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# Burgh Heath Lodge

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

Burgh Heath Lodge provides accommodation and personal care for up to nine people with mental health support needs. At the time of our inspection nine people lived here. This is a small family owned and run service. People benefitted from friendly care and were made to feel part of the family.

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 2008 and associated Regulations about how the service is run.

The home was adapted to meet people's needs. A large ramp had been installed at the front of the house to support people who required help with their mobility. Flooring was smooth and uncluttered to aid with people's mobility needs. Mobility equipment such as stair lifts, and a walk-in bath were in place. With the adaptations the home still retained a homely feel and reflected the interests and lives of the people who lived there.

The inspection took place on 03 February 2016 and was unannounced. At our previous inspection in September 2013 we had identified no concerns at the home.

There was positive feedback about the home and caring nature of staff from people and relatives. One told us, "The staff are very caring." Another told us that Burgh Heath Lodge was much better than the previous home they were at, and, "Staff are very nice here." A relative said, "The provider and manager are very caring, and staff are also very friendly."

People were safe at Burgh Heath Lodge. Although there was a small staff team there were sufficient staff deployed to meet the needs and preferences of the people that lived there. A relative said, "I have no worries around the numbers of staff."

Risks of harm to people had been identified and clear plans and guidelines were in place to minimise these risks, without restricting people's freedom. One person said, "If I did not feel safe or staff were unkind to me I would tell the manager and/or the owner. Staff understood their duty should they suspect abuse was taking place, including the agencies that needed to be notified, such as the local authority safeguarding team or the police.

In the event of an emergency people would be protected because there were clear procedures in place to evacuate the building. Each person had a plan which detailed the support they needed to get safely out of the building in an emergency.

The provider had carried out appropriate recruitment checks to ensure staff were suitable to support people in the home. Staff received a comprehensive induction and ongoing training, tailored to the needs of the

people they supported.

People received their medicines when they needed them. One person told us, "I never go without my tablet." Staff managed the medicines in a safe way and were trained in the safe administration of medicines.

Where people did not have the capacity to understand or consent to a decision the provider had followed the requirements of the Mental Capacity Act (2005). An appropriate assessment of people's ability to make decisions for themselves had been completed. Staff were heard to ask people for their permission before they provided care.

Where people's liberty may be restricted to keep them safe, the provider had followed the requirements of the Deprivation of Liberty Safeguards (DoLS) to ensure the person's rights were protected.

People had a very good choice of food and drink available to them. People could choose the meal they wanted, when they wanted it, even if that meant the provider cooking nine different meals. All told us they had enough to eat and drink. They received support from staff where a need had been identified. Specialist diets to meet medical or religious or cultural needs were provided where necessary.

People were supported to maintain good health as they had access to relevant healthcare professionals when they needed them. People's health was seen to improve due to the care and support staff gave.

The staff were kind and caring and treated people with dignity and respect. Good interactions were seen throughout the day of our inspection, such as staff holding people's hands and sitting and talking with them. People looked relaxed and happy with the staff. People could have visitors from family and friends whenever they wanted.

Care plans were based around the individual preferences of people as well as their medical needs. They gave a good level of detail for staff to reference if they needed to know what support was required. People received the care and support as detailed in their care plans. Details such as favourite foods, recorded in the care plans matched with what we saw on the day of our inspection.

People had access to activities that met their needs. One person said, "I go out whenever I want to, and by myself." A proportion of the activities were based in the community giving people access to friends and meeting new people. The staff knew the people they cared for as individuals.

People knew how to make a complaint. The policy was in an easy to read format to help people and relatives know how to make a complaint if they wished. No complaints had been received since our last inspection. Staff knew how to respond to a complaint should one be received.

Quality assurance records were kept up to date to show that the provider had checked on important aspects of the management of the home. Records for checks on health and safety, infection control, and internal medicines audits were all up to date. Accident and incident records were kept, and would be analysed and used to improve the care provided to people should they happen. The provider worked at the home which gave people and staff an opportunity to talk to them, and to ensure a good standard of care was being provided to people.

People had the opportunity to be involved in how the home was managed. Surveys were completed and the feedback was reviewed, and used to improve the service. A relative said, "My family member's quality of life

is so much better since they have moved in here."

## 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.

There were enough staff to meet the needs of the people.

Staff understood their responsibilities around protecting people from harm.

The provider had identified risks to people's health and safety with them, and put guidelines for staff in place to minimise the risk.

