

Burnham Lodge Limited

# Burnham 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

Burnham Lodge is a nursing and care home that is registered to provide nursing care for up to 60 people. At the time of our inspection, 44 people were living at the service. Burnham Lodge is a private family owned service.

This inspection was undertaken on the 26 & 27 January 2016 and was unannounced.

Burnham Lodge had a registered manager in place. 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.

Burnham Lodge is a large period property located in Burnham, Buckinghamshire. Burnham Lodge is set over four floors and is a registered nursing home. The home provides care to people who require assistance with personal care and nursing needs. Staffing at Burnham Lodge consists of registered nurses, care assistants and domestic staff.

We found people were receiving good care at Burnham Lodge. People were protected from harm as there were appropriate risk assessments and staff training in place. Medicines were managed in a way which prevented potential harm and promoted people's rights.

People were cared for by staff who were polite, caring and responsive to their needs. When people requested assistance, staff acted promptly. People we spoke with were complimentary about the staff team at Burnham Lodge.

People's needs were assessed to ensure their needs were met in a way which promoted their rights, dignity and privacy. Where people required support with their nursing needs, these were done by clinical staff who had the knowledge and skills to promote people's wellbeing.

We found there to be clear management oversight of the service. Many positive changes had occurred since the new manager came into post which appeared to have a positive impact on the people living at Burnham Lodge.

People were supported to access a range of activities and we observed these to be well received by those who participated. People had free access to the grounds of Burnham Lodge. The home was well maintained and had a homely atmosphere. People told us they were happy living at Burnham Lodge.

## 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

Recruitment checks were in place to ensure staff suitability to work with people living at Burnham Lodge.

Risks to people were identified and management plans were in place to ensure people's safety.

Medicines were managed in a way which promoted people's safety.

### Is the service effective?

Good ●

The service was effective.

Staff were knowledgeable about the Mental Capacity Act 2005, and Deprivation of Liberty Safeguards and how this impacted the people they worked with.

There was effective training, supervisions and induction processes in place.

People were supported with their health needs including their nutrition and hydration needs.

### Is the service caring?

Good ●

The service was caring.

Staff were kind, attentive and responsive to people's needs.

People were offered choices and their dignity and privacy was respected.

End of life care plans were in place to ensure people's wishes were known and met where required.

### Is the service responsive?

Good ●

The service was responsive.

There was a good programme of internal and external activities in place.

Care plans reflected people's current needs including their likes, dislikes and wishes.

Complaints were acknowledged and responded to appropriately.

### **Is the service well-led?**

**Good** ●

The service was well-led.

There was good management oversight of the service.

Good quality assurance processes were in place to ensure the quality of the service provision.

Management had worked well to ensure positive changes occurred within the service.

# Burnham 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 checked 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.

The inspection was carried out by an inspector, a specialist advisor and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The attending specialist advisor had an extensive background in nursing.

This inspection took place on the 26 & 27 January 2016 and was unannounced. We checked to see what notifications had been received from the provider since their last inspection. Providers are required to inform the CQC of important events which happen within the service in the form of a notification. The provider was not asked to complete 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.

During our inspection we spoke with four care assistants, the deputy and registered manager, eight people who used the service and one relative. We also spoke with a visiting health professional. We looked at five care plans for people who used the service and other documentation including four recruitment files, medicines records, supervision and training records and made observations over both days of the inspection.

# Is the service safe?

## Our findings

People told us they felt safe living at Burnham Lodge. Comments included "They are very kind, they look after me well, there's nothing to be afraid of here". "It's a lot safer here than some homes I have been to" and "A complaint was made but I feel safe now. No one has ever been rude to me."

People were protected from abuse at Burnham Lodge. Appropriate policies and procedures were in place to ensure people were protected from the risk of harm. Staff had received safeguarding training and were able to explain to us how they would respond if they had concerns about people's wellbeing. Where safeguarding concerns had been raised, appropriate action had been taken by the service to protect people. Information on how to contact the local authority and the Care Quality Commission was available to people, staff and visitors.

