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Burntwood Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

Burntwood Lodge provides accommodation and personal care for up to six people with a learning disability or who may be living with dementia.

This was an unannounced inspection which took place on 11 February 2016.

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 and associated Regulations about how the service is run. The registered manager assisted us during our inspection.

The home was not consistently well-led because the registered manager had allowed clinical waste to be disposed of in the general waste bins. Records held in the home were not always up to date or contemporaneous.

Staff undertook quality assurance audits to ensure the care provided was of a standard people should expect. Although we found actions identified were not always acted upon.

Staff had identified and assessed individual risks for people. Accidents and incidents that occurred were recorded however information was sketchy and not contemporaneous.

Medicines were managed in an appropriate way and people received the medicines they had been prescribed.

Care records for people were not always written in a person-centred way and although staff knew people, they were not all able to tell us about people's background because there was no information available. People had the opportunity to participate in activities, however activities were not always individualised or meaningful for people.

Staff said they felt supported by the registered manager and provider and told us they met with their line manager on a one to one basis to discuss training or any aspect of their work. Staff were aware of their responsibilities to safeguard people from abuse and were able to tell us what they would do in such an event. Staff had access to a whistleblowing policy should they need to use it. Appropriate checks were carried out to help ensure only suitable staff worked in the home.

Good relationships had been established between staff and people. People lived in a homely environment and staff treated people with care and respect.

People were supported to make their own decisions, from the food they wished to eat to what they wanted

to wear or how they spent their time. Staff supported people to keep healthy by providing a range of food. People had access to external health services and professional involvement was sought by staff when appropriate to help people maintain good health.

Staff had followed legal requirements to make sure that any decisions made or restrictions to people were done in the person's best interests. Staff understood the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS).

There were a sufficient number of staff on duty to support people when they needed it. People did not have to wait to receive attention from staff.

Staff received a good range of training which included training specific to the needs of people living at Burntwood Lodge. This allowed them to carry out their role in an effective and competent way. Staff met together regularly as a team to discuss all aspects of the home.

If an emergency occurred or the home had to close for a period of time, people's care would not be interrupted as there were procedures in place. There was a reciprocal arrangement in place with a neighbouring home should people need to be evacuated.

A complaints procedure was available for any concerns. People and their relatives were encouraged to feedback their views and ideas into the running of the home.

During the inspection we found some breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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.

People's individual risks had been identified and guidance drawn up for staff on how to manage these.

Medicines were administered and stored safely.

There were enough staff to meet people's needs and appropriate checks were carried out to help ensure only suitable staff worked in the home.

Staff knew what to do should they suspect abuse was taking place and there was information to people living in the home should they need it. There was a plan in place in case of an emergency.

Is the service effective?

Good ●

The service was effective.

Staff had the opportunity to meet with their line manager on a one to one basis to discuss aspects of their work.

Staff received appropriate training which enabled them to carry out their role competently.

People were involved in choosing what they ate, and were supported by staff to have meals appropriate to their needs.

Staff followed legal requirements in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards.

People had involvement from external healthcare professionals to support them to remain healthy.

Is the service caring?

Good ●

The service was caring.

Staff showed people respect and made them feel that they mattered.

Staff were caring and kind to people.

People were independent and made their own decisions on matters.

Relatives and visitors were welcomed and able to visit the home at any time.

Is the service responsive?

The service was not always responsive.

People's care records contained information about people's care requirements, but people may not always receive responsive care.

People were able to take part in activities however there was a lack of stimulating activity for people.

People and their relatives were knowledgeable about their care plans.

Complaint procedures were available for people in a way they could understand.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

The registered manager did not have good management oversight of the home. Records held by staff were not always complete and guidance for staff was missing.

Staff did not follow the legal requirements in relation to the disposal of clinical waste.

Quality assurance checks were completed to help ensure the care provided was of good quality, however not all actions had been carried out.

People and staff were involved in the running of the home and staff felt supported by the registered manager.

Requires Improvement ●

Burntwood Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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 was an unannounced inspection that took place on the 11 February 2016. The inspection was carried out by two inspectors.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

We had asked the provider to complete a Provider Information Return (PIR) prior to our inspection. 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. We reviewed the PIR prior to our inspection to check if there were any particular areas we should focus on.

Most people living at Burntwood Lodge were unable to communicate with us. Instead we observed the care and interaction between people and staff throughout the inspection. Following the inspection we spoke with two relatives to get their views on the care their family member was receiving.

