

Colleycare Limited

Bury Lodge Care Home

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

We undertook an unannounced inspection of Bury Lodge on 27 June 2017.

Bury Lodge is registered to provide care and accommodation for up to 31 people. At the time of our inspection there were 24 people living at the service.

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.

People and their families told us they felt safe at Bury Lodge and had no concerns about their safety at the home. One person said "I have no concerns re safety, I can relax now".

Staff understood their responsibilities in relation to safeguarding people. Staff received regular training to make sure they stayed up to date with recognising and reporting safety concerns. The service had systems in place to notify the authorities where concerns were identified. People received their medicine as prescribed. The manager had identified medicine administration errors and had taken action to address these.

People benefitted from caring relationships with the staff. People and their relatives were involved in their care and people's independence was actively promoted. Relatives and staff told us people's dignity was promoted.

Where risks to people had been identified, risk assessments were in place and action had been taken to manage these risks. Staff sought people's consent and involved them in their care where possible.

People, relatives and staff told us at times there were not always sufficient staff to meet people's needs. We looked at staff rotas and the hours needed to look after people. We found the home had exceeded the required care hours as identified by the dependency tool. This indicated planned staffing levels were maintained. However, the manager was in the process of reviewing the skills mix of staff on each shift. The service had safe recruitment procedures and conducted background checks to ensure staff were suitable to undertake their care role.

People and their families told us people had enough to eat and drink. People were given a choice of meals and their preferences were respected. Where people had specific nutritional needs, staff were aware of, and ensured these needs were met.

Relatives and people told us they were confident they would be listened to and action would be taken if they raised a concern. The service had systems to assess the quality of the service provided. Improvements and learning needs were identified and action was taken to make improvements which promoted people's

safety and quality of life. Systems were in place that ensured people were protected against the risks of unsafe or inappropriate care.

Staff spoke positively about the support they received from the registered manager and all of the team at the home. Staff supervision and other meetings were scheduled as were annual appraisals. People, their relatives and staff told us all of the management team were approachable and there was a good level of communication within the service.

Relatives and people told us the team at Bury Lodge was very friendly, responsive and very well managed. The service sought people's views and opinions and acted on them.

The management teams' ethos was echoed by staff and embedded within the culture of the service.

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 not always safe.

People and their relatives told us people were safe. Staff knew how to identify potential abuse and raise concerns.

There were sufficient staff deployed to meet people's needs and keep them safe.

Risks to people were identified and risk assessments in place to manage the risks. Staff followed guidance relating to the management of risks.

People had their medicine as prescribed, however, errors had been identified by the manager and they were taking action to address these.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the training and knowledge to support them effectively.

Staff received support and supervision and had access to further training and development.

People had access to healthcare services and people's nutrition was well maintained.

Is the service caring?

Good ●

The service was caring.

Staff were kind, compassionate and respectful and treated people with dignity and respect which promoted their wellbeing.

Staff gave people the time to express their wishes and respected the decisions they made. People and their relatives were involved in their care.

The provider and staff promoted people's independence.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed prior to moving into Bury Lodge to ensure their needs could be met.

Care plans were personalised and gave clear guidance for staff on how to support people. People were supported in their decision about how they wished to spend their day.

Relatives and people knew how to raise concerns and were confident action would be taken.

Is the service well-led?

Good ●

The service was well led.

There was a positive culture and the provider shared learning and looked for continuous improvement.

People, their families and staff told us there was good management and leadership in the home.

The service had systems in place to monitor the quality of service.

Staff knew how to raise concerns.

Bury Lodge Care Home

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 27 June 2017 and was unannounced. The inspection was carried out by one inspector.

We reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law. We sought feedback from the commissioners of the service and other stakeholders.

During the inspection we spoke with seven people who used the service and three relatives of people who lived at Bury Lodge. We spoke with the registered manager, the deputy manager, two care staff, the chef and the activities co-ordinator. We also spoke with one professional visiting on the day.

We looked at four people's care records, medicine administration records and we observed people receiving their medicine. We looked at three staff records and records relating to the general management of the service.

Is the service safe?

