

Burdyke Lodge Ltd

# Burdyke Lodge

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

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 15 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

At the last inspection we identified improvements were needed to ensure there was an effective quality assurance system to identify concerns and drive necessary improvement. At this inspection we found some improvements had been made but these had not always been sustained. We also found that where the need for improvements had been identified action was not always taken in a timely way.

There were not enough staff employed at the home. Staff worked hard to ensure people's care and support needs were met. However, the staffing levels impacted on other aspects of the service including the cleanliness of the home, activities for people and some aspects of quality assurance.

Environmental risks were not always managed safely. This included some aspects of fire safety and general safety and upkeep of the home. Risks to people were well managed. Staff knew people well and understood how to support them safely. There was a large, well-kept garden where people enjoyed spending time during the warmer weather.

People received care and support that met their individual needs and wishes. Staff understood the care and support people wished to receive. This included their individual choices and preferences. There was a positive culture at the home and staff were committed to ensuring people lived happy lives.

People were protected from the risks of harm, abuse or discrimination because staff knew what actions to take if they identified concerns.

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](http://www.cqc.org.uk)

Rating at last inspection and update The last rating for this service was requires improvement (published 16 October 2019). There was one breach of regulation.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

At our last inspection we recommended that the provider ensured staff received appropriate practical training. We also recommended they work with people to improve and develop meaningful activities for everybody. At this inspection we found the provider had not ensured staff received appropriate practical training. We found there had been some improvements to meaningful activities. However, due to current staffing concerns these improvements had not been maintained.

The last rating for this service was requires improvement (published 16 October 2019). The service remains rated requires improvement.

#### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 12 August 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve their quality assurance systems.

This inspection was also, prompted in part, due to concerns received about fire safety risks. A decision was made for us to inspect and examine those risks.

We undertook this focused inspection to check they had followed their action plan, to check if they now met legal requirements and to examine the risks identified to us. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements.

We have found evidence that the provider needs to make improvements. Please see the Safe, Responsive and Well-led sections of this report.

You can see what action we have asked the provider to take at the end of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service remains Requires Improvement.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Burdyke Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to the staffing, risk management and the quality assurance systems 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 from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always safe.  
Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service responsive?**

The service was not always responsive.  
Details are in our safe 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was undertaken by two inspectors.

#### Service and service type

Burdyke Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Burdyke Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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 provider 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

The first day of the 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. 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.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

#### During the inspection

During the inspection we reviewed the records of the home. These included two staff recruitment files, medicine, accidents and incidents, quality audits and policies and procedures along with information about the upkeep of the premises. We looked at three 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.

At the inspection we spoke with seven people, two visitors, and seven staff members. This included the provider. 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.

We also received feedback through phone calls and emails from a further two relatives and three health and social care professionals who were involved with the home.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- There were not enough staff employed by the provider to ensure all aspects of safety and quality were maintained. The impact of this is reflected throughout this and other key questions in the report. There was ongoing recruitment however this had not been successful.
- Staff told us there were enough staff working each shift to ensure people's care and support needs were met. However, other aspects of the service were not maintained.
- There was no cook, the provider had arranged for pre-prepared main meals to be delivered each day. Although this meant care staff did not have to prepare the meals, they were still required to take time away from their care duties to heat and serve the meals. Care staff were also responsible for breakfast and evening meal preparation and delivery.
- Housekeeping staff worked four mornings a week. There was no replacement cover when they were not working. This meant care staff were responsible for aspects of cleaning, which again took them away from their caring responsibilities. The provider had not considered alternative ways of ensuring there were enough housekeeping staff, for example through the use of agency staff.
- One staff member told us, "I wish [provider] would improve our staff ratio." They explained that they were unable to spend time chatting with people and engaging with them in activities due to staffing levels.
- Staff worked hard to ensure people continued to receive care and support as safely as possible, despite the lack of staff. They told us they often worked extra shifts as they wanted to ensure people received the care and support they needed from staff who knew them and understood their needs. However, the lack of staff also impacted on other aspects of the service as discussed in this and other key questions.