As part of the inspection we spoke with the registered manager, two members of staff and two health and social care professionals. We looked at a range of records about people's care and how the home was managed. For example, we looked at two care plans, medication administration records, risk assessments, accident and incident records, complaints records and internal and external audits that had been completed. We also looked at four staff recruitment files.

We last inspected Burntwood Lodge in April 2014 when we had no concerns.

Is the service safe?

Our findings

People were kept safe because staff understood people's individual risks. For example, one person was at risk of falls and we read staff had assessed this person as requiring more appropriate footwear to reduce this risk. Other risk assessments related to people going out. For example, some people could not walk long distances and there was guidance for staff on when it was appropriate to use a wheelchair.

Staff followed good procedures in relation to the handling of medicines which meant people received their medicines in an appropriate way. Medicines were stored in a locked trolley. Medicines administration records (MAR) were completed properly, without gaps or errors which meant people had received their medicines correctly. Each person had a medicines profile which included a photograph to assist with correct identification of people. Profiles included a brief history of people's health and physical needs.

People were supported by a sufficient number of staff. They received care and support when they required it and did not have to wait to be assisted by staff. There were sufficient staff to ensure people who had external activities were enabled to attend these and those choosing to remain indoors received the attention they needed. The registered manager explained there were two care staff on duty each day, but if there were outings arranged the provider would allow them to rota on additional staff. During the night he explained there was currently one waking and one sleeping member of staff, however due to people's changing needs, this was being changed to two waking staff.

People were kept safe because the provider carried out appropriate checks to help ensure they employed suitable people to work at the home. Staff files included a recent photograph, written references and a Disclosure and Barring System (DBS) check. DBS checks identify if prospective staff had a criminal record or were barred from working with people who use care and support services.

Staff had a good understanding of safeguarding which meant they helped keep people safe from harm. Information was available for staff and they told us who they would go to if they had any concerns relating to abuse. We saw a flowchart available for staff which contained all the necessary information on how to report a concern. There was also whistleblowing guidance for staff which meant they would know how to report any concerns they had about any aspect of the home. A member of staff said, "I wouldn't keep quiet. I would whistleblow if necessary."

People would continue to receive appropriate care as there was a contingency plan in place in the event of an emergency. There was information and guidance for staff and each individual had their own personal evacuation plan (PEEP). People would be evacuated to a neighbouring care home should the need arise. Staff were up to date on their fire training which meant they would know what to do in the event of a fire.

Is the service effective?

Our findings

Staff received appropriate and relevant training to enable them to feel confident in their role and to help them meet people's specific needs. Staff undertook the provider's mandatory training, such as safeguarding, first aid, food and hygiene and health and safety. Staff told us the training was good and they could always ask to attend specific courses. One staff member told us they had been supported to take their diploma in health and social care.

People were cared for by staff who were supported in their role. Staff were able to meet with their line manager on a one to one basis. This was a way for the manager to check staff were putting their training into best practice and to ensure they were following the standards expected. Staff were up to date with their annual appraisals which was an opportunity for staff to discuss with their line manager their work progress, any additional training they required or concerns they had. We noted staff observations were carried out and recorded. These were ad-hoc supervisions giving the registered manager the opportunity to observe staff practices.

People were supported by staff who were developing appropriate communications skills. One person had a hearing impairment and staff had arranged to attend a deaf and hard of hearing course to develop their skills. Another person was living with dementia and staff had undertaken courses specific to this need. A member of staff told us they had qualified in learning disabilities which had changed their approach towards people.

People were supported to have a varied diet to help maintain their health. People participated in choosing the foods they ate because staff offered them choices. We observed lunch time and saw people had been given their preferred choice of meal. Staff described to people what the food was when it was put down in front of them. Staff explained that they had a four-week rolling menu, but this could vary depending on people's preferences on the day. Everyone was seen to enjoy their lunch.

Dietary risks to people's health had been identified and staff had sought appropriate guidance. For example, one person required a softer diet and a specific menu had been devised for this person. This had been devised in conjunction with the Speech and Language Therapy team. Another person ate their food quickly. We saw guidance for staff to ensure this person's food was cut up into smaller pieces and to supervise them when eating. We saw this happened during the lunch time.

The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) processes were implemented appropriately. 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 found that staff knew of the implications of the MCA and DoLS. DoLS applications were made where necessary. For example, in relation to the locked front door.

Staff were able to demonstrate a reasonable understanding in the MCA and DoLS. They told us it meant people had the right to make their own choices. One staff member was able to describe to us when a best interest meeting should be held and who should be involved.

