

Reflections Care Limited

The Lodge at Burcot Grange

Inspection report

23 Greenhill
Burcot
Bromsgrove
Worcestershire
B60 1BJ

Tel: 01214455552
Website: www.cinnamoncc.com/care-homes/burcot-lodge/

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Lodge at Burcot Grange is a residential care home providing personal and nursing care to 53 people who may be older or younger adults and who may live with dementia, physical disability or sensory impairment at the time of the inspection. The service can support up to 54 people.

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

People and those closest to them consistently told us living at The Lodge at Burcot Grange had enriched people's lives because of the way the home was run. The approach taken by staff placed people at the centre of the way their care was developed and refined as their needs changed. This promoted people's health and well-being and enabled people to keep in touch with those that were important to them. In addition, people were provided with opportunities to reconnect with their past and enjoy spontaneous moments of happiness, so they led fulfilled lives.

The registered manager worked with people, relatives, other health and social care professionals and staff so people had seamless care and achieved good outcomes. This had led to people experiencing improved mental health, pain reduction, and physical health.

The provider and registered manager worked together to reflect on the care provided to people. This had led to significant improvements in people's safety, including a major reduction in the falls people experienced.

There was a consistently high level of praise from people and their relatives about the skilled ways people were supported by the whole staff team. People were encouraged to explore what support they wanted, and staff listened to how people wanted their care to be provided.

Relatives were positive about the inclusive way their family member's needs were met and how staff worked with them to anticipate people's changing needs and drive through improvements in people's well-being and comfort.

Staff had received many compliments for the care they had provided to people at the end of their lives.

People were promptly supported by staff when they wanted assistance. Staff had a clear understanding of people's individual risks and promoted people's rights and independence when caring for them. People were supported to have the medicines they needed to remain well, and action was taken to reduce the risk of infections.

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.

Rating at last inspection

The last rating for this service was good, (published 30 April 2019).

Why we inspected

We received concerns in relation to the management of people's safety risks. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, responsive and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Lodge at Burcot Grange on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we 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 responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

The Lodge at Burcot Grange

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.

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 team consisted of two inspectors and a specialist advisor in nursing.

Service and service type

The Lodge at Burcot Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and five relatives about their experience of the care provided. We spoke with 18 members of staff including the registered manager, two of the provider's representatives, senior staff, care workers, an activities staff member, a member of catering staff, a host, a housekeeper and a member of maintenance staff. We spent time seeing how people were cared for. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included eight people's care records and multiple medication records. We also checked three staff recruitment files. We looked at records relating to the management of the service and the safety and quality of people's care. These included audits and checks undertaken by the registered manager and provider's representatives, including in relation to accidents and incidents. We saw the compliments received by the service, and how staff communicated with relatives and between teams.

After the inspection

We reviewed a range of policies and procedures relating to people's safety and infection control and communication. We also reviewed additional information the registered manager sent to us showing how people enjoyed spending their time and surveys of people's and relative's views on the care provided.

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. The rating for this key question has remained good. 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 had developed trusting relationships with the staff supporting them and would be happy to raise any safety concerns they may have.
- Staff understood how to identify any possible signs of abuse. For example, people being anxious, or having their freedoms unnecessarily restricted. Staff were confident if they needed to raise such concerns these would be promptly addressed by the registered manager, so people's safety needs and their rights would be protected.
- Staff understood how to raise any concerns with other professionals responsible for supporting people to keep safe, should these occur, for example, Local Authority Safeguarding Teams.

Assessing risk, safety monitoring and management

- People and their relatives were involved in identifying people's safety risks and needs.
- Staff were given guidance on how to support people to manage their safety risks. This included people's risks in relation to falls, choking, skin integrity and their underlying health conditions.
- The registered manager and senior staff checked the care provided met people's safety needs. Regular checks were also undertaken on the safety of the premises, including fire safety, to promote people's safety further.

Staffing and recruitment

- People told us they did not have to wait long if they wanted support from staff.
- Staff told us there was enough staff to care for people. We saw people did not have to wait long if they wanted support from staff.
- The registered manager undertook checks before new staff were employed. This included taking up references and checks with The Disclosure and Barring Service. This helped to ensure new staff were suitable to work with people.

Using medicines safely

- People told us they were supported to have the medicines they needed to remain well.
- Staff were guided to provide safe administration of people's medicines through detailed care planning. This included clear information on how to administer people's medicines to meet people's individual needs and to promote effective working with other health professionals. For example, in relation to careful monitoring of people's health, so all agencies were able to make safe diabetes medicine management decisions. This helped to reduce risks to people when storing, administering and managing such medicines.
- Staff were not allowed to administer medicines to people until they had been trained to do this safely.

