

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Burman House

Mill Road, Terrington St John, Wisbech, PE14
7SF

Tel: 01945880464

Date of Inspection: 21 May 2014

Date of Publication: June
2014

We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓	Met this standard
Meeting nutritional needs	✓	Met this standard
Safeguarding people who use services from abuse	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Norse Care (Services) Limited
Registered Managers	Ms Chris (Sylvia) Baker-Jallow Mrs Patricia Ann McCallum
Overview of the service	Burman House provides accommodation and support for up to 32 older people, some of whom have mental health needs. At the time of our visit, 22 people lived at Burman House. The home is registered not to provide nursing care.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
Our judgements for each standard inspected:	
Care and welfare of people who use services	6
Meeting nutritional needs	7
Safeguarding people who use services from abuse	8
Requirements relating to workers	9
Assessing and monitoring the quality of service provision	10
About CQC Inspections	11
How we define our judgements	12
Glossary of terms we use in this report	14
Contact us	16

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 21 May 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

The inspection team was made up of one inspector. We set out to answer our five key questions; Is the service safe? Is the service effective? Is the service caring? Is the service responsive? Is the service well led?

Below is a summary of what we found.

If you wish to see the evidence that supports our summary please read the full report.

Is the service safe?

People told us they felt safe and we found that procedures were in place that protected people from abuse. One person said, "I feel safe and have no problems." Staff told us they enjoyed their work and were appropriately trained. Risk assessments were reviewed and updated regularly to ensure that people's needs were met safely.

Is the service effective?

We observed a good rapport between staff and people who used the service. The five staff we spoke with demonstrated a good understanding of people's individual needs. Care plans were up to date and a range of health care professionals were accessed when required. One person told us, "Everyone looks after you and if you want anything, you have just got to ask."

Is the service caring?

We saw that people were supported by staff who were kind and respectful. One person commented, "The staff are really nice. They are all so kind." Care records showed that people's individual choices were noted and followed. One relative told us, "X is kept lovely and clean."

Is the service responsive?

People received an assessment prior to living at Burman House and care records included detailed information about people's needs and preferences. We saw that care was provided in a way that was intended to ensure people's safety and welfare. Staff were not rushed and spent quality time with people during the day.

Is the service well led?

The provider had a number of systems in place to ensure that the quality of the service was regularly assessed. For example, people and staff were asked for feedback about aspects of the service every year and at regular meetings. Staff demonstrated knowledge of their roles and responsibilities. There was evidence that the provider took action to improve the service when this was required.

In this report the name of a registered manager appears who was not in post and not managing the regulatory activities at this location at the time of the inspection. Their name appears because they were still a registered manager on our register at the time.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

The five people we spoke with during our inspection confirmed the care they received was of a high standard. One person told us, "I know about my care plan. The doctor comes if you need to see one." Relatives we spoke with also commented favourably about the care. One relative told us, "The care is lovely. I walk away knowing X is in good hands."

We reviewed three care records during our inspection. We saw each person had an initial assessment of need and care plans were specific to the support required. For example, care records contained plans for personal care, health care, nutrition, medication and skin care. We found that people accessed care professionals such as a nurse practitioner, doctor, district nurse and podiatrist. This demonstrated that people's health care needs were met.

Care records also contained risk assessments that enabled staff to identify the care and support required. For example, we saw that risk assessments had been completed to determine what risk people had of developing pressure ulcers. When the risk was high, detailed instructions were available for staff on how to provide support. We saw evidence that instructions were followed.

Care plans were reviewed three monthly, which the provider told us was their standard. Records demonstrated the service had identified people's changing health and care needs. For example, we saw that people were referred to the mental health team when patterns in their behaviour changed. This showed that care plans were up to date and accurate.

