

Burdyke Lodge Ltd

Burdyke 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

About the service

Burdyke Lodge is a residential care home providing personal care to 19 people aged 65 and over at the time of the inspection. The service can support up to 27 people. People were living with a range of needs associated with the frailties of old age.

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

The provider lacked effective quality assurance systems to identify concerns in the service and drive necessary improvement. Where the need for improvement was identified these were not always addressed in a timely way.

The provider had not always sent us notifications when people had died. Notifications are information about important events the service is required to send us by law.

Staff received training that helped them to deliver the care and support that people needed. However, staff had not received recent practical training in relation to moving and handling and first aid. We made a recommendation about this.

Although there was a range of activities taking place, improvements were needed to ensure people had enough to do each day and activities were meaningful and reflected their individual interests. We made a recommendation about this.

People received support from staff who knew them well, understood their needs and were kind and caring. People's care and support needs were assessed and reviewed. This meant people received care that was person-centred and reflected their needs and choices.

There was a positive, person-centred culture at Burdyke Lodge. People felt well supported by the provider, manager and staff. One person said. "You won't find a better place than this."

Staff understood the risks associated with the people they supported. Risk assessments provided further guidance for staff about individual and environmental risks. People were supported to receive their medicines when they needed them.

People were protected from the risks of harm, abuse or discrimination because staff knew what actions they should take if they identified concerns. There were enough staff working to provide the support people needed, at times of their choice.

Staff received supervision and told us they were well supported by the manager and provider.

People's health and well-being needs were met. They were supported to receive healthcare services when

they needed them. People were supported to eat a wide range of healthy, freshly cooked meals, drinks and snacks each day. They were given choices about what they would like to eat and drink.

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.

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 (published 10 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to the quality assurance system at this inspection.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Burdyke 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 one inspector.

Service and service type

Burdyke 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. People were living with a range of needs associated with the frailties of old age.

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

The registered manager did not work at the home every day. There was a care manager and deputy manager who were responsible for the day to day running of the home.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed the information, we held about the service and the service provider. The registered provider completed a Provider Information Return (PIR). Providers are required to send us this key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We sought feedback from the local authority. We looked at the notifications

we had received for this service. Notifications are information about important events the service is required to send us by law. We used all of this information to plan our inspection.

During the inspection

During the inspection we reviewed the records of the home. These included two staff recruitment files, training, medicine and complaint records. Accidents and incidents, quality audits and policies and procedures along with information about the upkeep of the premises.

We looked at four care plans and risk assessments along with other relevant documentation to support our findings. This included 'pathway tracking' two people living at the home. This is when we check that the care detailed in individual plans matches the experience of the person receiving care. It is an important part of our inspection, as it allows us to capture information about a sample of people receiving care. We spoke with ten people, two visitors, and eight staff members. This included the registered manager.

We spent time observing people in areas throughout the home and could see the interaction between people and staff. We watched how people were being cared for by staff in communal areas. This included the lunchtime meals.

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.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home. They said any issues would be, "Sorted out" straight away.
- Staff had received safeguarding training and regular updates. They told us what they would do to protect people if they believed they were at risk of abuse, harm or discrimination. This included informing the manager or registered manager.
- Staff told us if they would always ensure appropriate authorities such as CQC or the police were informed of any concerns if the manager did not take appropriate actions.
- There was information displayed to remind staff what actions they should take to protect people. This included contact telephone numbers for the local safeguarding team.

Assessing risk, safety monitoring and management

- Systems were in place to ensure people remained safe.
- Risks had been identified and risk assessments provided guidance for staff about the care and support people needed to stay safe. Staff provided people with care that reflected what had been recorded in risk assessments and care plans.
- Staff understood the risks associated with supporting people and told us how they supported people to minimise risks and help people maintain their independence.
- Some people were at risk of falls and staff supported and observed them when they mobilised around the home.
- Regular fire checks were completed and personal emergency evacuation plans (PEEPs) were in place to ensure staff and emergency services are aware of people's individual needs in the event of an emergency evacuation.
- Servicing contracts were in place, however, we found servicing was needed for the gas and moving and handling equipment. The registered manager told us these were going to be arranged.

Staffing and recruitment

- There were enough staff working each shift to ensure people's needs were met in a timely way.
- People told us staff attended to them when they needed them. One person said, "If I call staff will always come." Throughout the inspection call bells and questions from people were answered promptly. There were enough staff to respond to people throughout the day.
- Staff told us there were enough of them working each shift to provide people with the support they needed. One staff member said, "Sometimes it's busier than others but I never feel that there's not enough

of us."

