

General Medicare Ltd

Burnham Lodge Nursing Home

Inspection report

147 Berrow Road
Burnham On Sea
Somerset
TA8 2PN

Tel: 01278783230
Website: WWW.BURNHAMLODGENURSINGHOME.CO.UK

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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: Burnham Lodge is a nursing home providing care and accommodation for up to 20 people. At the time of our inspection 19 people were receiving care.

People's experience of using this service:

People received good care at the home. People told us they were happy with staff and the care they provided. We saw that people were treated with kindness dignity and respect.

Staff were positive about working at the home and told us they received good support and training to assist them in their roles. Staff told us communication was good and that staffing levels, in the main worked well. We saw that there was a calm and positive atmosphere within the home.

People's dietary needs were clear in their care plans and where necessary staff referred people to other health professionals. This included for example, dieticians, physiotherapists and speech and language therapists. People's health was monitored so that action could be taken if any concerns were identified.

People's care was reviewed regularly so that care plans were up to date and reflective of people's current needs. People were involved in the review process.

There were activities taking place if people wished to take part in them. People were aware of the activities taking place, even if they chose not to take part in them. People were given information about how to make a complaint, though people told us they had no concerns and would speak with staff if they did.

The service was well led. There was a registered manager in place, supported by registered nurses and senior staff. The service was monitored to provide an opportunity to identify and plan any improvements necessary.

Rating at last inspection: The service was last inspected in March 2018 and was rated as Requires Improvement at this time.

Why we inspected: This was a scheduled inspection, in line with the rating of the service at our previous inspection.

Follow up: ongoing monitoring.

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?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-led findings below.

Good ●

Burnham Lodge Nursing Home

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 home, and to provide a rating for the home under the Care Act 2014.

Inspection team:

The inspection was carried out by one adult social care inspector.

Service and service type: Burnham Lodge is a care home providing accommodation and nursing care.

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. The registered manager was not available at the time of our inspection.

Notice of inspection:

The service did not have notice of our inspection.

What we did:

Prior to the inspection we reviewed all information available to us, including the Provider Information Return (PIR). This is a form completed annually by the provider to give us information about the service and any planned improvements.

As part of the inspection we spoke with seven people using the service and one visitor. We spoke with the

registered nurse on duty and three care staff. We reviewed care records for three people and looked at recruitment records, complaints and records relating to the monitoring of safety and quality within the service.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- Staff were trained in safeguarding and felt confident about identifying and reporting concerns. This training was refreshed regularly to ensure it was current and up to date.
- Staff felt confident their concerns would be listened to and addressed.

Assessing risk, safety monitoring and management

- People told us they felt safe living at Burnham lodge. Everyone we spoke with had call bells which were easily accessible in emergencies.
- There were risk assessments in place to describe the risks associated with people's care and what measures were in place to address them. For example, for one person who was at risk of falls, one of the measures in place was to manage their pain as this was a contributory factor in their risk of falling. Risk assessments were clear and reviewed regularly.
- People had evacuation plans in place, in the event of emergency.

Staffing and recruitment

- Staff reported that staffing levels were sufficient to meet people's needs. They told us it could be very busy at times but they worked well together to ensure people were cared for.
- The nurse in charge told us one member of staff had recently left, and they were recruiting to this post but otherwise they were fully staffed. They told us that it was rare that agency staff were used.
- People told us staff were available when needed. One person commented "we are very well looked after". Another person commented that "staff come quickly" if they need to use their call bell"
- Safe recruitment procedures were followed to ensure staff were suitable for their roles. This included undertaking a Disclosure and Barring Service (DBS) check. A DBS check tells an employer if a candidate is barred from working with vulnerable adults and whether they have any convictions.

Using medicines safely

- There were suitable storage arrangements in place for medicines, and additional security for the medicines requiring it.
- The nurse told us that currently people had their medicines delivered from the pharmacy in a monitored dosage system. This is a way of arranging people's medicines in to the days and times they are prescribed for. However, this was due to change so that people's medicines would be delivered in their original packaging. This is in line with current NICE guidance.
- Medicine administration was recorded on Medicine Administration Record (MAR) charts. We checked a sample of these and found them to be completed accurately.
- A licensed company was used to transport and dispose of unused medicines.

