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Burntwood Lodge

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Burntwood Lodge is a residential care home providing personal and nursing care to six people with a learning disability. The service accommodates everyone in one converted house.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

At the time of our inspection, six people were living at the service.

People's experience of using this service and what we found

People were well cared for by staff who had a good knowledge of them and knew how they communicated individually. People were given the opportunity to engage in activities and pastimes of their choice, as well as access external pursuits, such as attending a day centre or going on holiday.

People lived in an environment that was suitable for them, clean and hygienic and checked for its safety. People's care was responsive to their needs and staff's knowledge of people was evident in the way they provided care and attention.

People were kept safe as staff were aware of how to report concerns and followed guidance in care plans in relation to any risks to people. People received the medicines they required and healthcare professional input was sought and provided to help ensure people stayed healthy.

People were provided with sufficient food and drink to keep them well-nourished and people were supported and encouraged to make their own decisions about their care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Relatives and professionals gave positive feedback about the service, telling us it was well managed and they were asked for their views or their guidance was followed. The registered manager ensured they engaged with professionals outside of the service to learn new ways to maintain the good level of care as well as improve the service for the people living there.

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

The last rating for this service was Good (report published 27 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Burntwood Lodge

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Burntwood Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and three relatives about their experience of the care provided. We spoke with three members of staff including the registered manager. We observed care to help

us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We received feedback from four professionals who had visited the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good rating. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were cared for by staff who were aware of the need to report any concerns relating to abuse. A relative told us, "The door is locked and it's safe."
- Information was available to staff on who to report their concerns to, such as the local safeguarding authority. There was also information for staff on how to whistleblow which meant they could raise any concerns they may have anonymously.
- A staff member told us, "I know how to raise a safeguarding if I need to. I would be happy to if needed."

Assessing risk, safety monitoring and management

- Any risks to people were identified and staff acted to help reduce these risks to keep a person safe. A relative told us, "At last I am not worrying about him."
- People had risk assessments with guidance and information for staff on falls, moving and handling, the risk of isolation and of falling out of bed. One person's risk assessment stated to ensure their radio was on to reduce their risk of isolation. We heard this on in their room. A relative told us, "I feel he is very safe. This (service) was a perfect fit for him."
- A second person had a risk assessment for their risk of choking and staff were guided to, 'supervise and have her head raised when eating and drinking'. We observed this happening.

Staffing and recruitment

- There were a sufficient number of staff to care for people. A staff member told us, "There is enough staff, two people is enough most of the time. If there is a trip then someone else comes in to help and the manager is always helping." This was observed on the day of the inspection, when we saw the registered manager was very hands on.
- Relatives said there were always staff around when they visited and that people could go out when they wished.
- Staff felt there were enough of them and we observed people being supported to go out, whilst still leaving sufficient staff at the service to care for those who remained behind.
- Staff were recruited through a good recruitment process. This included obtaining a full employment history, references, evidence of the right to work in the UK and a Disclosure and Barring Service (DBS) check. DBS checks help to ensure potential staff are suitable to work at this type of service.

Using medicines safely

- People received the medicines they required because medicines practices were robust.
- Medicine were stored in a locked cabinet of which the temperature was checked and recorded. This

helped to ensure medicines were kept at their optimum.

- Each person had a medicine profile which included their photograph for identification, any allergies and a brief history of their medicines and what they were for.
- Where people required 'as required' medicines (PRN) these were accompanied by protocols which gave information on the signs someone may display to show they were in pain.
- Where people required pain patches, body maps were completed to show where the patch was applied each time it was changed.

Preventing and controlling infection

- People lived in an environment that was clean and staff had access to personal protective equipment (PPE), such as gloves and aprons.
- Staff were seen using PPE and we found the service was suitably clean without any malodours.
- Clinical waste was placed in a bin outside and bathrooms and the kitchen were clean and tidy.