People were supported by staff to maintain good health and were referred to appropriate health care professionals when required. For example, the GP, chiropodist, district nurse or the dentist. A professional told us that staff made appropriate referrals to them. People had health action plans in place in which staff recorded people's intervention with health care professionals.

Is the service caring?

Our findings

One person told us it was nice at Burntwood Lodge, the staff were nice and the food was good. A professional told us, "Always very pleasant. The staff seem caring and people are always well dressed and clean." Another said, "They (staff) are all very caring, they care about people." A relative said, "The care is pretty good." Another told us, "Marvellous, caring and professional. Staff ensure they respect the little things that are important to them."

Staff displayed kind, caring behaviour. Staff sat at people's level when they spoke with them and looked into their face and smiled. When staff spoke with a person who had a hearing impairment they spoke slowly, pronouncing their words to help the person understand what they were saying to them. Staff showed patience by waiting for people to respond to questions and speaking to them in a manner they would understand. We saw staff show affection to people by kissing or hugging them.

People lived in a homely environment. People's rooms were individualised and personalised. We checked the temperatures of the hot water and heating in people's rooms and found them to be appropriate. There was a general, light hearted atmosphere in the home.

People received thoughtful, attentive care from staff. A staff member ensured someone was sitting appropriately and comfortably in their chair and one person who suffered from cold hands had been provided with special gloves to ensure they remained warm. One person was struggling to hear the television and staff responded to their request immediately by turning it up.

Staff treated people respectfully and made them feel they mattered. We heard a staff member chatting to one person about some post and they showed an interest in the news this person had received.

People's individuality was recognised. One person told us how they liked their soup very hot and staff always ensured they received it the way they liked it. Another person liked to spend their time colouring and drawing and staff had ensured they had plenty of colouring pencils and paper to allow them to do this. People could have privacy when they wished. Some people had chosen to spend time in a separate area from the others and staff respected this.

People were treated with respect by staff. Staff told us of ways they would ensure they were always respectful to people. For example, by communicating with them throughout a task, or asking the person first before they did anything. Staff supported people to the bathroom and we saw how they stood discreetly outside the door until the person was ready to come back into the lounge.

People were encouraged to be independent and make decisions when they could. Staff offered people choices about their food and drink. One member of staff told us how they supported someone to have a shower but always let the person dry themselves as they were capable of doing this. This person helped staff out in the kitchen in the preparation of meals or emptying the dishwasher.

Relatives told us they were able to visit when they wanted and were made to feel welcome. They said they went to the home both announced and unannounced and had never had any concerns.

Is the service responsive?

Our findings

People may not always receive responsive care. For example, one person had a blood test in October 2015 and the GP had requested a further appointment was made in three months time. We spoke with the registered manager about this who told us this had not been arranged. In addition this person had a note in their care plan, 'referral to physio/OT as has a lot of falls' however staff told us this had not happened.

We noted in one person's PRN (as required) medicines protocol guidance was included for staff to contact the GP when this person 'needed persistent, 'upper level' dosage of the PRN'. Despite the records showing this was the case staff had not contacted the GP.

Care plans were not reviewed regularly to help ensure the information contained in them was the most up to date. For example, one person suffered from epilepsy, however the care plan relating to this indicated it had not been reviewed since 2013. Another person had a risk assessment in place for wheelchair use dated 2014 and a further person's care plan did not appear to have been reviewed for 18 months.

People's care plans contained information about their medicines, personal care requirements, their mobility and any identified risks. However, care plans did not include information on people's lives before they moved into Burntwood Lodge. This information is important as it gives staff a good overview of any significant events that may have happened to a person which may result in particular behaviours they now display.

People participated in some activities, but there was a lack of motivating leisure time for people. One person attended a day centre each day and they told us how much they enjoyed it there. Other people liked to go for a drive, to the local garden centre or pub for lunch. However, staff had not considered alternative, meaningful activities for people which may stimulate them more when they remained in the home. This was reiterated by the health and social care professionals we spoke with who told us, "They are stuck in a time warp. There are not a lot of activities" and "Nothing much going on. People just sit around." We saw this during the day when one person dozed throughout the morning, only waking to have a cup of tea and sat in their chair all day with little interaction from staff. One professional said they had suggested staff try Us in A Bus (intensive communication sessions) or Makaton training (symbols and signs), but this had not been done. We looked at the activities records which showed us during a period of seven weeks one person had only been out four times, another twice and a further three times. The majority of people's time was spent, reading magazines, colouring, doing puzzles, or watching television.