People felt safe living at the home. Appropriate checks were completed to ensure staff were safe to work at the home.

People's medicines were managed in a safe way, and they had their medicines when they needed them.

### Is the service effective?

Good

The service was effective

Staff said they felt supported by the manager, and had access to training to enable them to support the people that lived there.

People's rights under the Mental Capacity Act were met. Assessments of people's capacity to understand important decisions had been recorded in line with the Act. Where people's freedom was restricted to keep them safe the requirements of the Deprivation of Liberty Safeguards were met.

People had a very good choice of food available to them. They had enough to eat and drink and had specialist diets where a need had been identified.

People had good access to health care professionals for routine check-ups, or if they felt unwell. People's health was seen to improve as a result of the care and support they received.

### Is the service caring?

Good

The service was caring.

Staff were caring and friendly. We saw good interactions by staff that showed respect and care.

Staff knew the people they cared for as individuals. Communication was good as staff were able to understand the people they supported.

People were supported to be independent and make their own decisions about their lives. They could have visits from friends and family whenever they wanted.

## Is the service responsive?

Good

The service was responsive.

Care plans involved people and gave detail about the support needs of people. People were involved in their care plan reviews.

People had access to a range of activities that matched their interests. People had active social lives and good access to the local community.

There was a clear complaints procedure in place. No complaints had been made since our last inspection. Staff understood their responsibilities should a complaint be received.

## Is the service well-led?

Good

The service was well- led.

Quality assurance records were up to date and used to improve the service.

People and staff were involved in improving the service. Feedback was sought from people via an annual survey.

Staff felt supported and able to discuss any issues with the registered manager. Senior managers regularly visited to speak to people and staff to make sure they were happy.

The registered manager understood their responsibilities with regards to the regulations, such as when to send in notifications.

# Burgh Heath 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 took place on 10 February 2016 and was unannounced.

Due to the very small size of this home the inspection team consisted of two inspectors who were experienced in care and support for people with mental health support needs.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

The provider had 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. This information was reviewed to see if we would need to focus on any particular areas at the home.

We sat with six people and talked with them to find out about their experiences living here. We observed how staff cared for people, and worked together. We spoke with one relative, and three staff which included the registered manager and provider. We also reviewed care and other records within the home. These included two care plans and associated records, two medicine administration records, two staff recruitment files, and the records of quality assurance checks carried out by the staff.

At our previous inspection in September 2013 we had not identified any concerns at the home.

Good

# Is the service safe?

## Our findings

People told us that they felt safe living at Burgh Health Lodge. One person said, ""I feel safe here with the staff, they are all very nice." A relative said, "I am very happy my family member is here."
There were sufficient staffing levels to keep people safe and support the health and welfare needs of people living at the home. People told us they were well looked after by the staff, who were always there if they needed help. A relative said, "I have no worries around the numbers of staff." A staff member said, "There are always enough staff on duty. We have no issues covering sick leave, we have our own bank staff. We never need to use agency staff." The registered manager reviewed peoples support needs before they moved into the home to ensure staffing levels would be sufficient. During our inspection people were well supported by staff, and staff were always available if people needed help.

People were protected from the risk of abuse. One person said, "If I did not feel safe or staff were unkind to me I would tell the manager and/or the owner. I have not been mistreated here by any staff." Staff had a clear understanding of their responsibilities in relation to safeguarding people. Staff were able to describe the signs that abuse may be taking place, such as bruising or a change in a person's behaviour. Staff understood that a referral to an agency, such as the local Adult Services Safeguarding Team or police should be made. Staff knew about whistleblowing and felt confident they would be supported by the provider.

People were safe because accidents and incidents were reviewed to minimise the risk of them happening again. A record of accidents and incidents was kept and the information would be reviewed by the registered manager to look for patterns that may suggest a person's support needs had changed. There had been no accidents or incidents recorded at the time of our inspection, people and family confirmed that no accidents had taken place.

People were kept safe because the risk of harm from their health and support needs had been assessed. People were not restricted from doing things they liked because it was too 'risky'. One person expressed a preference to smoke. The registered manager had assessed the hazards with the person and agreed guidelines with them to reduce the risk of harm to themselves, or the other people who live here. Some people had a history of behaviour that may challenge themselves or others. Clear guidelines were in place to help staff keep people safe should this happen. A relative said, "There is never any disruption by people at the home." Assessments had been carried out in areas such as nutrition and hydration, and mobility support needs. Measures had been put in place to reduce these risks, such as specialist equipment to help prevent falls had been installed, such as stair lifts and a ramp at the front of the house. Risk assessments had been regularly reviewed to ensure that they continued to reflect people's needs.