Learning lessons when things go wrong

- Where accidents and incidents occurred, records were kept. We reviewed the records of five incidents which had happened since our last inspection. On each occasion, staff had taken appropriate action in response. This included contacting the GP, giving someone medicines and taking one person to hospital for an x-ray.
- Changes were made as a result of incidents. One person had a fall outside which resulted in staff purchasing trainers for the person to wear outside which had better grip.
- During staff supervisions incidents were discussed. A recent medicine recording error had occurred and the registered manager said they would raise this at the next staff meeting for discussion and learning.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good rating. This meant people's outcomes were consistently good.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to live healthier lives, access healthcare services and support

- People's care was provided in line with best practice and national guidance. One person was at risk of pressure sores. The registered manager had taken advice from healthcare professionals and staff were following that advice. As a result, the person's skin was intact and there were no concerns about their skin integrity. A second person had guidance from a professional on how to seat them in their chair. We observed the person sat in line with the guidance.
- The service used recognised clinical assessment tools to monitor risks and provide effective care. Assessment tools were used to measure people's skin integrity, their risk of falls and their nutritional needs.
- People's needs were assessed prior to them moving in to Burntwood Lodge. A relative told us they were fully involved in their loved one's assessment, telling us, "I was so pleased to get the placement. It is ideally suited for him. Staff are very good at anticipating his needs."
- People were supported to access healthcare input when appropriate. There was evidence of people attending optician, chiropody and dental appointments as well as going to the GP. Where people had dietary needs, advice from the dietician had been sought.

Staff support: induction, training, skills and experience

- People were cared for by staff who had access to a wide range of training. This included, dementia care, fire, first aid, food hygiene and moving and handling. All staff training was up to date. A staff member told us, "We have a mixture of training both online and people come in to the home. I feel I have had enough training to be able to do my job."
- Staff could attend training specific to people's needs. For example, some staff had undertaken epilepsy training. Although staff already carried out oral health for people and people had oral health care plans, the registered manager told us they were in the process of sourcing training for staff. A professional told us, "Staff took on board how to hoist [name]. I don't think they had done much hoisting before."
- Staff had the opportunity to meet with their line manager every three months to discuss their role, any concerns or training needs. This gave staff the opportunity to talk about people living at the service and voice ideas to improve the way they were cared for.

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

- People were provided with sufficient food and drink. We heard staff regularly check with people throughout the inspection if they wished a drink and encouraging people to keep hydrated. One person told us (about the food), "It's great, really nice." A relative told us, "He is well fed."
- One person required staff to feed them and we observed staff taking their time and giving the person the

food at their own pace. The staff member talked to the person during their meal checking they liked it.

- People were weighed regularly and we read people's weights remained steady. Where people were at risk of malnutrition or dehydration food and fluid charts were kept. We saw that staff recording of fluid intake and output was good as there was no gaps and totals were being kept.

Staff working with other agencies to provide consistent, effective, timely care

- Where people were at the risk of choking, professional advice was sought and followed. One person had Speech and Language Therapy guidance on how their food should be prepared. We observed staff follow this.
- Where one person was experiencing pain when walking there was evidence showing staff had worked with the GP and local hospital to try to identify what was wrong and what treatment, if any, was needed for the person.
- People received responsive care through working with other agencies. One person had moved into Burntwood Lodge bedbound and unable to weight bear. Through the work of staff and health professionals a specially adapted chair and sling had been obtained which enabled the person to spend time out of bed now during the day.

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

- Burntwood Lodge was suitable for the people living there. It is a converted house with five of the six bedrooms on the ground floor. The sixth bedroom, on the first floor, had its own en-suite and this was used by a person whose had better mobility.
- Where people spent a lot of time in bed, pressure mattresses had been provided and bed rails and bumpers for safety.
- We observed people using wheelchairs and appropriately sized cutlery to aid their independence.

