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Burgh Heath 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

This inspection took place on 10 October 2018 and was unannounced.

Burgh Heath Lodge is a residential care home for up to nine people with mental health needs. At the time of the inspection there were eight people living at the home.

People in residential care homes receive accommodation and 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.

At our last inspection we rated the service as good. At this inspection we found the evidence continued to support the rating of good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The provider was a small family owned organisation who displayed a positive and compassionate culture of care. People benefitted from receiving person centred care in a supportive environment.

People were kept safe at Burgh Heath Lodge. There was a consistent staff team that was sufficient to meet the needs and preferences of the people that lived there.

Risks to people were identified and clear guidance was in place to minimise risk, whilst not restricting people's choices and freedom. Staff understood what action they should take if they suspected abuse, including the agencies that needed to be notified. Each person had a plan which detailed the support they needed to get safely out of the building in an emergency.

People's medicines were stored and administered safely. External checks were in place to ensure standards were maintained. Staff understood how to protect people from the spread of infections and the home was kept clean.

The provider had carried out appropriate recruitment checks to ensure staff were suitable to support people in the home. Staff received a comprehensive induction and ongoing training so that they could meet the needs of people who lived at the home.

People were supported to maintain good health and they had access to relevant healthcare professionals when they needed them. People benefitted from the way the staff worked with other services to ensure effective care and support. People had a varied and balanced diet to support their nutrition and health.

The home was adapted to meet the needs of the people who lived there. Improvements had been made and were planned to cater for some additional needs as people aged.

People's consent was sought in line with the legal requirements of the Mental Capacity Act. Where people's liberty was restricted to keep them safe, the provider had followed the requirements of the Act, and the Deprivation of Liberty Safeguards (DoLS), to ensure the person's rights were protected.

People were treated compassionately by kind and caring staff. Individual support needs were accommodated by staff in a calm and sensitive way. People's privacy and independence was promoted at all times. Contact with families and friends was encouraged and enabled to happen.

People received an individualised service. They were given choices and had a say over their day to day care, including any activities and their meals. People's background and their need for communication and social interaction was understood. They were given opportunities to go on outings and to the shops.

People living at the home benefitted from the relationships the service had formed with local community organisations and with professionals.

The service was well managed. Staff were supported and involved. People felt they were part of a family and they were enabled to share their views. There was good governance in place and record keeping was organised and clear. Standards were maintained through a series of quality assurance checks.

Feedback was welcomed and a complaints policy was in place. Families and professionals spoke highly of the care and support provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remained Good.	**Good**
Is the service effective? The service remained Good.	**Good**
Is the service caring? The service remained Good.	**Good**
Is the service responsive? The service remained Good.	**Good**
Is the service well-led? The service remained Good.	**Good**

Burgh Heath Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 10 October 2018 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed records held by CQC which included notifications and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. We also reviewed the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

At the inspection we spoke with three people. We also observed the care that people received and how staff interacted with people. We spoke with all four of the staff present that day, including the registered manager. We read the care plans of three people, observed people's medicines being given including the records and reviewed any accidents and incidents. We looked for mental capacity assessments and any applications made to deprive people of their liberty.

We looked at two staff recruitment files and evidence that all staff had up to date training and supervision.

We checked whether mandatory policies and procedures were in place and the documentation that showed whether regular monitoring of equipment and the premises was being done. We reviewed internal audits and responses to complaints to understand how well the service was being governed and managed.

We later received some feedback from three healthcare professionals who have visited and worked with this home.

Good

Is the service safe?

Our findings

People were supported to stay safe both inside and outside of the home. One person told us, "I feel very safe here." People living at the home were safe because staff understood their role in safeguarding people from abuse. The staff had been trained in safeguarding of vulnerable adults and demonstrated a good understanding of what to look for and how to escalate any concerns. One staff member said, "I'd report to the manager if I thought anyone was at risk of harm. Or to the police or social services, I would not stand for it."