Assessments had been completed to identify and manage any risks of harm to people around the home. Areas covered included infection control, fire safety and waste disposal. Staff worked within the guidelines set out in these assessments. Equipment such as stair lifts used to support people were regularly checked to make sure they were safe to use. Fire safety equipment was regularly checked to ensure it would activate and be effective in the event of a fire.

People were cared for in a clean and safe environment. The home was well maintained, although we did note that the carpet was showing signs of wear in some communal areas, such as on the stairs. The registered manager had already identified this issue and placed an order for replacement carpets. The risk of trips and falls was reduced as flooring smooth, free of clutter and, apart from where noted, in good condition. The home had been well adapted to meet people's mobility needs, with smooth flooring and wide door ways. Although adaptations had been made around the home, it still felt homely and individualised to the people that lived here, with pictures of people and the activities they had taken part in.

People's care and support would not be compromised in the event of an emergency. Information on what to do in an emergency, such as fire, were clearly displayed around the home. People's individual support needs in the event of an emergency had been identified and recorded by staff in fire evacuation plan. These gave clear instructions on what staff were required to do to ensure people were kept safe. Emergency exits and the corridors leading to them were all clear of obstructions so that people would be able to exit the building quickly and safely.

Appropriate checks were carried out to help ensure only suitable staff were employed to work at the home. The management checked that they were of good character, which included Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People's medicines were managed and given safely. People were involved in the process. People told us they received their medicines on time all the time. One person told us, "I never go without my tablet." Another person told us, "Staff put cream on my legs when I need it." For 'as required' medicine, such as paracetamol, there are guidelines in place which told staff when and how to administer the pain relief in a safe way.

Staff that administered medicines to people received appropriate training, which was regularly updated. Staff who gave medicines were able to describe what the medicine was for to ensure people were safe when taking it.

The ordering, storage, recording and disposal of medicines were safe and well managed. There were no gaps in the medicine administration records (MARs) so it was clear when people had been given their medicines. Medicines were stored in locked cabinets to keep them safe when not in use. Medicines were labelled with directions for use and contained both the expiry date and the date of opening, so that staff would know they were safe to use.

Good

# Is the service effective?

## Our findings

People had enough to eat and drink to keep them healthy and had good quality, quantity and choice of food and drinks available to them. One person said, "I always choose what I want to eat. They ask me and they make whatever I want." People were given a very good choice at meal times as to what they would like to eat and drink. During our inspection each person had a different meal, made to order by the provider. People told us this always happened here, and each meal was made with fresh produce.

People's special dietary needs were met. One person said, "The food is lovely here. I make choices about the food I want to eat and staff always make it for me." People's preferences for food were identified in their support plans. Records of special diets, such as people with diabetes, were kept in the kitchen so could be referenced by staff. A list of people's likes and dislikes were also available in the kitchen. For example, one person did not like curry or mushrooms. Staff were able to tell us about people's diets and preferences. Menu plans, and food stored in the kitchen matched with people's preferences and dietary needs and showed they had the food they needed. People were protected from poor nutrition as they were regularly assessed and monitored by staff to ensure they were eating and drinking enough to stay healthy.

Lunch was observed to be a quiet and dignified event. People were able to choose where they would like to eat. People were supported by staff when needed and staff had friendly interaction with people during the meal and made it an interactive and positive experience.

People were supported by well trained staff that had sufficient knowledge and skills to enable them to care for people. The induction process for new staff was robust to ensure they had the skills to support people effectively. This included shadowing more experienced staff to find out about the people that they cared for and safe working practices. Staff were trained before they started to support people and received regular ongoing training to ensure their skills where kept up to date.

Staff were effectively supported. Staff told us that they felt supported in their work. One staff member told us they had regular one to one meetings (sometimes called supervisions) with the registered manager. This enabled them to discuss any training needs and get feedback about how well they were doing their job and supporting people. Staff told us they could approach management anytime with concerns. Supervisions were carried out in accordance with the provider policy, and staff also had appraisals to set out their objectives and goals for the coming year.

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.