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's consent was sought. We heard a staff member obtain consent from people to give them their medicines. They spoke clearly to each person to explain what their medicines were for.
- Decision specific capacity assessments were carried out and best interests decisions taken where people were being restricted. These included decisions for personal care, medicines and bed rails.
- One person had their medicines crushed on top of their food and there was a capacity assessment and best interests decision in relation to this. When this person required some dental extractions, the registered manager confirmed they checked that health professionals had completed the capacity assessment and best interests decision process.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good rating. This meant 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 cared for by staff who knew them well and showed them kindness and attention. One person sat colouring during the morning with the support of a staff member. Throughout, the person was happy and smiling and the member of staff chatted to them.
- Relatives gave positive feedback on the care their loved ones received. One relative told us, "We're very happy. We couldn't ask for anything else." A second said, "Staff are very, very caring. I can't speak highly enough about them." A professional told us, "(The staff are) very caring." A second said, "I have always found staff warmly welcoming, friendly and very helpful."
- Staff were constantly communicating with people, checking they were okay and sitting with them. We heard a staff member say to one person, "How are you doing young man?" to which the person smiled in response.
- There was clear affection between people who lived in the service. One person had been out during the morning. When they returned they addressed each person in turn saying hello to them and asking how they were. This was the same for staff as when the afternoon staff came on duty they addressed people individually as they came into the lounge. A relative said, "He is happy and well looked after. It's more like a home."
- People's individuality was recognised in that staff had ensured people had access to their own preferred pastimes. A staff member told us, "They're all so special. It's about knowing them."
- When staff gave one person their medicines we heard them speak kindly to the person and give the person a kiss on the forehead when they had finished. A relative told us, "Staff are very patient, very good. They have taken him to heart and there is a personal connection between staff and people."

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

- People were given the opportunity to make their own decisions. One person returned from a morning activity and following lunch told staff they were going to sit in their room and do their knitting. Later the same person decided they would sit and watch television.
- A second person indicated they wished to go to the shops and staff took them out to purchase some new magazines. A further person's care plan noted they did not like clothes with zips or buttons and we saw they were not wearing any.
- Regularly reviews were carried out in relation to people's care needs to check if anything had changed. Reviews covered general health, medicines, communication, risk assessments and food and nutrition. A relative told us they had attended a care review and said, "Staff are very considerate of him. The care is excellent."

Respecting and promoting people's privacy, dignity and independence

- Staff were attentive to people and constantly ensuring their dignity was preserved. One person sat in their chair for a period of time in the lounge and a staff member regularly checked their skirt was covering their knees. A relative told us, "He always looks clean." A professional told us, "I have only ever seen staff behaving in a sensitive and kind way towards residents and there is a lovely feel to the house."
- When people were receiving personal care or being assisted out of bed, staff closed the door and undertook this in private with the person. A staff member told us, "I knock on people's doors and make sure they are happy for me to come in. I cover people up so that they feel comfortable."
- One person returned to their room when they wished quiet time alone and another person had their own en-suite facilities which allowed them privacy when washing. A relative told us their family member was supported to remain independent. They said, "She helps with washing and in the kitchen doing little jobs like drying up."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good rating. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; end of life care and support

- People received person-centred, responsive care. One person was at risk of pressure sores and their care plan stated their duvet should not rest on their toes. Our observations were that staff followed this guidance. A professional told us, "The record keeping is excellent and residents needs are well known to staff."
- There were detailed instructions in this same person's care plan in relation to how staff should reposition or dress them whilst in bed. For example, the records noted, 'when changing my vest, staff must always take my right arm out first, but when putting my vest on staff must put my left arm in first'. This person was cared for in bed and staff told us, "We make him comfortable. He will tell you what he likes such as cheese on toast. You know when he wants to talk or not talk to you."
- A second person required staff to talk slowly and clearly to them and we saw them making eye contact with the person and speaking to them in this way which received a positive response from the person. A professional told us, "There was evidence in her large and pleasant room and from the staff that they did everything they could to make her life as comfortable and interesting as possible." A second professional told us, "I recently moved a service user into this service six weeks ago, he has settled in already."
- Although no one was receiving end of life, we did note some basic information in people's care plans about their end of life wishes. This most surrounding what they would like to happen after they passed away. The registered manager said they would review all care plans to add some additional detail.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's individual form of communication was recorded in their care plans. We observed staff understand people's requests through their body language and small hand signals that they made. Staff were clearly knowledgeable in the way people told them what they wanted. A staff member told us, "I can tell when he wants something and what his mood is like (through his body language)."
- One person was hard of hearing and staff were guided, through information in their care plan, to speak loudly to them. We heard staff do this.
- Information on safeguarding, complaints and minutes from house meetings were all provided in pictorial format.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's individuality was recognised through the activities they participated in. One person spent their time looking through magazines and colouring and staff regularly took them out to purchase new magazines. A second person liked to 'play' with Lego bricks and staff sat with them encouraging them to pick up each brick, feel it and place it on top of another. It was evident they got pleasure from this. A third person liked to listen to music in their room.
- Outings took place with people and since our last inspection the registered manager told us they had widened the opportunity for people to participate in activities outside of the service. Some people had been on holiday last year and other trips out including visiting the local pub, going to the garden centre and to the beach.
- Some people attended a local day centre regularly during the week. A relative said, "He goes to the day centre twice a week, he helps with the shopping and goes out for meals. It's enough for him." A second relative said, "She goes shopping and went on holiday last year."
- Although people had access to activities, the registered manager recognised that further opportunities and engagement was desirable. They told us, "I have recruited someone to come once a week to do different activities with people."