Burnham Lodge had a range of staff working at the service including nurses, care assistants, team leaders and hospitality staff. Throughout both days of our inspection, we saw staff were consistently visible and readily available to people if needed. During busy periods in the morning, staff responded quickly to people's call bells and people's requests. Staff appeared to be busy but managed to undertake their required tasks as well as taking time to speak and talk to people. Our observations showed a strong work ethic and a supportive team. For example, staff supporting each other with tasks. We were provided with four weeks' rotas and a copy of the service's staffing dependency tool. We found there to be appropriate numbers of staff working on each shift.

Clear risk assessments were in place for people who lived at Burnham Lodge. Where people were placed at risk, or behaviours that could challenge, clear guidance and management plans were in place. For example, one person's risk assessment clearly highlighted that they could become distressed and upset if staff got too close to them. A clear management plan was in place on how to reduce the potential risk associated with this. Clear risk assessments were also in place on the management of specific nursing needs such as diabetes, Parkinson's, pressure care, mobility and choking. Where risks had been identified, arrangements had been put in place to alleviate the potential risk, for example, one person who was at risk of slipping from their chair had been provided with an anti-slip mat. Risk assessments were reviewed monthly or sooner when people's needs changed to ensure they were protected from harm. We also saw risks associated with bed rails and pressure mattresses were in place and reviewed regularly.

We found clear health and safety checks in place for areas such as equipment, hoists and slings and legionella checks. We saw evidence that any concerns with maintenance of the home were reported and acted upon promptly to ensure people's safety.

Appropriate fire risk assessments were in place to ensure people who lived at the service were protected. Where actions from fire risk assessments were needed, we saw these were acted on quickly and appropriately. All people living at the service had their own personal evacuation plan and weekly checks were undertaken of the fire alarm and fire equipment within the service. We found evidence that fire drills were undertaken regularly and learning had taken place on where improvements needed to be made.

We found there to be robust recruitment procedures in place. We looked at four recruitment files and found required checks were in place including evidence of conduct in previous employment, gaps in employment history explained and a satisfactory Disclosure and Barring Check (DBS) to ensure staffs suitability to work with adults.

We found medicines were managed safely at Burnham Lodge. On the first day of our inspection, we observed medicines being administered to people. We observed the nurse undertaking safe practices during the medicines round. Medicines were appropriately stored and frequently the stock was checked. Temperature checks were in place to ensure medicines were stored appropriately. We found nurses administering medicines were required to read and adhere to the service's policy on medicine administration and also had their competency frequently assessed. Guidance was in place for people who required 'PRN' (As required medicines).

# Is the service effective?

## Our findings

Burnham Lodge is a manor building set in a quiet area of Buckinghamshire. We found the service to be light, decorated well and with a homely atmosphere. The service was set in its own large private grounds and people had free access to the grounds. The home had a mixture of private rooms with en-suite facilities, and shared rooms. Some rooms had access to outside balconies and other rooms had direct access to the grounds. The service had large communal rooms at the front of the building including two large conservatories, a dining room and large reception. We were advised there was some ongoing work to the furnishings of the service.

We found staff received appropriate training to undertake their roles. Training included areas such as safeguarding, mental capacity, nutrition awareness, moving and handling and equality and diversity. We were provided with a training matrix which demonstrated staff had received appropriate training and refresher training where required. Training was provided in house to staff by external trainers. Prior to starting, new staff members were provided with an induction. This involved three days shadowing a senior staff member and undertaking their induction training. All new staff were required to be signed off as competent before undertaking any lone work with people. We found staff were receiving supervisions and appraisals in line with the provider's policy.

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 are called the Deprivation of Liberty Safeguards (DoLS).