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. One person said, "I make choices and I

do what I want to do." The provider had complied with the requirements of the Mental Capacity Act 2005 (MCA). Where people could not make decisions for themselves the processes to ensure decisions were made in their bests interests were effectively followed. Detailed assessments of people's mental capacity for specific decisions such as not being able to go out on their own had been completed. Where people did not have capacity, relatives with a Power of Attorney confirmed they were consulted by staff and involved in making decisions for their family member.

Staff had a good understanding of the Mental Capacity Act (2005) including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. Staff were seen to ask for peoples consent before giving care throughout the inspection.

People can only be deprived of their liberty to 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 are called the Deprivation of Liberty Safeguards (DoLS). Some people's freedom had been restricted to keep them safe. Where people lacked capacity to understand why they needed to be kept safe the registered manager had made the necessary DoLS applications to the relevant authorities to ensure that their liberty was being deprived in the least restrictive way possible.

People received support to keep them healthy. One person said, ""I see the GP, psychiatrist and dentist when I need to. I also see a person about my eyes." Each person had a health action plan in place. This detailed when they had check-ups, and how often these should be done. Where people's health had changed appropriate referrals were made to specialists to help them get better. People's health was seen to improve due to the effective care given by staff. A relative said, "My family member had really bad mental health issues, but is so much more settled now. They are a much more lucid person and their quality of life is so much better since they have moved in here."

Good

# Is the service caring?

## Our findings

We had positive feedback about the caring nature of the staff. A person said, "The staff are very caring." Another told us that Burgh Heath Lodge was much better than the previous home they were at, and, "Staff are very nice here." A relative said, "The provider and manager are very caring, and staff are also very friendly." A staff member said, "The residents are our top priority and to give them their independence, promote their privacy and dignity and equality."

People looked well cared for, with clean clothes, tidy hair and appropriately dressed. The atmosphere in the home was calm and relaxed and staff spoke to people in a caring and respectful manner.

Staff were very caring and attentive with people. They knew the people they looked after. Throughout our inspection staff had positive, warm and professional interactions with people. Staff took time to sit and talk with people, or play games with them. People responded well to this interaction, and it showed that staff had shown an interest in them. One staff member was seen to massage people's feet. All the care staff were seen to talk to people, asking their opinions and involving them in what was happening around the home.

Staff were knowledgeable about people and their past histories. A staff member said, "We know about residents' health and welfare by talking to them, looking at their care plans and verbal feedback from the manager and provider." Staff were able to tell us about peoples hobbies and interests, as well as their family life. This information was confirmed when we spoke with people and relatives, or when they showed us their bedrooms, as decorations and items matched with what staff had said.

Staff communicated effectively with people. One person said, "We have staff from different countries coming to work here. They all spoke good English." When providing support staff checked with the person to see what they wanted. Staff spoke to people in a manner and pace which was appropriate to their levels of understanding and communication.

Staff treated people with dignity and respect. When giving personal care staff ensured doors and curtains were closed to protect the person's dignity and privacy. Staff knocked on doors and waited for a response before going in. When asked how they showed respect to people and promote their independence, a staff member said, "We talk to the residents and explain what we are going to do with them. We let people do as much as they are able to do for themselves. We encourage one person to put on their own shoes and socks after we had applied cream to their legs." One person had special cutlery that helped them to maintain their independence with their eating.

People were given information about their care and support in a manner they could understand. One person was aware and knowledgeable about their illness and stated that the manager, owner and staff all helped with this. Care plans were written with the person, and they or a relative signed them to show this involvement.

People's rooms were personalised which made it individual to the person that lived there. One person said,

"I like my bedroom because I have my own things here." People's needs with respect to their religion or cultural beliefs were met. Staff understood those needs and people had access to services in the community so they could practice their faith. Relatives told us they were free to visit when they chose to.

Good

# Is the service responsive?

## Our findings

People's needs had been assessed before they moved into the service to ensure that their needs could be met. Assessments contained detailed information about people's care and support needs. Areas covered included eating and drinking, sight, hearing, speech, communication, and their mobility.

People and relatives were involved in their care and support planning. Care plans were written by the registered manager, and involved the person, their family, and health / social care professionals were ever possible. A relative confirmed they, or other family members were always invited to reviews of care meetings. They said, "I am always told about reviews, and are involved with my family member." Relatives were very pleased with the care and support given."