- Staff had been recruited safely. Appropriate checks were in place to ensure staff were suitable to work at the home. This included, references, Disclosure and Barring Service (criminal record) checks and employment histories.

Using medicines safely

- People told us they received their medicines when they needed them. One person said, "They bring my medicines round to me." Another person told us, "Staff are very careful with medicines, they are all locked away, they take their time when they are doing them."
- Medicines were ordered, stored, administered and disposed of safely. Medicine records were well completed and confirmed people received their medicines as prescribed.
- There were protocols for 'as required' (PRN) medicines such as pain relief medicines. This included recording why the medicine was needed, and if it had been effective when taken. Staff understood why people may need PRN medicines and when to offer them.
- Before staff were able to give medicines they received training and completed competencies to ensure they had the appropriate knowledge and skills. The manager told us discussions took place with staff before they gave medicines to ensure they were confident and happy to do so.
- Some people were able to take their own medicines. There were risk assessments in place to ensure they were managed safely. This helped people maintain their independence.

Preventing and controlling infection

- Staff completed infection control and food hygiene training. They used Protective Personal Equipment (PPE) such as aprons and gloves when needed when they provided personal care and served meals.
- There were suitable hand-washing facilities available throughout the home and staff were seen using these.
- Appropriate laundry systems and equipment were in place to wash soiled linen and clothing.
- A legionella risk assessment was required. The registered manager told us this had been undertaken in the past and regular checks such as water temperatures took place to help ensure people remained protected. The provider contacted us after the inspection and told us this had been arranged for the beginning of September 2019.

Learning lessons when things go wrong

- Accidents and incidents were documented and responded to appropriately to ensure people's safety and well-being were maintained. Where people had fallen these were analysed and monitored to identify any trends or patterns which may show further actions were needed to prevent any reoccurrences.
- Risk assessments and procedures were reviewed and updated following any accident or incident to ensure staff had all the information they needed.
- Staff were updated verbally about any changes throughout the day and at handover. Information was also recorded in the handover book for all staff to review when they came on duty.

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.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed by the manager or deputy manager before they moved into the home. This was to make sure staff had the appropriate knowledge and skills to look after them and there were enough staff working to meet people's needs.
- Information from the pre-assessment was used to develop the person's care plan and risk assessments. These were reviewed regularly.
- Care and support was delivered in line with current legislation and evidence-based guidance. People's nutritional risks had been assessed using the Malnutrition Universal Screening Tool (MUST). This helped to identify if people were at risk of malnutrition or dehydration. Where indicated appropriate actions were taken. This included a referral to appropriate healthcare professionals, regular weight records and increased support with eating and drinking.
- People's skin integrity and their risk of developing pressure wounds had been assessed using a Waterlow risk assessment. Action was then taken, which included, appropriate equipment to relieve pressure to their skin and regular checks.

Staff support: induction, training, skills and experience

- People told us staff had the knowledge and skills to look after them. One person said, "They know me and how to look after me."
- Staff received ongoing training and updates. These included infection control, moving and handling, mental capacity, first aid and equality and diversity. These were online courses and did not include a practical element.
- As part of the online training staff completed competency assessments to ensure they had understood the training they received.
- However, staff had not received any recent practical training to support their online learning. For example, in relation to moving and handling and first aid. We discussed this with staff. They told us that people living at Burdyke Lodge were all able to mobilise independently. Therefore, moving and handling equipment such as hoists were not used. Throughout the inspection we saw staff supporting people appropriately when supporting them to mobilise.
- Staff told us they had previously completed practical first aid training. They were able to tell us what actions they would take if a person needed first aid. They gave us an example of when they had contacted the emergency services and followed their guidance until the paramedics arrived at the home.

We recommend the provider seeks training and guidance to ensure staff receive appropriate practical training.

- Staff also received further training from healthcare professionals to help meet specific to the needs of people living at the home. This included working with the falls practitioner to support people to improve their mobility and reduce falls.
- When staff started work at the home they completed an induction where they were introduced to the day to day running of the home, people and the support they needed.
- They completed a worksheet which demonstrated their knowledge and understanding of the induction received. The manager completed observations of new staff. Although these were informal and not recorded they helped to demonstrate staff knowledge and understanding.
- Staff who were new to care completed the care certificate. The Care Certificate is a nationally agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. A staff member told us they had completed a lot of the work needed and were finding it useful. They told us they were supported by the manager.
- Staff received supervision, they told us they were supported by the manager and could discuss issues at any time. Staff who told us the provider, manager and their colleagues were open and supportive.