Improving care quality in response to complaints or concerns

- People were given information in how to make a complaint or to tell staff if they were unhappy about anything through an easy-read complaints procedure. A relative told us, "We've never had any concerns or been unhappy."
- No complaints had been received since our last inspection. However, we read compliments received from the relatives survey. These included, 'All staff are lovely with a caring and efficient manner' and, 'Clean and tidy, residents well cared for, healthy and well-nourished'.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same Good rating. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff enjoyed working at Burntwood Lodge and felt supported. This was evident from the consistent staff team. One staff member said, "I like the place and I like working here and working with the people. All the people are sweet and happy. I like to look after them like they are my own family."
- Relatives gave positive feedback on the management of the service. One relative told us, "[Registered manager] is always approachable." A second relative said, "I am very impressed in every aspect. The service is run efficiently and professionally, there is good hygiene and security. It's the best he's (family member) ever been for many years." A professional told us, "I remember being impressed by the home. It is small and friendly and caring." A second said, "It's always a pleasure to go there."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- We had no concerns that people were not receiving care appropriate to their needs. However, we did find some information missing from people's care plans. For example, one person was at risk of pressure sores and although the registered manager was able to describe the involvement and advice from the district nurses in relation to repositioning this person, this was not recorded in their care records. Some people had limited life histories and although staff were long standing and knew people well, this would be useful information to have available for any new staff joining the service. A second person was noted as having 'seizures' in their DoLS application and yet, there was no mention of this elsewhere in their care plan. The registered manager told us they would review and update people's care plans and we have confidence in them that this would happen.
- Checks and audits were carried out around the service to help ensure the quality of care remained consistently good. Audits included reviewing medicines practices and processes, quarterly accident and incident reviews, infection control audits, fire safety and checking water temperatures to help ensure there was no risk of legionella.
- A recent food safety check had made some recommendations and we saw these had been acted upon. In addition, an internal health and safety audit identified some maintenance works that required attention and these had been addressed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; continuously learning and improving care

- People had the opportunity to meet together to share their views and ideas. Staff recorded the reaction of people who were non-verbal. Minutes were produced in pictorial format for people.
- People had told staff at the last meeting they felt safe and were given privacy, with one person saying, "I shut my door sometimes," and another commenting, "Yes, I do, but I like to ask staff to help me."
- Relatives surveys were carried out and the most recent one resulted in five returns. Feedback was positive and where relatives had made suggestions, such as attending to the front garden, action was taken.
- Staff told us the registered manager sought their views and suggestions in how to improve the service and ideas for new opportunities for people. They said due to the registered manager's supportive and inclusive approach the team worked well together. One staff member told us, "We are all a happy team and we get on well. [Name] is a good manager. He is very helpful and is a very nice man." A relative told us, "If there are any new ideas from staff, the manager always checks with me first."
- It was clear from the staff meeting minutes that the registered manager valued their staff as they thanked them for their hard work and commitment.

Working in partnership with others

- The service commissioned an external consultant to review the service on a quarterly basis. This consultant kept the registered manager informed of changes to regulation, best practices and ideas on how to continue to progress the service, such as with the use of technology.
- In addition, the service was part of the Surrey Care Association as well as Skills for Care who could provide training.
- The registered manager told us, "I have good communication with a neighbouring care home and I attend local registered manager's meetings to meet with others and share news." A professional who had worked with the service told us, "(The registered manager) seemed to be knowledgeable and caring about the people in his charge and had records to hand which I asked to see."