This meant the provider had not ensured there were enough staff to meet people's care and support needs. This is a breach of regulation 18 Staffing, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was some use of agency staff at night who were usually 'sleep-in' staff, supported by a regular staff member. A sleep-in staff member usually works at the start and end of the night shift to support people. They then sleep at the home but are available to support people and other staff if required.
- Following the inspection the provider told us that a cook had been recruited and was due to start work at the home shortly.
- Staff were recruited safely. Checks were completed on staff before they started work. This included employment history, references from previous employment and Disclosure and Barring Service (DBS)

checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Assessing risk, safety monitoring and management

- Environmental risks had not always been safely managed. There was no legionella risk assessment in place. This had been identified and discussed at a monitoring call during 2021. Although some checks had taken place such as water temperature checks, and shower head cleaning there was no risk assessment or schedule to determine the frequency of checks or whether bacterial analysis was required.
- Risks to people's safety had been identified in the garden. Fencing had blown down two months previously and plants had been removed from the garden. This had resulted in a 35cm drop from the decking. Although the provider was aware of this no immediate actions had been taken to make the area safe. There was no risk assessment to provide guidance. On the first day of the inspection we saw there was a garden spade and saw left outside where work had been taking place. No action had been taken to prevent people from accessing this area. One door leading onto the decking did not close unless locked. Although staff were mindful of people's movements, people were independently mobile and there was a risk that they could fall from the decking. One person told us they usually enjoyed walking around the home but it was not currently safe to do so.
- On the second day of the inspection the door had been repaired and now closed. Work had started to make the decking area safe. We returned to the home and found that the work had been completed and there was level access for people across the decking.
- There had been no Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) checks to ensure lifting equipment in baths was safe. Stair lifts had been regularly serviced however there was no information to say if LOLER checks had been completed. We were told LOLER checks for the bathing equipment was booked for May 2022.
- Significant fire safety concerns had been identified and addressed. However, we identified a fire exit that was cluttered and could impede people's pathway to safety in event of a fire. After the second day of our inspection the care manager told us this had now been cleared and there was safe access for people. We checked this on our third visit to the home and found that an accessible pathway through had been made.
- The provider sometimes stayed at the home to help support people. However, he smoked in the bedroom. There was no odour of smoke outside the room. There was no risk assessment to ensure the risks of fire starting had been reduced and managed. A risk assessment was sent to us after the inspection. However, this identified only the risks and did not include any information about steps taken to mitigate the risks.
- There were regular fire checks and these had identified that one bedroom door did not close when the fire alarm was activated. The room was unoccupied. The care manager told us this door was always kept closed to help reduce the risk of any potential fire spreading.

The provider failed to identify, assess and mitigate risks to people. These issues are a breach of regulation 12 Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the provider told us that legionnaires and Loler checks had been booked to be carried out during June 2022.
- Risks associated with people's care and support were managed well. People told us they felt safe at the home. One person told us how their bedroom had been changed to allow them to walk around safely. Another person told us they were very anxious and living at Burdyke Lodge helped them to feel safe.
- Staff knew people well and understood the risks associated with their care and support needs. They were able to tell us how they supported people safely. Due to their general frailty some people needed to be supported with their mobility.
- Staff were seen supporting people appropriately, for example ensuring they were using their mobility aids.

When people were at risk of pressure damage there was information in their care plans and risk assessments about how to prevent skin breakdown. Staff told us how they observed people's skin integrity when they supported them with personal care. One staff member said, "We look out for marks, we do it automatically."

- Fire drills had taken place regularly and a full fire risk assessment had been scheduled for May 2022.