Staff's competency to continue to administer people's medicines was regularly checked.

Preventing and controlling infection

- 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 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 promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The registered manager and provider reviewed any untoward incidents and communicated their findings to staff, to continue to improve people's safety further.

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 good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- People and relatives told us they were fully involved in decisions about how care was planned and provided. One relative told us their family member lived with complex mental health needs. The relative said staff had involved them in decisions about the best way to support their family member. The relative said because they were listened to their family member's needs were promptly identified and plans developed to support them. This had resulted in their family member settling well and experiencing improved well-being.
- Another relative told us staff took time to consistently review how their family member reacted to different environments. The relative told us staff carefully and subtly adjusted how they supported them. The relative said, "This has made [person's name] life easier and it was carers who identified this."
- The views of other health and social care professionals were incorporated into people's care plans. This helped to ensure people received the support they needed.
- Staff used their skills and knowledge of people to identify if they required short term care plans to be developed to address temporary changes in their needs. This included in relation to people's physical health, such as urinary tract infections. This helped people to recover quickly.
- There was a commitment across the whole staff team to ensure people retained control of their day to day lives. The whole staff team worked flexibly to ensure people were supported as they wished. For example, we saw a person chose to seek support from a member of ancillary staff. The staff member took time to promptly and compassionately respond to the person's request. The prompt intervention from the staff member of the person's choice led to a rapid increase in their well-being.

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

- Staff recognised the link between people's well-being and opportunities to keep in touch with others who were important to them.
- Relatives told us they also felt supported and integrated into life at the home, because of staff's inclusive approach. One relative who visited the home regularly said because of this, "I consider this as my family now." Another relative highlighted staff were always available to support telephone and video calls and safe visits to the home. The relative told us staff understood how important it was for their family member to keep in touch with their grandchildren, and this was facilitated by staff. This extra support helped their family member to maintain contact with others who were important to them and provided comfort and happiness.
- There was a broad range of interesting social activities for people to regularly enjoy doing. We saw people experienced unexpected moments of happiness when reconnecting with their past with support from staff.
- People had been supported to spend time doing things they enjoyed, such as visiting garden centres,

going on picnics, sharing their culinary skills and going on boat trips. Photographs showed us how much pleasure and comfort people took from this.

- Staff took time to adjust how they provided group activities to suit individual people's individual needs. For example, staff sensitively varied the equipment they used so all people could be included. We saw people laughing, interacting with and supporting other people living in the home during skittles games.
- Staff had carefully considered and responded to people's dementia needs. This included providing a wide assortment of interesting items for people to enjoy using independently. These were linked to significant periods in people's previous lives, such as raising their own families, their hobbies and former employment. People enjoyed using these items.

End of life care and support

- People had developed their end of life care plans with support from their relatives and staff. These recorded what was important to people including their spiritual needs and preferences at this key stage in their lives.
- There had been many compliments received by staff from relatives and other health and social care professionals. These referenced the skilled, sensitive and supportive way people's needs had been met at the end of their lives.
- We found staff had reached out to relatives after their family member's death to continue support to relatives and to celebrate their family member's lives. It was clear from the compliments received from families how much this had meant to them.
- Staff told us they received very good support from senior staff during and after caring for a person at the end of their life. This approach helped staff to manage their own loss and increased their resilience.
- We saw there was discreet signage in place to alert staff where people were at the end of their lives, so staff could take action to ensure a peaceful environment was maintained.

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.

- People's communication needs had been assessed and care plans had been put in place to provide the care people wanted.
- Key documents were available in pictorial format, to maximise people's and visitors understanding. This included pictorial activities calendars and programmes.
- Staff also made extensive use of visual materials such as photographs to aid people's understanding and to promote their memories and well-being.

Improving care quality in response to complaints or concerns

- People said they were happy living at the home and had not needed to raise any concerns about the quality of care.
- Relatives told us they knew what action to take if they had any complaints about the care provided but had not needed to raise any complaints because the quality of care was good.
- Systems were in place to address any complaints and take learning from these, should these be received.