- The home had recently had an audit from the pharmacy

Preventing and controlling infection

- The home was clean. People told us their rooms were kept clean; one person commented "they are very particular"
- We saw that in one of the upstairs bathroom, there were some issues such as cracked tiles which could potentially make cleaning and infection control more difficult. However, the nurse told us that there were plans to address this particular room and refit it.
- Personal Protective Equipment such as gloves and aprons were available for staff. We also noted that good hand hygiene was encouraged through hand sanitisers being readily available.

Learning lessons when things go wrong

- Accidents and incidents were recorded and this provided opportunity for any themes or trends to be identified.

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

Good: 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's needs were assessed and clear in their care plans. People were assessed prior to living at the home; their needs were summarised on a sheet at the front of their care file.
- People's health needs were met. One person told us they had diabetes and had regular blood glucose tests to manage this.
- We reviewed records for one person who had had a pressure sore. It was clear from records the sore had been regularly monitored. There were records in place detailing the appearance of the skin and what dressing had been used. The nurse told us they would use photographs to illustrate how the sore was progressing but these hadn't yet been uploaded on to the new computer systems.
- For those people who had pressure relieving mattresses in place, we saw that checks took place to ensure these were at the correct setting. We also saw records were completed to show when a person had been supported to reposition.

Staff support: induction, training, skills and experience

- Staff told us they were satisfied with the training they received and that it gave them the skills and knowledge they needed to carry out their roles.
- Staff told us they had supervision with their line manager regularly and received good support in between these times. Staff felt they could approach senior staff if they needed to with any concerns. One member of staff commented, "I can approach them about anything".
- Staff were encouraged to develop professionally and undertake further qualifications. One member of staff told us about how they were being encouraged to undertake further NVQ qualifications. They had also been supported in taking on a senior carer role within the service.
- Staff told us they had a good induction and opportunity to shadow established members of staff when they first joined the home.

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

- People commented "the food is ok" and "the food is excellent". At the midday meal we saw the meal looked appetising and that people were enjoying it. People were able to choose where to eat their meal, either in the dining room or their own rooms.
- Nutritional assessments were undertaken to monitor people's health, this included weighing people regularly. Where there were concerns about a person's weight, measures were in place to support, such as ensuring snacks were available and referring to the dietician.
- We spoke with the chef who told us they were aware of people's individual preferences and likes and spoke to people regularly about the menus. They told us they always ensured snacks were available if people

wanted them and were aware of ways of fortifying food for people who were at risk of malnutrition.

- Some people had guidance in place from the speech and language therapist regarding the texture of their food. This was evident in people's care files and we saw at the midday meal people's food was presented in accordance with their needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other healthcare staff to meet people's needs as necessary. We saw that staff referred to the Dietician and Speech and Language therapist when necessary.

- Some people had advice in place from the physiotherapist. Staff confirmed they knew and followed the physiotherapist's advice.

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

- The design of the home was suited to the people living there. There was some maintenance and decoration needs that we were told were being addressed, in particular an upstairs bathroom that was being turned in to a wet room.

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 on such authorisations were being met.

- At our last inspection, we made a recommendation in relation to the MCA to ensure the service was fully compliant. At this inspection we found that there was clear information about people's capacity and a number of decisions had been made in people's best interests. The law states that all assessments of capacity should be decision specific; it wasn't clear that a specific capacity assessment had been undertaken for each decision made for a person although there was information outlining, for example that the person had dementia. It was clear that decisions had been made in conjunction with relevant people such as family members.

- It was clear in people's notes if they had a Power of Attorney appointed to make decisions on their behalf.

- 12 people had a DoLS authorisation in place and none had any conditions applied to them.