We found the service was working in line with both the MCA and DoLS. At the time of our inspection, one person was subject to a DoLS. We found people were free to leave the building as they wished, and free to move around the building as they wished. We made close observations of the person who was deprived of their liberty and saw good practice in regards to ensuring the person was deprived of their liberty in the least restrictive way possible. We observed the person to be supported to access the garden grounds to go for a walk and were supported to receive one to one care in a way which was not overbearing and did not impact on their ability to move freely both within and outside the home.

Where required, we saw evidence of mental capacity assessments and best interest meetings. Staff we spoke with were knowledgeable on their roles and responsibilities when working under the MCA. We also observed good practice in regards to staff obtaining consent from people before undertaking any tasks. One example was a nurse supporting a person to take their medicine. The nurse ensured they gained consent from the person before offering their medicines and explained what the medicines were for. Throughout both days of the inspection, we saw staff consistently gained consent before undertaking tasks for people.



People were supported with their nutrition and hydration needs. Throughout both days of the inspection, we saw people were regularly offered drinks, snacks and meals. Where required, people had fluid charts in place to record their intake. The service worked well to ensure where people were not eating or drinking as much as they needed, plans were in place to promote their nutrition and hydration needs. For example, one person was at risk of weight loss and could become distracted when eating with others. Due to this, they had a 'protected' meal time which meant they could eat on their own with the support of a staff member.

We spoke with the chef who had been working closely with the clinical commissioning group's dietitian regarding fortified diets. Fortified diets are a way of promoting calorie intake for people at risk of weight loss. The chef had worked closely with the dietitian to create menus for people at risk of weight loss to ensure they either maintained or gained weight. After each meal, amounts of food eaten were recorded to ensure the service was aware of who was eating well, or who would need further support in regards to their nutritional needs. We observed two meal times and saw food was well presented with an array of choices which included fresh fruit and vegetables. Each morning, people were asked what lunch option they would like for the day. People we spoke with told us they enjoyed the food and if they requested an alternative, this was provided. Comments included "There is plenty of it; some of it is all right, you never get hungry here", "The food is pretty good at lunchtimes and I get a choice", "I have sampled the food, it's good! The chef is very willing to do things" and "The food varies, the other day we had roast lamb, it was delicious, they do their best and you never go hungry. I can honestly say I have never had a problem, water and drinks are always available; you are all cared for just the same, no one is treated any differently but if I like things done a certain way they will do it."

People were supported with their health needs at Burnham Lodge. Each week a Doctor visited the service to attend to people's health needs. People were also supported to access chiropody and hospital appointments as required. On the first day of our inspection, the Doctor was visiting the service to attend to people as requested. We spoke with the Doctor who was complimentary about the care provided to people at Burnham Lodge. They told us "I think people's health needs are managed very sensitively and they are very good at raising any concerns. Staff have been very cooperative and I think they get very good care. The clinical staff at Burnham Lodge have always been excellent." We saw evidence of the involvement of health professionals when requested. For example, dietitians, the falls team and speech and language therapists and the Parkinson's nurse. One relative told us "They let us know if X is not well."

## Is the service caring?

### Our findings

People told us they were satisfied and happy with their care. Comments included "It's very nice here, I have no complaints", "It's a lovely building, we have plenty of things to do. I am very content", "The carers are very good but I can look after myself; the staff are all very polite and pleasant", "The majority of carers are genuinely good carers" and "The carers work really hard, it's in their nature." One person told us they felt they were regarded as an individual, and they were happy that they were able to enjoy a glass of wine with their supper.

We observed good caring practices throughout both days of our inspections. Staff were attentive and kind towards people. During our first day, we saw a member of staff discreetly let a person know that the doctor was here to see them. The staff member ensured that the person's privacy and dignity was protected. We observed another staff member support a person whilst eating their lunch. The staff member allowed the person to eat lunch at their own pace and engaged in conversation throughout. We observed one person who was slipping from their chair and appeared uncomfortable. Staff immediately responded to make the person comfortable and managed to reposition them using a standing aid in a dignified way. Staff explained fully what they were doing to reassure and comfort the person.