#### Preventing and controlling infection

● We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. Due to the lack of housekeeping staff there was limited cleaning taking place. The care manager told us in the absence of a housekeeper they, or the deputy manager, would clean the bathrooms, toilets, high touch points and vacuum the home as soon as they came on duty each morning. However, this was not completed if they were not working. This meant on occasions high touch point cleaning and other cleaning did not take place.

● We saw areas of the home that did not appear clean. Some skirting boards were dusty, there was staining on walls and carpets were stained throughout the home. Due to lack of maintenance in some areas there was an increased risk of infection as areas could not be thoroughly cleaned. This included torn flooring around a toilet.

The provider failed to assess, prevent, detect and control the spreads of infection. These issues are a breach of regulation 12 Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection the provider told us the bathroom flooring had been booked to be replaced.

● We were somewhat assured that the provider's infection prevention and control policy was up to date. We were told there was a COVID policy however staff were not able to locate this during the inspection. Staff were able to tell us about the policy and what was required of them. We were told policies were being reviewed and updated.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were somewhat assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

We have also signposted the provider to resources to develop their approach.

#### Visiting in care homes

People were supported to receive visits from friends and family and visitors were welcomed to the home. Visits continued to be through a booking system, however the care manager told us visits were not restricted. People were able to meet with visitors in their own rooms or a visiting pod. The visiting pod had a glass division and speaker system. Some visitors told us they preferred to use the pod as it made visiting simpler for them. Visitors who met with their loved ones in their bedrooms were required to show a negative COVID test and wear a mask during the visit.

#### Using medicines safely

● Improvements were needed to ensure there was oversight of medicine stock levels. Stock balances from the previous month had not been carried forward to the current medicine administration record (MAR). Staff told us that this was something they had done previously but had been unable to this month due to staffing

levels.

- There had not been any regular counts of medicines to ensure none were missing. Monitoring stock levels for individual boxed medicines is important to minimise the chance of error and ensure people received the prescribed amount of medication.

We discussed these concerns with the provider as an area that needed to be improved and previous good practice maintained. Following the inspection the provider told us that medicine counts had resumed.

- Despite these concerns above other aspects of medicines were managed safely. Staff received training and had their competencies assessed before they were able to give medicines. There was a safe system which meant medicines were ordered, stored, dispensed and disposed of safely.
- Medicines were given to people individually in a way that suited each person. Risk assessments identified if people were able, or wished, to manage their own medicines. These were regularly reviewed. Some people managed their own medicines, others managed some aspects of their medicines, for example body creams.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. People living at Burdyke Lodge were deemed to have capacity to make decisions about their care and support needs. At the time of the inspection nobody required a DOLS.

Systems and processes to safeguard people from the risk of abuse

- People were comfortable in the company of staff. The atmosphere was relaxed and open. One person told us, "Staff are good, we don't have any bother here." Another person said, "Staff are very caring."
- Staff received safeguarding training and understood their responsibilities around safeguarding. They told us if they had any concerns that people were at risk of harm from abuse or discrimination they would report it to the most senior person on duty. One staff member said, "I would report to the manager I was working with if not I would contact whoever was on call."
- When safeguarding concerns had been identified these had been reported to the local authority safeguarding team and to CQC.

Learning lessons when things go wrong

- Accidents and incidents were documented and responded to. Staff recorded and reported any concerns they identified. When people's risk assessments and care plans were updated, information was shared with staff to ensure they were aware of any changes to care and support.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating for this key question has remained Requires Improvement.

This meant people's needs were not always met.