The lack of a person-centred care approach was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were involved in developing their own care plans and making decisions about the care they wished to receive and relatives told us they were encouraged to be involved. People were encouraged to maintain relationships that meant something to them. For example, one person was supported by staff to keep in touch with their close relation and another was supported to maintain friendships.

There was a complaints procedure available for people. This gave information to people on how to make a complaint. The procedure was written in a way that people could understand. For example, in pictorial format. There had been no written complaints about the staff or the home in the previous 12 months. However we noted one person had said they were cold in their room and staff had responded by buying a small heater for them.

Is the service well-led?

Our findings

The registered manager did not have good management oversight of the home. There was a risk of communicable disease because we found yellow clinical waste sacks in black bin liners in the general waste bin in the driveway of the home. The clinical waste bin was empty and not being used. We also found clinical waste in the general waste bins in the bathrooms. We spoke with the registered manager about this but they were unable to tell us why this was happening. We asked the registered manager to show us the certificate for clinical waste collection for the home, but they were unable to demonstrate to us they had a contract in place. In addition, despite informing the registered manager immediately of what we had found, they failed to take action in relation to this by the end of our inspection.

Records were not always contemporaneous. For example, one person had been prescribed some cream for their leg. We saw this had been recorded in August 2015, however there was no further detail to show whether this person's condition had improved. We also found a medicines profile for one person that did not record whether or not they had any allergies. Information relating to people's medicines was not dated and PRN (as required) protocols for people had not been reviewed for some time. For example, one was last reviewed in 2014.

Safety data sheets for cleaning products stored in the home did not fully match with the products currently being used and the PAT (electrical testing) certificate held on file expired in March 2015. We spoke with the registered manager about this who was able to confirm more recent testing had taken place, but they were yet to receive a certificate. Cleaning checks lists for the kitchen area were shown to us, however these had inconsistencies in recording during October 2015 and February 2016.

Information was recorded inappropriately. We noted on the staff rota there was a rolling schedule for one person's bathing regime, however no one else in the home had a similar note. We asked staff about this but they were unable to give us a satisfactory response. Staff could not tell us why this information was on the staff rota rather than in this person's care records. We also noted the activity plan displayed in the dining room did not include one person who lived in the home. Activities records had not been completed fully for February 2016 and staff told us they sometimes forgot to do this.

Accidents and incidents were logged however we found that records held were not comprehensive. For example, one person had several minor incidents. Although staff were able to explain these and the action taken, records gave little detailed information.

The home was quality monitored by the registered manager and other staff as they carried out regular audits. These included monitoring of water temperatures and site surveys. We read actions identified from these checks were completed or in progress. For example, repairing a leak in the roof. However, we noted staff had not followed up on other actions identified during quality checks. For example, a recent food hygiene inspection had resulted in recommendations but these had not been completed. We also saw a large block of ice in the back of the fridge in the kitchen which may affect the overall temperature of the fridge which may impact upon the quality of the food being served.

People were supported by staff who were kept up to date in all aspects of the home. Staff had the opportunity to meet as a team regularly to discuss general information as well as individuals and any good news or concerns they had. There was good attendance at these meetings, however some actions agreed by staff were not always carried out. For example, at the last staff meeting it was agreed to turn the television off in the afternoon to avoid people sitting sleeping. It was also agreed staff would undertake more activities with people and there should always be a member of staff present in the lounge. We did not always observe this happening. For example, we saw the television was on during the afternoon and there were several occasions throughout the inspection where people were sitting in the lounge alone.

The lack of good governance and complete and accurate records was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they felt supported by the registered manager. One said, "He is very hands on and he demonstrates good care in front of us. He is very genuine and fair." Another told us, "He is understanding and I can ask him anything." Staff said there was a lovely staff team who got on well together. Relatives were happy with the management of the home. One relative told us, "Things are much better now with the new manager." They told us he was more motivated and approachable.

People were involved in the running of the home as residents meetings were held where people had the opportunity to talk about the care they received, food choices or activities they would like.

Feedback on the care being provided at Burntwood Lodge was sought from relatives and professionals. We read five responses received from the recent survey and it was clear everyone was happy. One person had commented, 'staff all helpful and caring'.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The registered provider had not ensured the care and treatment of people met their needs.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider had not ensured they acted on identified shortfalls in the quality and safety of the service. The registered provider had not ensured accurate, complete and contemporaneous records were being kept.