People's choices and preferences were documented and those needs were seen to be met. There was detailed information concerning people's likes and dislikes and the delivery of care. The files were well organised so information about people and their support needs were easy to find. The files gave a clear and detailed overview of the person, their life, preferences and support needs. Care plans were comprehensive and were person-centred, focused on the individual needs of people. Care files had a one page summary, to make it easy for staff to see at a glance a person's key preferences and the support needed. Documents such as 'my proudest achievements' and 'my special interests and things I enjoy' gave good information on peoples individual preferences. People received support that matched with the preferences record in their care file.

Care plans addressed areas such as communication, keeping safe in the environment, personal care, pain management, sleeping patterns, mobility support needs, and behaviour and emotional needs. The information matched with that recorded in the initial assessments, giving staff the information to be able to care for people. The care plans contained detailed information about the delivery of care that the staff would need to provide. Care planning and individual risk assessments were regularly reviewed with the person to make sure they met people's needs.

People had access to a wide range of activities, many of them based in the local community. One person said, "I go out whenever I want to, and by myself." Another person told us that they looked after the goldfish and this was something they enjoyed doing." Activities were based around people's interests and to promote their independence and confidence. People had access to day centres, and social clubs. People also had access to individual activities such as painting, cooking and doing other hobbies of interest.

People were going out on activities throughout the day, and those that stayed home had activities such as games, listening to music or watching the television. People were engrossed in one board game organised by the activities person, all showed an interests and enthusiasm in the results of their dice rolls, and how they compared to the others playing the game. This promoted a sense of friendship between all those involved.

People were supported by staff that listened to and responded to complaints. There was a complaints

policy in place. The policy included clear guidelines on how and by when issues should be resolved. It also contained the contact details of relevant external agencies, such as the Care Quality Commission. The complaints policy was in an easy to read format so it was suited to the needs of the people that live here.

There had been no complaints received at the home since our last visit. The manager and staff explained that complaints were welcomed and would be used as a tool to improve the service for everyone.

Good

# Is the service well-led?

## Our findings

There was a positive culture within the home between the people that lived here, the staff and the manager. The home is a small, family owned and run service. People were seen to benefit from individualised care and support in a family environment. The registered manager told us that the aim of the home was to be, "Person centred and empowering." And the values were, "Honesty, compassion, dignity, independence, respect, equality and safety." This was what we saw happen during our inspection.

Records management was good and clearly showed how the staff supported people and kept them healthy and safe.

The provider was very involved in the home, to ensure that people had a good standard of care. The provider was a 'hands on' person who was responsible for preparing peoples meals and helping with day to day tasks. They and the rest of the staff took great pride on providing a family orientated home for people. A relative said, "She (the provider) cares for everyone at this home." As they were at the home most days they were aware of people's feelings and suggestions, and whether a good quality of service was being given to meet their high standards.

Regular checks on the quality of service provision took place and results were actioned to improve the standard of care people received. Audits were completed on all aspects of the home. These covered areas such as infection control, health and safety, and medicines. These audits generated improvement plans which recorded the action needed, by whom and by when. Actions were being completed, for example a plan was in place to replace the worn carpeting.

People and relatives were included in how the service was managed. House meetings were held which gave people the opportunity to feedback to the management ideas and suggestions they may have. Issues such as the access at the front of the house had been addressed, as well as small suggestions such as purchasing more salt and pepper pots." The registered manager ensured that various groups of people were consulted for feedback to see if the service had met people's needs. This was done annually by the use of a questionnaire.

Staff felt supported and able to raise any concerns with the manager, or the provider. Staff understood what whistle blowing was and that this needed to be reported. They knew how to raise concerns they may have about their colleague's practices. Staff told us they had not needed to do this, but felt confident to do so.

Staff were involved in how the service was run and improving it. Staff meetings discussed any issues or updates that might have been received to improve care practice. Staff were also asked for their feedback and suggestions about the home during these meetings. One comment made was about the difficulty in cleaning under particular beds. This resulted in the people involved choosing a new bad frame and mattress that made it easier for them and staff to keep their room clean.

The registered manager and provider were visible around the home on the day of our inspection, as was the

deputy manager. This gave them opportunity to observe the care and support that staff gave to people, to ensure it was of a good standard. The manager was available to people and relatives if they wished to speak to them. The registered manager and provider had a good rapport with the people that lived here and knew them as individuals.

The registered manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. We had received notifications from the manager in line with the regulations. This meant we could check that appropriate action had been taken. Information for staff and others on whistle blowing was on display in the home.