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

- At the last inspection we found 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. We had made a recommendation about this. At this inspection we found improvements were still needed.
- People gave mixed feedback about activities. Some people told us they did not enjoy group activities and had plenty to do to keep themselves busy. This included watching TV, reading and craft making. One person said, "The days just fly by every day is the same, but not bored." One person told us about the lack of activities. They said, "[Staff] did do some exercises, it was good people enjoyed it, but that's the only time anything like that has ever happened. Everyone just sits slumped." They told us of another occasion, "We played Bingo at Christmas everyone loved it but never done it since."
- Relatives told us they would like to see more activities being provided. One relative explained that although their loved one was forgetful they did remember they were bored. Another relative told us, "Some efforts were made to do with activities before lockdown but that has all stopped or is occasional as far as I can tell even though there is a timetable on the wall suggesting daily activities."
- During the inspection we saw people who were able engaging in activities of their choice, other people were chatting with each other. We saw staff had provided one person with a jigsaw puzzle that they enjoyed. Another person was provided with some colouring. However, staff were not available to encourage and support people with these activities. People who were less able to engage spent time sitting in the lounge with limited opportunities for engagement.
- Staff told us that during the pandemic they had time to spend with people supporting them with activities of their choice. However, as staffing levels reduced they were now less able to do this. All staff we spoke with reported this and told us it was something they would like to spend more time doing. One staff member told us, "Activities are up and down due to staffing levels. Sometimes I feel sorry for people, we don't have time to sit and chat with them." The care manager told us that external activities had started. This included musical entertainers and church groups. Information seen on social media showed that where possible people were supported to celebrate special occasions for example birthdays and recently Easter.
- Activity records showed how activities had lessened over time as staffing pressures increased.

We discussed this with the provider as an area that needed to be developed and improved and previous good practice maintained.

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

preferences.

- People received care and support that met their individual needs and reflected their choices and preferences. People and relatives told us staff knew them well and supported people an individual way. One person said, "They see you as a person and they know people well. I have a little bit of help with a shower but do most of it myself." A relative said, "Its homely here, they make sure you are ok and it is very much about the person and not the profit."
- Staff knew people well and understood their needs and preferences. Staff responded promptly to changes in people's needs. On the first day of the inspection most people were feeling unwell due to their COVID booster vaccination from the day before. Staff adapted people's usual routines to meet their needs at the time and supported them to rest in their rooms. A health care professional told us, "I have always found them to be very helpful and caring the staff really do know their residents."
- The care plans were individual, they included information about people's personal history, their needs and preferences. This included details of their personal care choices and continence support.

#### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff understood people's communication needs. There was relevant information within care plans and staff communicated with people to ensure they had all the information they needed.

#### Improving care quality in response to complaints or concerns

- There were no current complaints. People were asked at their monthly care review if they had any complaints, concerns or worries that they would like to discuss. Relatives told us that if they had any complaints or concerns they would raise these with the care manager or provider. One person told us, "I would soon speak up if anything I was not happy with."

#### End of life care and support

- Each person had a Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) plan. This contains information for people's future clinical care and support including when they may not have capacity to make or express choices. This follows a discussion with the person, a healthcare professional and if people wish their relatives and representatives can be involved.
- ReSPECT forms included information about what people wished for their end of life care. People were supported to be as involved as they wished and were able to write their own detailed wishes if this was something they wanted to do.

# 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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has remained 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; Continuous learning and improving care

At our last inspection 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. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection we found not all required improvements had been made, where some areas for improvement had been identified these had not always been addressed. Therefore, the provider remained in breach of this regulation.

- The provider was also the registered manager and had overall responsibility for the home. He was supported by a care manager and deputy manager who had been given day to day charge of the home.
- Following the previous inspection, the care manager had received support from the local authority Market Support team to develop a quality assurance system to monitor the quality and safety of the home. These included infection control, medicines, and fire safety checks. We found the medicine audit had not identified that medicine counts were not being completed. An action plan had been developed to help address identified issues and outstanding actions from the previous inspection. However, we found that some issues identified, as discussed in the 'Safe' key question, had not been addressed in a timely way, this included fire safety, infection control and other environmental risks. We also identified other issues that had not been addressed. For example, a back door did not close properly, this had been identified in August 2021. This had not been addressed until the second day of the inspection.
- Other issues had not been identified, this included the need for the five-year electrical servicing and lifting and handling equipment checks to be completed. Following the inspection, the provider told us actions had been taken to address these issues.
- Some work had commenced and then stopped due to staffing issues, for example care plan audits and staff supervision. The care manager told us they did not have time to do these. Staff told us although they did not receive supervision they did feel supported and were able to discuss any concerns with the care manager or the provider. Following the inspection, the provider told us care plan audits and 90% of staff supervisions had been completed.
- At the last inspection we identified that policies did not all reflect the current regulations. Although some work had started the majority of the policies had not been updated. During the inspection staff were unable to locate the COVID policy.