The risks people experienced due to the mental health and physical needs had been thoroughly assessed. The support they needed and actions to be taken were clearly documented and known by staff. This included managing risks related to people's unpredictable behaviour due to their mental health condition. One member of staff told us how they managed a person's mood swings. They said, "I am aware of the signs. I stay calm and keep my voice calm always." Other people were at risk of falling as they aged. There were risk assessments in place for people using the garden, or when leaving the home. One staff member told us, "I make sure [name] wears their call bell pendent when in the garden, but we do not want to restrict people doing the things they love."

There were sufficient staff to safely meet people's needs. This was a small family run care home that employed seven care staff. The registered manager told us, "We are a stable staff team and the people sense this. They are happier seeing the same people day to day." There were always two care staff present at the home and the owner and registered manager were also available on site to provide guidance and practical support when needed. Most people were fairly independent with their physical care needs. We observed staff giving attention to people when it was needed, and no one was kept waiting long for the support they needed.

Staff had been safely and carefully recruited. Checks included a work history, references and a check with the Disclosure & Barring Service (DBS). The DBS keeps a record of potential staff who would not be appropriate to work in social care.

People's medicines were stored and administered safely. Only staff who had received appropriate training administered people's medicines. This included the registered manager who described what medicines people needed and demonstrated safe practice when observed. The organisation of the medicines was good, with a photo of each person with their medicine chart and any allergens displayed. There were no gaps in the medicine administration records (MARs) so it was clear when people had been given their medicines. The 'as required' medicines were also managed safely. Storage was in a locked cupboard with access only by a key pad. This door was observed to be locked at all times and the temperatures were monitored and recorded daily.

People were protected against the risk of the spread of infections. We observed that staff undertook cleaning as part of their duties and that people's rooms and shared rooms, including the adapted bathrooms were kept clean. The cleaning materials used were stored safely away in locked cupboards. The

care staff knew what about safe practice and we observed that they washed their hands before working in the kitchen. One staff member explained, "We use the blue apron and gloves in the kitchen and white apron and gloves for personal care." The aprons were disposed of safely. The home had a Food Hygiene rating of five and regular checks were being done to maintain this.

People's individual support needs in the event of an emergency or fire had been identified and recorded. These provided an individual risk level and clear instructions on what staff were required to do to ensure the person's safety. There were three people who liked to smoke. Risk assessments were in place and one person smoked in their room due to their mental health support needs. Action had been taken to minimise any risk including using non flammable cream and materials.

People were supported following any accidents or incidents and lessons were learnt by staff. The registered manager held records and reviewed incidents which meant that they could respond to any issues or trends identified. For example, one person who had enjoyed walking outside independently had three separate incidents of an unexplained fall, two of which were in the street. A healthcare referral was made and the causes for the change in this person were being investigated.

Good

Is the service effective?

Our findings

People's needs and choices were assessed and care was delivered in line with current good practice guidance. The assessments undertaken were comprehensive and provided insight and information into the individual's personality, mental and physical health and associated risk factors. People's needs under the Equality Act were considered, including any special needs as result of their long term mental health condition, alcohol misuse or homelessness. There was no one living at the home who had specific cultural or religious needs nor had anyone identified themselves as from the LGBT community.

People were supported to live as healthily as possible and were helped to access healthcare services. Care plans were consistent in recording medical history and most recent health problems and appointments. All significant events and interventions by professionals, including a mental health nurse, psychiatrist, optician and dentist, were detailed. One person's care plan said, "Maintain good physical and mental health and prevent potential problems.. to remain in a state of wellbeing." Any signs of deterioration in mood or behaviour were detected and acted upon early. A healthcare professional told us the service was, "Good at keeping us up to date with any changes and enables [name] to attend all their appointments."