Our findings

People and their relatives told us they were safe. Comments included; "[Name] yes I know she feels safe"; "It's safe and everyone is happy"; "I have no safety concerns"; All is fine"; "I feel safe, I am sure we all do" and "They look after me very well and I am safe, no doubt about that".

We saw a staff picture board was displayed in the corridors at Bury Lodge. This enable people and visitors to recognise staff members who were looking after the people.

People had equipment to enable them to move around the home safely and staff were aware of when this equipment should be used, for example walking frames. Staff knew how to keep people safe. They told us they would check the corridors and people's bedrooms to look out for any hazards. One staff member said; "I will check that the fire exits are kept clear for people to exit" and another staff member said "I will look for hazards in people's rooms, alert the senior care staff and record and remove the item with the consent of the person".

We saw the provider had checks in place to ensure people's safety. For example, Legionella water testing was completed and there was no presence detected. This ensured people were safe from potential infections. The manager told us they and their deputy would conduct a 'walk round' the building to check for any safety issues.

We saw people had call bells accessible to them. This enabled people to call for assistance when needed. We also saw some people chose to wear pendent alarms so that they could call for assistance.

Staff had completed safeguarding vulnerable adults training. Staff we spoke with were able to tell us about the different types of abuse and the signs that might indicate abuse. Staff had a clear understanding of their responsibilities to report any concerns and were aware of which outside agencies they could report to as well as their own management team. Staff said, "It's the protection, primarily of residents"; "I would report anything to my manager and raise an alert to the local authority if necessary. I would call the police and Care Quality Commission (CQC)" We saw this staff member had a safeguarding flow chart which guided them in their decisions and actions to take. Another staff member said "Safeguarding is protecting people against, for example, verbal or physical abuse. I would report any concerns to the manager or a senior staff member". Staff told us they were aware of the provider's whistle blowing policy. Whistleblowing is where someone can anonymously raise concerns about standards of care. One staff member said "Whistleblowing, no hesitation in doing that. I would tell". Another staff member said "I would definitely whistle blow". We saw details of who to contact were displayed in the corridors and the staff room.

People's care plans contained risk assessments which included risks associated with falls; nutrition; pain management; use of the lift and medicines. People's risks were scored high, medium or low to enable the manager to identify what support or equipment they needed. Where risks were identified care plans were in place to ensure risks were managed. For example, one person had a pressure sore on their heel. We saw this was fully documented in their care plan with details on how to manage this condition and their condition

was monitored by the completion of a body map and comprehensive notes. This person also had the appropriate equipment to mitigate the risk of the pressure sore developing further. This showed the provider recognised how to keep people safe and ensure risks to their health were managed. Risk assessments were regularly reviewed to ensure the measures in place were managing the risk effectively.

Accidents and incidents were recorded and actions to be taken were followed by staff. For example, one person had a fall in their room and hit their head. Details were recorded of how the injury was sustained, the involvement of the paramedics and the treatment provided. We saw the manager reviewed all incidents on a monthly basis to look for themes and took the necessary action to mitigate the incident, for example the provision of specialist equipment.

We saw systems were in place to check that adequate fire safety checks were carried out at Bury Lodge. Regular fire alarm tests were carried out weekly and unannounced monthly fire drills were conducted. Records were kept to show staff involved, their actions and any improvements required. Staff training was also up to date. We saw a crisis emergency plan was in place and a sister home operated by Colleycare was to be used in emergencies to support Bury Lodge.

Arrangements for emergencies were in place. We saw people had individual personal emergency evacuation plans (PEEPS). Details recorded included the mobility needs of individual people at the home and their individual care needs, for example, communication and how many staff were required to assist people. People who lived at Bury Lodge were involved in these plans and we saw they had signed to agree to these. These were stored securely next to the fire panel in the lobby area. We saw a box which contained emergency equipment, torches, blankets and a copy of the up to date fire assessment. A map of the home was also available to assist the emergency services when dealing with an emergency. This ensured details were available to emergency staff when needed. Keys to people's bedrooms were also available to emergency staff. These were stored in a drawer in the lobby and could be accessed by visitors. We spoke with the manager who agreed to keep them in a more secure area known to staff only.