Over both lunch periods, staff responded quickly to people's requests. When staff spoke with people, they got down to their level and engaged in meaningful conversations. We observed one person request that they did not wish to have a dumpling on their plate. Staff responded quickly and asked them if they would like more mince instead. When the staff member brought the person's lunch back, they checked that the person was happy and asked them if there was anything else they could do.

People were frequently offered choices throughout both days of the inspection. We saw people were involved in their care and staff ensured people's needs and requests were met promptly and prioritised. Lunchtimes were planned well so people were not waiting long periods for their lunch. Staff frequently asked if people needed assistance for example "Would you like me to cut that up for you?" and "Can you manage?" We found staff to be very attentive to people's needs. People we spoke with confirmed this. Comments included "The staff are so kind. They don't mind doing extra for you if you ask."

We found people's dignity and privacy was respected. We observed one staff member respond quickly and discreetly to a person who was salivating. Before staff entered people's rooms they knocked and waited. Throughout the inspection, we saw people smiling, laughing and engaging in conversation with staff. People appeared happy, content and well cared for and comfortable in the presence of staff.

Staff we spoke with told us what they felt constituted a caring practice. One staff member told us "I ensure I would treat people the same way I would treat my own family. It's about dignity and respect and also showing people kindness and compassion. Sometimes people just need a listening ear. The best thing about my job is spending time with people. I love having time to have a laugh, chat and joke with people." We provided positive feedback to management on how staff cared for people in a person centred manner.

The home had sought 'dignity in care' champions. This is a nationwide campaign in which providers ensure that people are always treated with dignity and to promote best practice when working with people. We saw the provider had recruited selected staff as dignity in care champions, but had also involved people who lived at the service to do the same. We saw evidence that people living at Burnham Lodge had been invited and had attended training in dignity and equality and diversity. We saw feedback from people who said they had really enjoyed the training and were looking forward to participating in further training offered.

Where required, people's end of life care wishes were recorded. We saw good examples of how information was discussed with people and evidence of good recordings. For example, noting people's future wishes; "Do you have any special wishes at the end of life?", "Is there anything you are worried about?", and "Is there anything you would like to happen?." We saw people had been fully involved in discussions around their end of life care and appropriate plans were in place in the event of someone requiring end of life care.

## Is the service responsive?

### Our findings

At the present time, the service was changing their care plans to become more person centred. We looked at a range of five care plans including some which had been changed, and ones that were yet to be changed. We found care plans to be comprehensive, succinct and detailed. Clear guidance was provided on the management of people's needs including areas such as personal care, nutrition and continence. Care plans we looked at contained a 'life history' of the person which allowed staff to understand the person's life history and also their likes and dislikes. Care plans were reviewed and updated monthly to ensure they reflected people's current needs. Care plans also included areas such as 'assessment of needs' and 'goals and outcomes'.

Complaints were managed well within the service. We saw when a complaint was made; appropriate action was taken to respond to the complaint and to learn from it. We found a clear complaints policy within the reception area of the home, however after completing an audit, the manager recognised that not everyone knew how to make a formal complaint so they sent out a copy of the complaints procedure to each person living at the home so they had their own hard copy of how to make a complaint. People we spoke with told us they knew how to make a complaint, and who they would make a complaint too if they had any concerns. People also told us if they had made a complaint, it was responded to and resolved quickly.

Throughout both days of the inspection we saw various activities being provided. Comments included "I don't go to the activities, my choice, I am quite content; it's a lovely room I have here", "I have freedom to go for a walk outside", "The vicar comes in once a month to give communion and I go to that" and "I go to the activities all the time, you have to keep active."

We saw there was good attendance by people of the activities provided. Throughout the home, a list of activities was available for people to see so they could choose if they wanted to attend. We saw activities provided such as 'countdown', crosswords, and poker. We also saw people were provided with their own activities if they wished such as newspapers and dominos. The service had recognised the need for activities seven days a week so this had been implemented. People we spoke with told us "There is plenty to do." We also observed people being supported to access the outside grounds. Celebrations which had been undertaken throughout 2015 included a summer garden party, a burns night celebration and a Christmas party. The chef also created themed menus to celebrate important calendar dates.

