were happy in

their role. We were told, "The changes needed to happen, I feel supported and love my job, if you don't like what it involves then you shouldn't be a carer." Others told us that they felt supported by the acting manager and registered manager. A night carer told us, "The night documentation has changed for the better, we have a folder which contains everything now, it's really clear." Another told us, "The self-evaluation form the manager gave to us was great it really made me think about how I did things, and helped identify things I thought I knew but didn't."

The acting manager knew the people who used the service well, and was able to discuss people's care needs in detail. The focus of the service was to ensure people received person centred care which supported them to maintain independence and dignity at all times. They strove 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. They were well aware of the culture of the service and the attitudes and values of staff, including the issues relating to staff changes and the new management transition. They told us they tried to deal with concerns in an open and objective way. There was a good professional working relationship between the acting manager and the deputy manager. This gave consistency to the way the service was managed on a day to day basis.

There was a quality assurance system in place. Kitchen audits completed by the cook and staff had not been done daily to show cleaning tasks completed. This is an area that needed to be improved. The cook told us they had an overview of this and would ensure that staff were reminded to complete this accurately.

Policies and procedures were available for staff to access. These were updated and staff signed to confirm they had read these when changes had occurred. Staff told us they knew how to access policies if they wished to.

The acting manager told us that regular audits were completed to monitor the quality of the service and to continue to facilitate the on-going development of the service. We saw that audits included care plan monthly review checks, medicines, accident/incident and falls audits. Where concerns were identified, action plans were put in place. For example in response to falls or incidents to help prevent them being repeated.

Is the service well-led?

Questionnaires were given to people, visitors and visiting professionals regularly to gain feedback. Staff meetings had taken place and these had been minuted to ensure any staff unable to attend were aware of discussions. Residents meetings had taken place but not recently. People told us they would like more meetings. Minutes seen showed that any negative comments or suggestions had been responded to. For example changes to meal choices, and different activities.

All of the registration requirements were met and the registered manager and acting manager ensured that notifications were sent to us when required. Notifications are events that the provider is required by law to inform us about.