People, relatives and staff told us they felt there were usually enough staff to look after people safely at Bury Lodge. But at times they felt staff were rushed. Comments included "They come when needed"; "I press my buzzer and they soon come along"; "Staff numbers are ok and my call bell is close, they come quickly"; "They come to me within a few minutes"; "[Name] told me they had waited for assistance sometimes, seems the staff numbers are down"; "Bit short staffed"; "They seem short staffed at times as there are more people here now" and "They (staff) seem overworked sometimes, some have left because they cannot take the pace".

Staff told us "There are times when we are short of staff if someone calls in sick, but we have contingencies in place. For example if care staff cannot do the tea round, we will ask the laundry staff to help out. People are not left waiting". Another staff member said "We could do with a few more staff, there are times when we struggle if people are off sick or on holiday".

We spoke with the manager and they provided us with a copy of their action plan in the event of staff absence. This documented solutions when staff shortages were identified, for example, reallocation of duties and non-priority tasks to be left until the next shift. The manager also told us they did not use agency staff, but used bank staff to ensure continuity of care. We asked the manager if they produced a list of calls from their call monitoring system. They told us they did not do this regularly but would introduce this as part of their quality monitoring. We looked at the list of calls two days in June 2017. We saw there was only one occasion when the response time was in excess of ten minutes. The manager agreed to investigate why this had occurred.

A dependency tool was used by the manager to assess people's care needs and to ensure enough staff were available to look after people. We saw a weekly analysis of people's needs was undertaken. We looked at the last week in May and the month of June 2017. We saw the actual staff care hours had exceeded the required hours as identified in the dependency tool. The manager told us that although this indicated there were enough staff on duty, they were in the process of looking at staff skill mix to identify if further training was required as they recognised some shifts were more effective than others at Bury Lodge.

Records relating to recruitment of staff contained relevant checks that had been completed before staff worked unsupervised in the home to ensure they were of good character. These included employment references and barring checks (DBS). DBS checks enable employers to make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. The staff files we viewed showed that no one had started to work along with people until their DBS had been received.

Records showed staff had completed a job application form and we saw there were no gaps in a person's employment record. Interviews had been completed, competency questions were used to assess staff suitability to their role, photographic identification was obtained and health checks were present in staff files.

There were effective systems to monitor the safety of the environment and equipment. Records were accurate, complete and up to date in relation to monitoring of electrical and fire systems.

Safe systems were in place to manage people's medicines. We observed the medication round with one of the staff members at Bury Lodge. We saw the staff member wore a 'do not disturb' bib to enable them to concentrate on administering people's medicine. The staff member was diligent and approached people in a calm manner. For example, they encouraged people to take their medicines and were patient, supportive and did not rush people. We saw people's medication administration records (MAR), topical medicine and 'medicine as required' records were completed appropriately. A reducing balance method was used to check the quantity of people's medicine was correct once administered. This enabled the administrator to identify any discrepancies in quantities and to identify if a medicine had been missed. The medication trolley was stored in a locked room and was secured to a wall. The medicine room had a temperature check and a secure controlled drugs (CD) cupboard. We saw records for people who were prescribed a CD were recorded in detail. We saw daily temperature checks were undertaken of the room and the fridge to ensure people's medication were stored at the right temperature to keep these effective. We saw any returns medicine (when people had not taken their medicine) was managed safely. This was placed in a sealed clear plastic bag and labelled with the person's name, date, type of medicine and was signed by the administrator for that day. A record of these returned medicine was maintained and signed by the pharmacy when collected. Following our inspection the manager told us they had identified medicine errors when people's medicine had been booked in at the home. We saw the manager held an emergency meeting with staff and with the pharmacy who supply the homes medicine. The manager told us they were sending a safeguarding referral into the local authority as one person had not had their medicine for two days. The manager sent us an action plan outlining what actions they were taking to ensure people receive their medicine safely, including re training of staff members where required.

People told us they received their medicine when required. People and relatives comments included "I have eye drops and one tablet to take, I am happy I get my medicine" and "[Name] has a lot of medicine, she gets these when needed".