Throughout both days of the inspection, we found staff were responsive to people's needs. For example, where people were having difficulty reading the lunch menus on the table, staff sat next to the person and explained to them what was available. We observed one person who appeared to be in pain whilst sat in a chair. Staff responded immediately to ensure the person was made comfortable and that they were happy. It was evident that staff did their upmost to ensure people's needs were met in a timely and efficient manner.

## Is the service well-led?

### Our findings

Burnham Lodge is an independent family run service. People we spoke with were complimentary about the management of the service. Comments from people and staff included "The manager is very nice and always pops in to have a chat", "The management is good and I have had no issues." One relative told us "It seems to be managed extremely well. X is exceedingly effective and is always, always very friendly. X is efficient in a people friendly way." They added "I would recommend it (the home) for me when I'm ready."

Some staff did tell us that morale in the service had been low, but this had begun to improve. This appeared to stem from the amount of changes which had occurred within the service after the implementation of the new manager. We found the changes made to be positive to the service after discussions with management about previous practice. We did not gain the impression that morale was low within the service. Most staff told us they were happy, content and supported and appeared to work well as a team.

Prior to our inspection, we received anonymous information of concerns relating to the service. We could not find any areas of concern during our inspection. Management were open and honest in regards to the issues they had faced and explained that they had been wholly supported by the proprietors to ensure required changes were made to improve the service. The manager commented "Anything I need or ask for, I am given. I am fully supported by the proprietors to make sure people are receiving the best care possible." Throughout both days of the inspection, we found the management of the home to be visible and accessible to both staff and people who lived at the service.

At present, the management team consisted of the registered manager and a deputy manager. We found both to be responsive and knowledgeable about the service and of the needs of people. We saw evidence that management had worked hard to improve the service and to ensure people were provided with safe, effective, caring, responsive and well-led care. We found clear auditing in place to identify any issues in regards to the quality of the service provision and found management acted appropriately to ensure any concerns or issues were acted upon and fed back. For example, one survey sent to people who lived within the service and relatives highlighted that some relatives felt they were not always kept up to date with changes to people's needs. In response to this, management arranged for keyworkers to keep in regular contact with relatives and placed posters within the reception which stated "What you told us" and "What we have done." This meant people could see management had responded to any concerns and visibly displayed improvements they had made.

Regular audits of the service included areas such as medicines, infection control and care plan audits. We were also shown evidence that management had implemented further audits such as a dining room audit to observe practice over lunch times. The manager had also implemented a 'daily walk around sheet' which was used by management to identify any issues that may be raised on a daily basis. This included looking at turning charts, fluid charts, staffing issues and gaining feedback from relatives and people who lived at the service on a daily basis. We were advised this document had been shared with the NHS & clinical commissioning group as a best practice tool.

Accident and incidents within the home were recorded well and clear analysis was undertaken to assess any trends and patterns. For example, one month there was a higher than normal rate of falls within the service. Management had acted appropriately to identify potential causes, and to alleviate risks to people.

Regular resident meetings took place at Burnham Lodge which allowed people to voice their opinions. Where issues were raised at residents meetings, clear plans of action were put in place by management to improve the service. Twice yearly surveys were also sent to people and relatives to gain their feedback about the service.

Burnham Lodge had a clear statement of values in place. These included "Privacy, dignity, rights, independence, choice, fulfilment, security, respect, equality, empowerment and diversity." We found staff, management and the proprietors to be working in line with their statement of values.

Providers are required to notify us of significant events which occur within the service. We had received appropriate notifications since Burnham Lodge's last inspection in January 2014. We found all staff were aware of the Care Quality Commission and our role in ensuring services are safe, effective, caring, responsive and well-led.