The staff we spoke with were knowledgeable about the needs of the people they supported. We observed that staff were responsive to people's needs, and treated them with respect and dignity. This meant that people received appropriate and safe care, which met their needs and protected their rights.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

People told us they liked the food and had choices about what to eat. One person said, "The food is marvellous and cooked very well". Another said, "The food is good and the restaurant staff are lovely. Today there is roast lamb." The three relatives we spoke with commented that the food was of a good standard.

Records showed that people were regularly assessed to identify any risk of malnutrition. We found that each person had a 'food fact sheet' which identified specific likes, dislikes and dietary requirements. We saw that people's food and drink intake was monitored when required. This meant that people were protected from the risk of poor nutrition and dehydration.

We spoke to staff from the kitchen team. They told us about people's preferences and were knowledgeable about the dietary requirements of people who used the service. We observed that lunch was a social occasion and people were provided with a choice of food. In addition, staff assisted people to eat when this was required. This showed that people were supported to access a balanced diet.

We saw that Burman House had received a 'very good' food hygiene rating from the local council. This meant that food was handled and prepared safely.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People we spoke with confirmed they felt safe at Burman House. One person told us, "I feel safe and have no problems." Another person commented, "I feel very safe here." Relatives also told us they had no concerns about the safety of people who lived at Burman House. One relative said, "I have never seen anything that concerns me."

We found that the provider had a policy in place to protect vulnerable adults from abuse, commonly known as safeguarding. Staff we spoke with were able to describe what constituted abuse and the reporting procedures. We saw that advice from the local safeguarding team had been taken when considered necessary. This meant that the provider took reasonable steps to protect people from abuse.

Staff told us they had received training in safeguarding as part of the provider's regular mandatory training programme. We checked three staff training records and found that two staff were overdue with safeguarding training. The provider explained the reasons for this and told us that training would take place within the next two months.

We found that the provider had a system in place for managing people's money. We checked the cash available for one person against the records kept and found this to be correct. This demonstrated the provider had systems in place that protected people from abuse.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

People who lived at Burman House told us they liked the staff. One person said, "Everyone looks after you and if you want anything, you have just got to ask." During our inspection, we observed a good rapport between staff and people who used the service.

We reviewed three staff files and found that staff who worked at Burman House had been appointed in line with the provider's recruitment process. For example, we saw that applicants had provided a full employment history before they were selected for interview.

Appropriate recruitment checks had been carried out before staff were appointed to a position at Burman House. For example, references and a criminal records check were obtained before staff started work. This showed that people were supported by staff who were suitable for the role.

Staff had access to a mandatory training programme together with opportunities for additional relevant training. Staff told us they had the training required to undertake their roles and felt supported. This demonstrated that people were cared for by appropriately skilled and experienced staff.

Records showed that staff received regular supervision and feedback. We saw that staff performance issues were addressed when required. There was also evidence that the provider had a process in place to manage sickness and absence. This meant that people were supported by staff who were competent and fit.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others.

Reasons for our judgement

The provider undertook an annual survey to seek feedback about aspects of care from people who used the service, their relatives and staff. We reviewed the findings of the most recent survey and found that comments were positive. Where issues had been raised the provider had taken action to address these. In addition, people who used the service and staff told us they were able to raise concerns and make suggestions at regular meetings. This demonstrated that the provider sought and responded to the views of people who used the service, their relatives and staff.

We saw that the provider had a process in place for recording complaints and compliments. People who used the service told us they had no complaints. We saw that two recent compliments had been received from relatives that had used Burman House to provide respite care. The provider may wish to note that one relative told us that sometimes there was a lack of communication between staff.

The provider undertook a range of audits on a regular basis. For example, we found that an infection control audit took place monthly. When shortfalls were identified we saw that action had been taken to address these and prevent the risk of cross-infection. This showed that the provider had a system for quality monitoring.

We found that systems were in place to ensure that the environment was safe. For example, we saw that routine fire checks were undertaken and documented. This meant that the provider ensured that people's safety and welfare were protected.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