Staff told us how they minimised potential infection risks to people. We saw staff use different coloured bags for management of infection control in the laundry system, for example, red bags for soiled linen. Laundry

was kept separately to avoid contamination. We also saw the chef minimised cross infection as they used colour coded chopping boards and for example, separate fridges for cooked and chilled meats.

Is the service effective?

Our findings

Staff had the skills and knowledge to meet people's needs. Staff had completed training which included; moving and handling, nutrition and diet, care plan recording, pressure care, infection control, medication, end of life, equality, diversity, inclusion and dementia care. The provider also offered staff training in addition to their core training. For example nationally recognised training for care staff.

Staff told us they had opportunity to progress within the home. One staff member said "I started as an administrator and I have progressed through to management"; "There is always opportunities for staff, I have been promoted, although it's a huge learning curve, I am really excited about it" and "There is good progression and opportunities here".

Staff were complimentary about the training provided and were able to request any additional training they felt would improve their skills and knowledge. They told us they had received specific training to manage people's conditions. For example, catheter and diabetes training. Staff members said they were studying for the care certificate (a recognised national qualification for care staff). Comments from staff included, "Yes lots of training and also specific training is provided"; "My training is all up to date"; "I have just done my medicine training, had an observational check as well" and "The training is ongoing, I have had moving and handling updates, fire safety and care plan training today".

New staff completed an induction and were supported by more experienced staff until they felt confident to work alone. One staff member told us "I had training each day for the first week I started at Bury Lodge. I then had two days per week training for the next 12 weeks. I also shadowed other staff so I could get to know people". We saw workbooks were completed by staff to assess their competence and to identify where further training was needed.

Relatives told us they felt staff had the necessary competency to care for people. Comments included, "Staff know how to look after [name]" and "Yes they know what they are doing, all seem pretty good".

The provider had systems in place to monitor staff training. The manager used a training matrix which showed the type of training, date completed and the renewal date for all staff including management, ancillary and care staff. We saw a training plan was in place for staff throughout the year and dates had been booked for staff training until September 2017. We saw the training plan was displayed in the staff room to remind staff when they were booked onto their training.

We saw communication processes were in place to keep staff up to date. Handover meetings took place between shifts. We sat in on one of the meetings on the day of our inspection. Details of how each person was on the day was discussed and what specific needs people required. For example, specific personal care needs and those people who had refused their medicine that morning. Details were recorded in a handover book so that if any staff were unable to be present or wanted to check details, this was available throughout the shift.

Staff felt well supported by the management at Bury Lodge. Staff had regular supervision every three months. They told us it was an opportunity to discuss any concerns and development needs. Comments from staff included, "I am very well supported"; "Support is good, I genuinely feel I can ask anything"; "There is great support for me"; "I have opportunity to raise any issues and I feel listened to. I can make suggestions re changes and ideas for improvements, they always ask as part of my supervision"; "I am well supported, it's a two way conversation, I can make comments and I get feedback"; "As the supervisor, I support staff as I would ensure they are reminded to use gloves and aprons to minimise cross infection" and "We have spot checks regularly (known as observational supervision)".

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We checked whether the service was working within the principles of the MCA. We saw people's capacity had been assessed in their care plan. People were supported to make decisions on their day to day care. People's consent was appropriately obtained and recorded. Care plans outlined whether people had capacity to make decisions on care and treatment, and where appropriate a Lasting Power of Attorney was in place which had been authorised in accordance with the MCA. We looked at people's care files and found records of these were present which meant the provider ensured relatives were acting in accordance with the legal framework of the MCA.

We spoke with staff about their understanding of the MCA. They told us, "It's to ensure people have their needs met. If they have capacity and we don't assume they don't. If they cannot make wise decisions, we involve the local authority, best interest assessors, GP's etc"; "We look at people's ability to make a decision. Where necessary a DoLS application will be made to the local authority" and "It's whether they have the capacity to make their own decision. If I had any concerns or doubts, I would speak with my senior care worker so that they could be assessed".

The management team demonstrated a clear understanding of their responsibilities in relation to MCA and Deprivation of Liberty Safeguards (DoLS). DoLS applications had been made to the supervisory body where an assessment had identified the person lacked capacity to consent to the deprivation. There was a mental capacity assessment which identified the person lacked capacity to understand risks. At the time of the inspection the manager was waiting a decision from the local authority regarding the two referrals made.