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

- People said the food was good. One person said, "The food is lovely and they will always find you something else if you don't like what's on the menu." Another person said, "The food is always lovely, you can't fault it."
- People were supported to eat a wide range of healthy, freshly cooked meals, drinks and snacks each day. These met people's individual nutritional needs and reflect their choices and preferences.
- The menu was on display, so people knew what was available each day. Staff discussed meal choices with people and helped them decide what they would like to eat. Hot and cold drinks and snacks were provided regularly throughout the day.
- People were able to eat their meals where they chose. During the inspection most people ate their meals in the dining room. Some people chose to stay in their rooms and their meals were taken to them.
- Mealtimes were sociable occasions. People sat within their friendship groups and enjoyed each other's company and conversation.
- People's weights were monitored, and a nutritional risk assessment was completed. This identified if anyone was at risk of malnutrition, dehydration or required a specialised diet. When nutritional concerns were identified specialist advice was sought through the GP and followed.
- Where people required a specialist diet, for example thickened fluids, these were provided appropriately. Some people needed support to eat their meals independently and this was provided through the use of specialist plates.

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

- The service had been adapted to meet the needs of people. People's bedrooms had been personalised to reflect their own choices and personalities. When people had been assessed at risk of falls, alert mats were put in place to help keep the person safe.
- One person had become disorientated when they moved into the home. The manager had put signs on the wall to direct the person to the lounge. Although the person no longer needed the signs the manager had left these in place to support other people.
- There was a chair-lift which provided access throughout the home. Bathrooms and toilets had been adapted with rails and raised seats to help people retain their independence.
- There was level access throughout the home and to the outside. There were seating areas in the garden

which people were able to access when they wanted to.

- There was a large lounge area with plenty of seating areas for people to sit in small or large groups and enjoy each other's company or watch television.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain and improve their health. One person spoke with staff about feeling unwell. Staff supported the person by providing reassurance and regular checks. When the person did not feel better they contacted the doctor for further advice.
- Records showed that people received regular healthcare support from dentists, chiropodists and opticians.
- Where people had specific health needs they received support from appropriate healthcare professionals. This included the speech and language therapist, the falls team and physiotherapist.

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.

- There were no DoLS authorisations or applications. People living at Burdyke Lodge had capacity to make their own decisions and choices. Throughout the inspection people made their own choices and staff supported them. Before offering any care or support staff asked people's consent.
- Staff had received mental capacity training and understood how to support people if, for example, they became forgetful. This included repeating information and giving people time to respond. Information about the principles of the MCA were displayed to remind staff.

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.

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

- There was a friendly and happy atmosphere at the home. There was relaxed and easy conversation between people and staff. We heard a lot of laughter and friendly banter between people throughout the day.
- People told us staff were kind and caring. They said they were well looked after. One person told us, "I am comfortable here." Another person, "It's a lovely place, you can't fault it. I have good friendships a laugh and a joke."
- We observed caring and compassionate interactions between staff and people. One person was feeling unwell and staff offered the person comfort and reassurance, and regularly checked on the person to make sure they were ok.
- Peoples protected characteristics were considered under the Equalities Act 2010. Some people wished to maintain their religious preferences, and they were supported to do this through regular church services at the home. The manager was working with church representatives so enable people who wished to attend church were able to do so. People told us this was something they would like to do.
- Peoples' equality and diversity was respected. Staff talked about treating people equally. They had received training on equality and diversity to support people's differences. For example, supporting people to spend their day as they wished. One person liked to spend time on their own and told us staff supported them to do this.

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

- People were involved in decisions about the support they received. Throughout the day staff offered people choices and helped them make decisions. One person told us, "We can do what we like throughout the day." Another person told us about their daily routine and how they liked to get up early. They said this was their decision and staff supported them to do this.
- People were able to express their own choices and preferences and were able to change their minds throughout the day. Some preferences were included in their care plans, for example, how often they wanted to be checked at night.
- People's care plans were reviewed with them every month. They looked at all aspects of the person's care and support needs to ensure they were still relevant and what the person wanted. People were also asked if they were happy at the home and well looked after. Where changes were identified these were implemented.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- Care staff allowed people to have privacy in their own rooms when they wanted it and understood the importance of people having their own personal space. One person told us, "I like to stay in my room, I've always liked my own company." They told us their decision was respected.
- People's bedroom doors were closed before care or private conversations took place and discussions around care were done discreetly. Staff knocked on people's doors and waited for a reply before they entered.
- Some people chose to have a key to their bedroom door, so they could lock it when they were in the lounge or away from the home. Staff told us people gave permission to the housekeeping staff before they went in their rooms for cleaning purposes.
- Staff supported people to be as independent as possible. For example, they assisted people with baths or showers if they wanted it. One person told us they preferred a strip wash as they were able to do this independently.
- There was information in people's care plans about what they were able to do for themselves and where they might need support. This included encouraging and prompting people to maintain their mobility and working with healthcare professionals to ensure people's independence was maximised.