People benefitted from the way the staff worked together and with other services to ensure effective care and support. There was a handover every day between the registered manager and staff. There was a white board in the kitchen where any appointments or reminders about any person was noted. For example, one person had developed a tooth issue that day and a dentist appointment had been arranged. Staff were able to describe the help they gave to a person who needed to do exercises prescribed by a physiotherapist. Staff had also been trained by the nurse for diabetes to supervise a person who was managing to do their own insulin injections.

People were supported to eat and drink enough and had a balanced diet. People's weight was monitored monthly. Meals were cooked to order and served by the staff in a family-like way. There was no set menu as people were asked each day what they would like to eat. One person was a vegetarian which was catered for. The provider said, "They can chose what they want, though we try to encourage different meal ideas and include fresh vegetables and fruit." People told us they enjoyed the food. One person said, "We have very good food…you get what you ask for."

Staff had received training and were supervised to ensure they had the knowledge and experience to deliver effective care and support. Staff said they had received a good induction when they started and had supervision every two months. Training logs and staff supervision notes were made available. Staff who had no or little care experience undertook the Care Certificate, which is an agreed set of national standards in adult social care.

The home was suitable to meet the needs of the people who lived there. People' rooms were spacious, and on the ground floor all had en-suite adapted shower rooms. Upstairs the rooms had a sink only and a shared adapted bathroom was available. The registered manager was aware that some improvements could be made as people aged and their mobility decreased. For example a stair lift was in place. A new special chair

to use in case of emergency evacuation had been purchased. There was a small step into the conservatory that was going to be removed to enable wheelchair access and reduce any trip hazard. A plan to continuously improve the premises was in place.

People were not being restricted without legal authorisation and consent was sought by staff before providing care and support. One staff member said, "We must always ask for permission from people before doing anything." We observed staff doing this with people.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The home had correctly applied for a DoLS authorisation and there was recorded evidence that this was in the person's best interests. The service worked on the basis of least restrictive practice and had successfully advocated on a person's behalf when it was suggested that a restriction was imposed.

Good

Is the service caring?

Our findings

People were treated kindly by staff and given the attention they needed. One person told us, "They are marvellous because they do anything you want to help you." A relative had written to say, "I marvel at the diligence and patience of the staff. This is an excellent care home."

Staff knew and anticipated people's needs. For example, if a person needed help with an activity, or support with personal care. When staff were interrupted by a person wanting to show them something or talk, they immediately showed interest in the person. All staff demonstrated a calm approach and were seen smiling at people. People responded well to the staff and the positive way they were treated. Healthcare professionals also told us the registered manager and staff were always kind and considerate with people. They were involved people in their care wherever possible.

People who often stayed in their room, due to their anxiety, were included by staff. One staff who organised some activities told us when they would be going to spend time with these people. They said, "We always make sure they feel part of it too." A person who celebrated their birthday on the day of inspection was made to feel special and a tea party had been arranged for them. Cake and snacks were taken to those who didn't leave their room. One person said, "It's like a family here."

People were supported to express themselves and make their own decisions. We observed a staff member listening to a person who was struggling to get their words out. They were patient and did not interrupt them. One staff member said, "We respect their decisions. Some people can be unhappy or do not want to take part… I don't let it get to me. I will give the best care for them."

People were enabled to be as independent and their privacy was respected. One person told us, "I am quite independent, but there is always support." We observed how one staff member motivated people do some physical exercises in a respectful way, saying, "Please stand up now" and " Would you join in please." They also gave people praise when they tried to do the exercise. We observed that staff knocked on a person's door before entering. Another staff member said, "If they don't want me to go in I leave it, and come back a bit later and check again. We don't push people to do things, it's in their own time."

People were encouraged to see their family members or a friend where possible, either at their home or to go out on a visit. People's care plans included a page of the, "People in my life" which was completed fully. The registered manager was familiar with each person's social needs and told us, "This is important to people's wellbeing, whether it is going in the garden, going to town or seeing their family."