We saw people's care plans included an end of life plan of care and funeral plans. It made reference to completed "Do not attempt resuscitation" (DNAR) forms which were in place for individuals. These were located at the front of the person's care file so that details were immediately accessible. We saw these were signed and where people did not have the capacity to make these decisions we saw professionals and family were involved and had authorised these decisions.

People's opinions of food and drink at the service were mainly positive. Comments received included

"Quality of food is better"; "Food is not so good sometimes, I am not really involved"; "I did not really enjoy the lunch today, but I could have had something else. I really enjoy the soup though"; "The food is ok, there is a choice of meals"; "The chef comes around most days and asks for feedback. They always find me snacks, tea and biscuits" and "I love the soup and I have ice cream afterwards".

One relative told us how their family member's nutrition needs had been identified as they were now being given a food supplement. We were also told by people and relatives that drinks were available to them at all times and staff encourage people to drink.

We spoke with the chef at Bury Lodge. They told us how they regularly asked people for comments on the food, this was confirmed when we spoke with staff and people. They told us how they met individual needs. For example, one person was from Switzerland, to make them feel at home, the chef had purchased different types of cheese for this person. We were told and saw there was a five week rolling menu. The menu of the day was displayed around the home along with the five week menu. They also told us following a residents meeting on 21 June that some people had asked for changes to the menu. They wanted more salads as an option as the weather was warmer. The chef was in the process of changing the menus and was also going to trial melon cocktail and a cheese board option for people. One person did not like strawberries in their fruit salad. They told us how they would remove a portion of fruit salad for this person before the strawberries were added and would add another fruit, for example raspberries. The chef knew how to promote people's hydration during hot weather. They told us they had ice lollies available and kept drinks chilled in the fridge during the recent very warm weather. They also promoted people's nutrition by having sandwiches and yoghurt available for people during the night as they knew some people did not sleep well and were sometimes hungry. They commented "It's about their choice, we should ensure they treat Bury Lodge like their own home". We saw the head chef regularly checked fridge and freezer temperatures. This meant the chef recognised the need to keep the food for people at the right temperature and to keep people safe. They told us they knew people's specific nutrition needs, people's allergies, those who were diabetic or on puree food.

We saw records which showed people's nutrition was monitored. People were regularly weighed to monitor their weight and actions were taken to address any risks.

People were able to have their lunch in a place of their choice, for example, in their own bedroom, a lounge or the dining room. We observed the lunchtime experience for people. There was a good 'banter' between people and staff. Staff were very caring and knew people's individual needs. The atmosphere was relaxed and quiet. Tables were laid up with tablecloths, flowers, napkins, and condiments. People were mainly independent at lunchtime and did not require assistance. There was a choice of main courses and three vegetable choices on the day. We also saw people were offered a choice of fresh fruit, yoghurt, ice cream or trifle for their sweet. People could choose a fruit juice or alcohol to have with their meal. We saw staff asked people if they were happy with their food. For example they said "Did you like it (the food)" and "Did you enjoy the lunch today [name]". In the afternoon of our inspection we saw people were offered cakes and fresh fruit with their tea.

We saw on each floor lounges were fitted with kitchenettes. This enabled people and visitors to make a drink or a snack.

People had access to health professionals when required. People's care plans showed people had been supported to see health professionals, for example their GP. Visitors told us they were kept informed of any health concerns regarding their relative. One relative said, "They know how to look after dad". A visiting professional told us staff were trained in specific care needs and that these were carried out safely for

people.

Is the service caring?

Our findings

Relatives told us staff were caring. Comments included, "When my mother was in hospital, staff came to see her"; "The staff are very nice"; "Staff are delightful, in the main very good. I am very impressed with the staff. They are caring and always try to find something new to do"; "All the staff know [name], staff are very good, they missed him when he was in hospital"; "Residents seem happy with the staff"; "Very, very nice staff and very polite"; "All the staff are nice here" and "Staff are very positive and conscientious and care".