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 now deteriorated to requires improvement.

This meant people's needs were not always met, in relation to meaningful activities.

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

- Improvements were needed to ensure everybody was given the opportunity to take part in a range of activities that were meaningful and reflected their individual interests.
- There was an activity program and we saw a range of activities took place over the week. We saw people taking part and enjoying an exercise group. However, people told us they did not have enough to do. One person said, "The only problem here is there's nothing to do." Another told us, "It can be boring, there's not enough happening here." A further person said, "The people who come in are alright, but we need something more, I would like to learn something, something we can add to each week."
- People told us about occasions when they had been out on day trips and this was something they clearly enjoyed. However, this was not something that happened regularly and was reliant on external organisations contacting Burdyke Lodge rather than the provider or manager supporting people to identify what they would like to do.

The provider and manager told us this was something they were aware of but had not yet addressed. We recommend they work with people to improve and develop meaningful activities for everybody.

- Despite these concerns people were seen to be taking part in some activities during the day. People spent time together in friendship groups, chatting and enjoying each other's company. A visitor to the home brought in some puppies which people enjoyed. Staff ensured all those who wanted to, were able to hold a puppy and support was given where necessary.
- People were able to maintain their own hobbies and interests. One person was enjoying their knitting, another told us they enjoyed writing which they done each day. Throughout the inspection we saw people spending time reading and watching television.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care and support was person-centred. It met their individual needs and reflected their choices.
- Care plans and risk assessments included information about personal care, mobility, nutrition and physical and mental health needs. Everybody was able to make their own decisions about their care and support. Therefore, guidance did not always need to be detailed as people were able to decide each day, if for example, they would prefer a bath or shower.
- Staff knew people really well. They told us about each person, their individual care and support needs and

how people spent their day.

- People told us their needs and preferences were met. People told us they received the care and support that they needed, when they needed it. Staff responded to people's needs appropriately.
- People were involved in reviews of their care plans each month to ensure these continued to reflect their needs and choices.

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.

- The provider and staff were not aware of the Accessible Information Standard. This had not impacted on the support people received, however, it is an area that needs to be improved.
- Staff identified people's information and communication were assessed and their needs were identified, recorded and highlighted in care plans.
- Staff told us how they communicated with people to ensure they had all the information they needed. This included speaking slowly and giving people time to answer.

Improving care quality in response to complaints or concerns

- There was a complaints policy which provided guidance for people. This was displayed in the lounge. There had been no recent complaints and the manager told us this was because any issues or concerns raised were addressed immediately.
- People told us they did not have any complaints but if they did they would talk to the manager or provider. One person said, "I don't have any complaints but if I did they would soon know about it." Another person told us, "We can always talk to the manager, owner or staff, but I don't have any complaints."
- People were supported to maintain contact with their friends and families. We saw visitors were welcomed at the home at any time. Some people told us they went out with their families.

End of life care and support

- As far as possible people were supported to remain at the homes until the end of their lives. The manager told us they had worked with a local GP practice to develop end of life plans with people who had identified health needs.
- End of life care plans had not been developed for everybody. The manager told us this had been considered. However, as most people were in good health these had not been developed. The care manager told us this was an area they were planning to review and discuss with people.
- The manager also gave us examples of when people had specific end of life wishes and how they had developed care plans to reflect the person's wishes.

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 deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Before the inspection we saw that the provider had not sent us any notifications since October 2017. We discussed this with the manager and provider during the inspection and they identified three deaths which had not been reported to CQC.
- The provider told us this was an oversight and the manager told us they were not aware of the need to inform CQC of certain events.

This failure to submit notifications is a breach of Regulation 16 Care Quality Commission (Registration) Regulations 2009.