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

Good: 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 were positive about the care they received. Comments included; "I feel fortunate to be here", "wouldn't want to be anywhere else" and "they are very respectful".
- One person did raise some individual concerns about the support given to their relative and these were fed back to the nurse.
- We saw staff interact respectfully with people they supported. One member of staff for example came to a person's room to assist them with personal care and whilst there asked the person whether they would be going to the activity on that afternoon. The member of staff gently encouraged the person and reassured them they could come back to their room if they wanted to.
- People told us they would speak with staff if they had any worries or concerns, though one person commented "Can't think of anything that's wrong".

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

- It was evident in people's records that they had been involved in care planning and they were asked for their views. There was information in people's care plans about how they had given their consent, for example when a person wasn't able to physically sign a document it was recorded that verbal consent had been provided.
- Regular reviews of people's care took place and people were given opportunity to voice their opinions on the care they received. In one person's care review, we saw it was recorded that they were 'very happy' with their care and support.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected. After lunch we saw the nurse was monitoring a person as they were concerned about crackling on their chest. They monitored them from sitting outside of the room so as not to be too intrusive.
- People's independence was encouraged.

Is the service responsive?

Our findings

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

Good: 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

- At our last inspection we found that improvements were required in relation to people's emotional, spiritual and social needs. At this inspection we found people's needs were well described in their care plans. For example, one person told us they had enjoyed working with and breeding dogs previously. This was referenced in the person's care plan.
- Care plans covered a range of people's needs including communication, mobility, and nutritional needs.
- Care plans were evaluated on a monthly basis and full reviews took place regularly to ensure information remained current.
- Information about people's lives prior to living at the home were included, for example where they lived and what family members they were in contact with.
- Information was included about people's spiritual needs. In one person's care plan it stated that they weren't religious but did enjoy activities based around religious holidays.
- There were specific details recorded about the kind of music people enjoyed and the kinds of television programmes they watched.
- Activities took place at the home that people could take part in if they wished to. People told us they didn't always choose to take part but knew what was taking place. During our visit, we saw people being asked if they wanted to take part in Bingo that afternoon. We also saw that an activity of hatching duck eggs had taken place, which people had enjoyed.

Improving care quality in response to complaints or concerns

- People told us they had no concerns about the care they received but would feel able to speak with staff about any concerns if they had them.
- There had been no formal complaints received by the service in the previous 12 months
- The nurse told us they encouraged people to speak to them if they had any issues or concerns and they would try to address them before they became formal complaints.
- People were given information about how to make a complaint if they needed to.

End of life care and support

- There was evidence of people's end of life wishes being discussed with them if they wished to do so and some people had advanced planning in place. For others it was recorded that they hadn't wished to discuss their end of life wishes and would prefer to discuss this with family.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created 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

- There was a person centred, positive culture within the service. We saw positive relationships between staff and the people they supported. This was reflected in the feedback we received. One person told us "they can't do enough for you", and "they come and chat and we have a laugh".
- There was an open and transparent culture within the service. Staff felt confident and able to discuss and raise issues and gave examples of when they had done so. The nurse told they encouraged people and relatives to speak with them if they had any concerns.
- Staff team meetings took place as well as handovers at each shift. Staff told us that communication was good and they worked well together to meet people's needs.

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

- There were systems in place to monitor the quality and safety of the service provided. This included audits in relation to medicines, the environment and infection control. We saw that these identified areas for improvement.
- There was a registered manager in place and they were supported by registered nurses and senior care staff. A senior care staff we spoke with told us that one of the additional responsibilities in their senior role included undertaking equipment checks.

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

- Resident meetings took place and we saw from minutes that these were an opportunity to discuss developments in the service, and ask people's opinions about the running of the service.
- The service encouraged links with the local community. For example, the local primary school choir had visited.

Continuous learning and improving care; Working in partnership with others

- The service had achieved accreditation with the Gold Standards Framework. This an accreditation that homes work towards to demonstrate they are able to offer a high standard of care at the end of a person's life.