People told us "They look after me very well"; "Most of the staff are very good, I have my special ones"; "Staff are nice, polite and I am well looked after"; "Staff have plenty of time for me, they are very good, I can only speak as I find. They all have time for me" and "They are good hearted kids (staff), they are all kind".

Staff knew the people very well and we saw very caring relationships existed between staff and people who live at Bury Lodge. We saw positive interactions between people and staff. There was a jovial and relaxed atmosphere in the home and people had a banter with the staff. We heard one care worker say "I will be back in a bit ladies, don't wait for me". We saw one person being assisted to move from their dining chair to their wheelchair. The care worker took their time and said "Are you ready? How is that for you, here you go. Are you ready, that's it, well done". We saw staff were kind, respectful, very attentive and caring toward people. For example, we saw one care worker who was assisting a person to use their walking frame. The care worker explained to us that following a fall the person had lost their confidence and had used a wheelchair. The care worker said "That's what it's about, helping people". One relative told us when they were in one of the kitchenettes they had heard a person call out for help. The staff member who had recently walked past, immediately turned around and assisted the person and dealt with them in a really caring way. The relative said, it was not staged, this was natural and I believe that is how the staff are here.

We saw the home had a remembrance book. The deputy manager told us that when someone passes away, details are entered into the book. People and all staff, not just care workers, are told individually when someone has passed away. This showed the manager and her team recognised the importance of friendships and the impact has on staff when someone has passed away.

Care workers told us they felt they were caring towards people. One said "I always ask, you ok? How has your day been" before I help people. Another care worker said "People at Bury Lodge are lovely and there is great interaction between people and staff here".

People and their relatives were involved in their care and reviews of their care. We saw care plans were written with the involvement of the person and their relatives. There were care plan agreements in place which people had signed to confirm they had agreed to their care needs.

People were offered choice, for example, they could a female or male care staff member and these preferences were respected. People's comments included "I have a shower and it's my choice, the staff all speak to me nicely"; "Yes I can chose what I want to do and when I want to do it"; "I have a choice in the morning for my breakfast, I can have prunes, toast and marmalade if I want and I like it about 10.30 in the

morning". We saw people could chose to have their own telephone in their room. This enabled them to maintain relationships which was very important to them and kept them in touch with their families and friends.

People's rooms were personalised, they were able to bring in their own furniture and belongings to ensure their room was homely. We saw people had the choice of having their name and picture on their bedroom door. People told us they were mainly happy with their bedroom.

People's dignity and privacy was respected. When staff spoke about people they were respectful and they displayed genuine affection. The language used in care plans was respectful. Staff explained how they promoted people's dignity. They said, "I will always close people's doors when delivering personal care" and "I help maintain people's independence. I offer them the choice of what to wear in the morning, I get them out of the wardrobe and show them the choice. They chose and let me know".

Is the service responsive?

Our findings

People were assessed prior to moving to the home and assessments were used to develop personalised care plans. One person said "I had a full assessment done, we talked about the care I needed and ensured the essentials were all in there". A relative told us "The assessment was done in hospital before [name] came to live at Bury Lodge. [Name] told the manager what they needed and it was put into place". The person said "Now I can get to the bathroom with the help of care staff".

Care plans included detailed information relating to people's life histories, what and who was important to them, their likes and dislikes and there was a photograph of the person in the front page of the file. Staff told us there was enough information available to them in people's care plans and they regularly used these to look for any changes in people's needs. People's care plans were very well laid out and information was easily accessible. They were very detailed and personalised. For example, one care plan stated which day of the week the lady liked to have her finger nails manicured. We saw some people had 'This is me' document in their care file. The information enabled staff to know about people's past and tailor people's care to meet their specific needs. Care plan reviews were regular, including risks and involved people or their relatives, who were encouraged to make comments or amendments to the care plan. Where people required further support from health professionals, this was arranged. For example, the manager told of one person who had been referred to the speech and language therapist due to concerns raised about their ability to swallow. The day following the inspection the manager told us they had requested an appointment. We saw specific risk assessments were in place for people. For example, we saw two people self-administered one particular medicine. We saw a risk assessment detailing the risk if this person forgot to take their medicine was in place and what actions the staff should take. These risk assessments were regularly reviewed and although people self medicated, the staff still checked the quantity of medicine tallied with the records.