- The provider, who was also the registered manager, had overall responsibility for the home. He was supported by a care manager who had been given day to day charge of the home. The care manager was supported by the provider and senior care staff. The provider told us, due to other commitments, they had not had full oversight of the home recently. The care manager told us they were not aware of some aspects of managing a service. However, was confident in all aspects of care delivery.
- There was a quality assurance system, but this had not identified all the areas for improvement we found. Where issues had been identified these had not always been addressed in a timely way.
- Staff had not received practical training in relation to moving and handling and first aid. There was a defibrillator at the home which was also for use in the local community. Staff had not received training to use this.
- In addition, there were no protocols about the defibrillator should it need to be used in the wider community. For example, were staff expected to accompany the defibrillator and provide support.
- Staff who gave medicines had their competencies assessed by a senior worker at the home. They were observed giving medicines until they were confident and confirmed the appropriate skills. However, these competencies were not formally reviewed to demonstrate staff had maintained their skills.
- There were a range of policies in place. However, these did not all reflect the current regulations. Also, the safeguarding policy had not been updated to reflect the new categories of abuse domestic violence, modern slavery, and self-neglect as defined by The Care Act 2014.

- Regular fire checks took place, however there had been no recent fire drills. Staff were able to tell us what action they would take to keep people safe.
- Environmental checks were completed three monthly. It had been identified in February 2019 that carpets in communal areas needed to be cleaned. This had not been addressed.
- Ceiling lights were missing in the lounge. We heard people asking the provider when they would be replaced. This had been identified in the environmental check in May 2019 but had not been addressed.
- A fire risk assessment had been completed in 2015, this had identified areas that needed attention. There was no evidence of what had been completed. The provider was able to tell us what had been done and what further work was needed.
- It was not clear if some routine servicing checks had been completed. The provider was unable to find evidence of a recent gas safety check or a thorough examination of lifting equipment. The provider contacted us after the inspection and told us the gas servicing had been arranged for the beginning of September 2019 and would let us know when the thorough examination of lifting equipment had been arranged. A legionella risk assessment had not been completed, although regular water temperature checks had been done. The provider contacted us after the inspection and told us this had been arranged for the beginning of September 2019.
- Improvements were needed to some aspects of people's records. Daily notes were not fully reflective of the care and support people received. For example, there was no information about what activities people done each day.
- There was no information about people's personal histories, their hobbies or interests. This information could be used to develop meaningful activities for each person.
- People were encouraged to give feedback about the service through day to day conversations and care plan reviews. However, there was no formal process to gather people's feedback and identify areas for improvement.
- There had been no recent feedback surveys for people, relatives or visiting professionals to gather their thoughts or views on the service.
- Resident meetings had been held in the past, but these had not been held for some time.
- There was no evidence people had been involved in any discussions, for example, about the activity program and what they might like to do each day.

These issues above are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Despite these concerns there was a low impact and risk to people because of staff knowledge and the low needs of people who lived at Burdyke Lodge.

Continuous learning and improving care; Working in partnership with others

- Both the provider and manager were committed to improving and developing the service. They acknowledged that improvements were needed.
- The manager was due to start a management training course to support her ongoing learning and develop management skills.
- The provider and manager had not attended any local meetings or forums, where they may have been able to share ideas and discuss concerns. The manager told us this is something they would consider doing for support and guidance.
- The manager and staff worked in partnership with other services, for example GP's, district nurses, the falls team and other specialist practitioners. This helped to ensure people's needs were met and best practice was followed.
- Formal staff meetings were held throughout the year. Staff were updated about changes at the home and

reminded of their roles and responsibilities. Staff told us they felt able to raise any issues with the management team.

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

- There was a positive, person-centred culture at the home. People told us they were happy living at Burdyke Lodge. One person said, "I've had experience of a number of homes and this is by far the best." Another person told us, "It's lovely here, you won't find anything wrong."
- During the inspection we saw friendly and open conversations between the provider and people. People told us the provider and manager were friendly and approachable. One person said, "The owner is a nice person, he visits the home two or three times a week. He always talks with us."
- Staff spoke well of the provider and manager. One staff member said, "This is a nice place to work, we're well supported with a good owner and a good manager."
- Staff told us they were well supported by the manager and their colleagues. They told us the manager was approachable and they could discuss any concerns with her.
- We saw staff worked well together and supported each other throughout the inspection.
- The provider and manager understood their responsibility under duty of candour. Relatives were informed of any changes in people's needs, with their agreement.

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 will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not assured appropriate systems and processes were in place to fully assess, monitor and improve the quality and safety of the service provided. 17(1)(2)(a)(c)(e) |