- People were regularly asked for their feedback about their care and support at their monthly 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. Regular meetings with people and relatives had not taken place.
- We received mixed feedback from people's relatives about communication at the home. One relative told us, "No issues, kept up to date and I ask as well." Another relative said, "Communication is poor, there are no reviews or feedback about [name] or any communication at all really."
- Staff received regular training and these included knowledge tests to ensure staff had an understanding of the subject. Staff had not received practical training related to moving and handling or first aid. There had not been any assessments completed to demonstrate that staff had the appropriate practical skills necessary. We were also made aware that the fire service had requested staff receive practical fire safety training. Although this had been sourced it had not been confirmed or booked.

The provider had failed to assess, monitor and improve the quality of the service. The provider had failed to assess, monitor and mitigate risks relating to people's health, safety and wellbeing. The provider had failed to seek and act on feedback to improve the service. These issues above are a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the last inspection we identified 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. Improvements had been made. Staff had received online training to help understand how the defibrillator worked. In addition, regular checks had been made to ensure it would be ready for use if needed.
- The care manager had been supported to develop an action plan to identify what was required at the home. This helped to provide ongoing oversight of required work.
- To help people's friends and families keep updated about the home there was information on social media that included photographs of people enjoying birthday and other celebrations. There was also some information about changes to COVID rules throughout the pandemic. Staff had also created a newsletter that they shared with people at the home. This included similar information as displayed on social media, details of upcoming events and other information related to life at the home.

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

- There was a positive culture at the home in relation to the care and support of people. However, due to the lack of timely responses to environmental and other issues the provider is at risk of the culture becoming negative and portraying an uncaring attitude. This is an area the provider needs to be mindful of and address.
- People were happy at the home. One person told us although they would prefer to live in their own home, "Food is very nice, and the girls are lovely." Another person told us staff were kind and added, "I wouldn't stay if people were not kind." One relative told us, "We are very fortunate that [name] fell into this place. It's lovely and I can't fault it." Another relative said, "[Name] seems to be happy and enjoy the bustle of staff and the lounge." Birthdays and significant days and festivals are remembered with cake and photos put on social media.
- Staff enjoyed working at Burdyke Lodge. They all worked hard to ensure people received the support they needed. One staff member told us, "We have an amazing staff team, we are all there to help each other out."

Working in partnership with others

- Feedback from external and visiting professionals was mixed. Feedback from professionals who worked

with the service in relation to the quality and safety of the home expressed some frustrations at the lack of timely responses and actions by the provider, to address identified issues.

This is an area that needs to be improved.

- However, feedback related to people's care was positive. One visiting professional told us staff knew people well, they made time for people and the professional when they visited the service. Staff responded appropriately to people's needs and would contact them if they had any concerns.
- Discussions with people and staff and observations of care records showed that health and social care professionals were contacted appropriately in response to people's changing needs and concerns.

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

- The provider and care manager were aware of their responsibilities. This included those under duty of candour. Relevant statutory notifications were sent to the CQC when required.

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)(b)(e)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  There were not enough staff to meet all aspects of safety and quality were maintained. 18(1)

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Risks to the health and safety of people were not always fully assessed or mitigated. 12(1)(2)(d)(e)(h)

**The enforcement action we took:**

Warning notice