We noted there were two anomalies when we looked at two people's care files. One had not had their weight checked when required and another had an 'end of life' plan which had not been completed in full. The manager told us they would take immediate action and make the changes and arrange for the person's weight to be done immediately.

People's care needs were responded to. One relative told us, "When [name] health is not so good, staff are always more than happy to help".

The professional we spoke with on the day told us staff were very responsive to people's needs. They commented "They look after people's health needs. They will always let us know if they (staff) have any concerns about someone. We will do the initial dressing and we have confidence in the care staff to monitor any injuries. They help us to get people onto their bed for treatment and there is always staff around who are willing and happy to help us. They are responsive as they follow any advice we give. They take responsibility, they are proactive and always have things ready for us when we come in. People's care files are always clear and up to date, I have no concerns".

People were supported to spend their day as they chose. They were encouraged and supported to

participate in activities that interested them. A daily board displayed the activities for that day. We saw a 'pat dog' was visiting on the day of our inspection. We saw people were really pleased to see the dog and really enjoyed the interaction and opportunity to stroke the dog and talk to the owner. We saw on the day of our inspection that people were taken by car into town to do some shopping and to have tea in one of the local cafés. We saw a picture board of activities was displayed in the home. There was a book with photographs of the homes birthday party. The recent Easter celebrations took place as we saw people had made Easter bonnets and pom pom's. Families and their children were also involved. Another occasion was one person's 101 year old birthday celebration. There was a falconry display and people looked to be really enjoying this. We heard the administration team sourcing a specific tea for one person who lived at Bury Lodge. This showed people's individual preferences were recognised and staff tried to meet these wherever possible. People we spoke with at the home were positive about the choice of activities available to them. One person said "I like to do things, I like quizzes as I like to keep my brain active".

We spoke with the activities co-ordinator who had recently joined Bury Lodge. They told us they recognised people's individual hobbies. For example, one man used to play pool regularly. The activity person sourced a pool table and this man played pool with other people in the home. They told us of another person who was really good at computers and regularly used them to buy goods. They said this person had bought cue chalk for the pool table. The activity person said "They should have it like they want, it's their home. They can bring in what they want". They told us how they were going to ensure more personalised activities for people. For example, they told us they had booked the minibus for July 2017 as they were arranging a visit to the local cricket club. They were also planning an afternoon tea at the local golf club. They said the community was really supportive. They provided us with other examples of activities. They said they had recently used a giant dart board on the floor and people used sticky bean bags to play the game similar to darts. We were told a ballet group had visited and danced in the garden. This was confirmed when we spoke with people. Other events they were planning was a visit from someone who used to work at Pinewood film studios. They were going to talk about their experience of working on the 007 James Bond films. They were also arranging for the local Women's Institute choir to visit Bury Lodge.

There was a system in place to manage complaints. The manager told us and we saw there were no outstanding complaints. We viewed the log of complaints and saw the manager had taken the appropriate action as they had investigated people's concerns and had written to them to apologise and explain actions they had taken to mitigate the concerns. We saw people were satisfied with the outcome. Relatives told us they had not made a complaint but told us they would raise any concerns with the manager and were confident they would be addressed promptly. One relative told us, "No complaints, but I am happy they would act on any concern I raised". People commented "I have not complaints" and "I would be happy to raise any concerns. I would go to the office or talk to a staff member about it". We saw a suggestion box was in the lobby which enabled people to leave notes and suggestions about the service.

Staff told us they knew how to handle any concerns or complaints. They said they would try and address the concern first, but if they could not resolve it they would report details to the manager or deputy manager.

Is the service well-led?

Our findings

The leadership and management that we saw on the day of the inspection demonstrated an open approach and supporting culture that encouraged good care and team spirit.

The manager told us they were planning to introduce 'champion' roles for staff. They had already appointed a champion for diabetes. They said this would improve learning for staff and provide clarity of staff roles at Bury Lodge.