Good

Is the service responsive?

Our findings

People's care was personalised to them and met their individual needs. This was demonstrated in the care and support plans that gave personal information and history that enabled staff to get to know each person well. There was a focus on the outcome to be achieved and people's strengths and achievements were also recorded. Guidance from the person to staff to enable them to give the best support was included, using the headings, "You need to know this" and "You need to do this." The provider told us that, "Individual care is given to each person."

Each person's care plan included information about their communication need, social interaction and their preferences. One person, who needed mental stimulation, had been helped to complete a computer course. Another person told us, they had been able to have some piano lessons and attend concerts which, "I really enjoyed." A third person said, "My room is just how I want it and I have access to the garden."

People were encouraged to take part in day to day activities of their choice. Staff were able to tell us about each person, what they enjoyed doing and how they would motivate them. We observed each person doing their own individual activity in the morning. There were also some group activities organised, such as a quiz and the physical exercises. One staff member said, "We give them choices, but also encourage them to try things, as some would watch TV all day." People were also able to go out in the car with staff to the shops if they wanted, and special days out were arranged. One staff member said, "We ask people for their ideas and then take a vote. We went to the beach in the summer." One person who did not like to leave their room received regular visits from staff, and sometimes from others living in the home, to ensure they had some social interaction.

People's wishes for the end of their life were recorded on their care plan, including any funeral plan and their religious preferences if they had expressed this. One person's family had been involved in this and another person's wishes for where they wanted to be buried had been recorded. One person had died recently after being admitted to a hospital. We suggested the plans could be developed to include people's preferred place of care and any wishes for how they wanted to be cared for. The registered manager said they could consider this and include family members where possible.

The service had a complaints policy in place and displayed in the entrance. This included, "We understand that people will have different views, and we will deal with any complaint with openness and transparency." However, the service had not had any formal complaints in the last year. The service had received feedback from people, relatives and professionals. One person had said, "I am very happy and comfortable. The home is warm and staff are welcoming."

Good

Is the service well-led?

Our findings

The provider displayed a positive and compassionate culture of care. People benefitted from receiving person centred care in a supportive environment. The registered manager said their aim was to, "Encourage an open atmosphere with everyone we work with, to focus on the individual and support people to age well."

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was aware of their responsibility to report significant events to the CQC and other outside agencies. A notification had recently been sent to CQC appropriately and advice had been sought about this incident. We could check that appropriate action had been taken. Information for staff and others on whistle blowing was on display in the home.

The provider was well organised and clear records were maintained about people's care. The registered manager kept detailed and precise electronic records and was able to store and locate information in a systematic way to ensure the smooth running of the home. There was also a good system for keeping track of all the necessary checks on premises and equipment and audits to meet quality standards. For example, an external pharmacist audit had taken place in April 2018 and fire risk assessment completed in January 2018. These had demonstrated that the service was working to meet all the standards and address any risks.

Staff were supported and involved in decisions day to day. The registered manager was able to see all the staff during the week and ensured there was good contact and feedback each day. One staff member told us, "[Name of manager] is always here. He would listen and address anything immediately."

People and relatives were encouraged to have a formal say about how the service was managed. Bi-monthly meetings were held and people shared their views on the things that mattered most to them. The format included views on people's rooms, activities, meals and any other topics they wished to raise. Changes were made, such as the provision of an extra blanket for one person, changes to another person's meals, and ideas for outings agreed. The service also used an annual survey to gather feedback and ideas from a wider group including relatives and professionals.

The provider was considering ways to improve and sustain the service. A priority was to make improvements to the facilities and cater for changes in people's mobility. The registered manager was taking steps to ensure that there was always sufficient staff and experience available to meet future needs. The service was a member of the Surrey Care Association to enable them to keep up to date with the latest developments in the care sector. They had also joined the National Skills Academy for social care, which supports employers to find training and tackle the skills challenge facing their sector.