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 good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People told us they enjoyed living at The Lodge at Burcot Grange, because of the culture fostered by all staff. One person said, "It's marvellous here. I feel very safe and happy here. The staff are wonderful, they are all helpful, and they encourage, and do everything they can to help."
- People were encouraged to be involved in decisions about the development of the home. This included letting staff know how they wanted to be supported to stay safe and strategies for keeping in touch with other who were important to them. One person told us because of the approach taken by staff, "I love it (here). The carers are fantastic."
- Relatives told us staff encouraged them to be involved in life at the home and they felt welcomed by staff who were interested in meeting their family member's needs. One relative said, "I am amazed at the care [staff] provide. [Staff] are very good at keeping in touch. We have relatives' meetings on zoom. We are involved, our suggestions are listened to and acted on. There's no doubt in my mind they respond to residents needs very well, and promptly, every resident is an individual. I have nothing but praise."
- Another relative said, "[Staff] are one hundred percent supportive and keep me well informed. All the staff from the managers to carers, to reception to the cleaners, are all great. I hope when the time comes, I live in a place the same as this. I cannot praise them enough."
- Staff told us they valued working at the home and the relationships they had built with people, the senior staff members and other staff. One staff member said because people were the focus of how the service was led, "I love my job, it's a lovely home to work in." Another staff member told us, "Management are very approachable, supportive and present. They eat, breath and sleep this place, and there is always someone you can contact for personal or work issues. It's managed so very well."
- The registered manager told us, "We set high standards, because we want the best for residents."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 registered manager had a clear vision to deliver high-quality person-centred care and all staff teams consistently demonstrated a commitment to this in the way they cared for people.
- People benefited from living in a home where systems for managing risks were working well. For example, there was very effective working between the registered manager and provider to promptly review all untoward incidents, such as people experiencing falls. The registered manager and provider took positive action to consider how best to support individuals after these events. One relative told us about the

significant staff support their family member received as a result of actions identified. Patterns and trends were also analysed to inform the development of the home. We saw this approach had led to a major reduction in the number of falls people experienced across the home.

- Staff gave us examples showing the registered manager's commitment to ensuring risks were appropriately managed. This included providing training to staff to meet people's specific individual health needs and promptly responding to people's emerging risks. For example, if people were anxious and required one to one staff support this was put into place without delay.
- The registered manager ensured staff were supported to manage people's risks through regular communication meetings and one to one meetings with their line managers. One staff member said because of this, "The manager is very aware as to what is going on in the home."
- The registered manager knew what key events needed to be notified to the Care Quality Commission and understood their responsibility to be open and honest in the event of any errors in people's care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Relatives gave us examples of effective joint working staff had undertaken with other health and social care professionals. This included the development of plans and strategies to relieve people's anxieties and promote their safety. One relative said, "Since [person's name] has moved in here there has been a cohesive approach from the staff and mental health team." The relative explained the care put in place had led to improvements in their family member's pain management and mental health. The relative said, "Staff here have got the knowledge and experience to do this."
- Health professionals had taken time to let the registered manager know they had witnessed compassion and commitment from the skilled care staff at the home. One health professional provided feedback advising what a difference this quality of care had made to people and their well-being. Another health professional highlighted how well the staff from the home had worked with them to ensure people would receive the best infection control and health outcomes possible. In addition, joint work was undertaken with faith groups. This benefited people living at the home and helped to ensure their physical and spiritual needs were met.
- Systems to facilitate joint working with local community groups, such as local nurseries, charities and businesses, had promoted the work undertaken by staff. These systems had supported People living at The Lodge at Burcot Grange to keep in touch with local children, and staff working at the home had raised funds for care workers charities.
- The registered manager gave us examples of other joint work they had done, which involved all care staff. For example, work with other health and social care professionals to deliver strategies to reduce hospital admissions. This helped to ensure people's health needs could be met at The Lodge at Burcot Grange and their well-being promoted as they could continue to live where and how they chose.
- People's and their relative's views were sought through residents' meetings, relatives' meetings and surveys. People were also involved in decisions about staff recruitment.
- Staff told us they felt included in decisions about the care provided to people and the further development of the home, through regular meetings. One staff member said, "We are advocates for people, for those that can't speak up for themselves. I would be happy for my loved ones to live here." Another staff member said, "The manager welcomes new ideas."

Continuous learning and improving care;

- People were supported to experience good care through the regular checks undertaken by the registered manager and provider. Where opportunities to further develop care were identified action was taken promptly to benefit people living at the home. This included in relation to medication management, premises improvements and provider quality visits.

- Learning was taken from events at the provider's other homes. This positive approach helped to ensure beneficial changes in practice were fully embedded to benefit people living at The Lodge at Burcot Grange.
- The provider and registered manager also regularly reviewed key policies, such as whistleblowing, and took account of best practice standards when developing people's care further.
- Relatives told us staff were keen to develop their family member's care and were committed to adjusting people's care when this would improve their outcomes. One relative told us about their family member's medication reviews and said, "Staff here have the knowledge and experience. They've been open and honest and proactive the whole way through, and I found them fantastic." The relative explained their family member's pain management had improved considerably since they moved to the home.