Relatives' comments on the workplace culture included; "All of our family say the experience is positive"; "They are caring, professional and outstanding in what they do"; "The home is very good and the staff"; "Nice home, good culture, it's nice here"; "The manager is alright, came and did the assessment and found her very nice"; "They have made me feel as a family member, really welcome" and "Staff get on well and are very supportive of each other". We saw communication was good between families and the home. For example, there was a form for families to complete when they were going to be away on holiday. This enabled the staff to be aware and to manage people's expectations at Bury Lodge when their family member was away.

Staff told us they were well supported by the registered manager. They said, "We have a very open and close team who are focused"; "It is such a positive home and has a great atmosphere"; "I think we (staff) are all walking the same path here at the same speed in the way we look after people"; "We are all caring with each other"; "Communication is pretty good and it's done well"; "I think we are very lucky to have the manager we have. They are caring, committed and have a calm manner, so knowledgeable. She will 'roll her sleeves up' and get involved and do whatever is needed. Puts the home and people first" and "It's a good experience working here".

We saw regular resident meeting took place. People were able to raise any issues or suggestions with the management team. We saw one of the topics was the food. Minutes showed people had raised the menu options and the management had confirmed this was under review by the chef.

Regular staff meetings took place at Bury Lodge. These included care staff meetings, group supervision and night staff meetings. Minutes showed that staff were able to raise any concerns. We saw that topics included staffing, storage of equipment, music in the dining rooms and any new admissions to the home.

Comments about the overall management of the service included, "Seems to be well managed"; "We work as a whole home approach"; "I recently asked for some new equipment, it came straight away and I feel well supported"; "They have been nothing but helpful to [name]. They have worked very hard to get [name] out of hospital"; "I give it a big thumbs up!"; "The team ethos is the same at weekends as it is on weekdays" and "Great home, [name] needs are met, lovely room, very, very positive here and mum is happy".

Staff said "Team work is good, I am always supported by my colleagues. Nothing for me to complain about. The manager is very good and supported me both in my work and studies. Very flexible"; "I love it here, since

the first day I started. It's a friendly team, the manager is good, staff in general are good and residents are lovely. I cannot complain"; "Collycare is very good, there are lots of quality checks" and "I am very clear about my role and responsibilities. But I will always ask and I always get an answer". We saw compliment cards were displayed in the home. One said 'Bury Lodge really is home from home to us'!

Providers are required to comply with the duty of candour regulation. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The regulation applies to registered persons when they are carrying on a regulated activity.

At the time of the inspection, the service had an appropriate duty of candour policy. The document provided clear steps for the management to follow if the duty of candour requirement was triggered. The manager demonstrated a good understanding of the duty of candour.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The provider was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

Systems were in place to monitor the quality of the service. Audits were carried out and included audits of: risk assessments; falls; medicines; infection control; legionella and business continuity plan. These audits were reviewed by the manager. If any anomalies arose, these were addressed by the manager. For example the number of falls a person had over a month. This ensured the quality was maintained and improved. We viewed the audits which had taken place of medicines and fire checks and found them to be regularly reviewed. We also saw regular audits were carried out by the provider. They used the key lines of enquiry prompts which CQC use to measure safe, effective, caring, responsive and well led domains and to rate the service. Where any actions were identified, these were recorded and the manager had an action plan to address these. We saw actions were taken to improve quality where required.

The manager told us they had an 'open door' policy and relatives and people fed back any comments or concerns. People and their relatives were encouraged to feedback about the quality of the service. We saw the results of a residents' satisfaction survey from November 2016. It showed overall people were very happy with the care they received at Bury Lodge. In most cases the home scored 100% in quality. Where they scored less, actions were taken. For example, 86% of people said they were satisfied with the activities offered. A new activity co-ordinator had been appointed and they told us of their plans to improve people's choices, for example more trips out.

Where people had made comments we saw these had been addressed by the manager. For example, one person said they would like the activity sheet to be distributed at the start of the week. We saw this had been actioned. Another example was where people had said they were not always happy with the menu choices. We saw the chef was reviewing the menu choices after liaising with people at Bury Lodge.

The service had a positive culture that was open and honest. Throughout our visit management and staff were keen to demonstrate their practices and gave unlimited access to documents and records. The manager was proactive where areas of concern had been identified.