

Mr & Mrs J Greiner

# Burgh House Residential Care Home

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by the Care Quality Commission (CQC) which looks at the overall quality of the service.

This inspection was unannounced. This meant the provider was not informed about our visit beforehand. When the service was last inspected on 10 June 2013, we found there were no breaches in the legal requirements for the areas we looked at.

Burgh House Residential Care Home is a home registered to accommodate up to 40 older people. On the day of this inspection 37 people were living at this home. It does not

# Summary of findings

provide nursing care. There is a registered manager for this home. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

During this inspection we spent time talking to people who lived in the home who told us they felt safe and were well looked after. They all said they could not fault the service they were given and were happy living in the home.

Staff were recruited using safe procedures, they were regularly supervised and had annual appraisals. Most training was provided but some training was still to be given on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to ensure staff had the knowledge to act appropriately when assisting someone who may have limited understanding. Staff rotas were planned to ensure the correct level of staff. The provider had systems in place to ensure that there were enough staff to meet people's needs and that more staff were available when the needs of the people living in the home were greater.

Care plans were in place to guide staff on how to meet the individual care needs of people. Risks had been assessed. However, some risks, such as monitoring people's weights had not been completed and where concerns were found the monitoring and action that had not taken place.

Medication management was carried out using safe procedures. We observed administration of medication, recording of administration and safe storage of medication. People were protected against poor medication management.

Infection control procedures were in place to prevent the possible spread of infection with good hygiene practices followed.

People received choices and enjoyed the meals provided. Those we spoke with told us they had ample to eat and drink and had no complaints about the meals provided.

Relatives and visitors praised the home highly and said they could not fault the support, care and involvement the home gave to both the person who lived in the home and their families.

People who lived in the home were encouraged to be involved and active in the day to day life of the home. Many and varied activities were in place and people were asked their views on what activities they preferred.

Regular meetings were held with staff and people who lived in the home to regularly up date and bring about an ongoing improving service.

The manager's style was open and transparent. Care and support was offered when it was needed. People were encouraged to be involved in the planning of ideas for the home and all staff were supported to develop their skills both for them and the home's benefit.

A concern that may be seen as a safeguarding issue was acted upon quickly, thoroughly and concluded showing effective procedures were in place to ensure people were safeguarded.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

This service was safe.

People told us they felt safe at all times, they said staff would regularly ask if they required anything and that there were enough staff to help them when they needed it. Staff demonstrated that they knew how to protect people from the risk of abuse. Any potential safeguarding concerns were acted upon quickly and thoroughly to ensure people were protected from potential abuse.

The staff spoken with had an understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards. However, training on this topic was still to be achieved for all staff to ensure people receiving the service with limited understanding were supported correctly and safely.

Effective staff recruitment, training and support was in place to ensure the staff team had the knowledge and skills to do the job required.

Medication was managed safely and infection control procedures were followed effectively to ensure safety.

Good



### Is the service effective?

This service was partially effective.

Care plans were in place for each person and were reviewed however on the day of our inspection two records were not up to date concerning people's weight.

People had a choice of meals, including special diets and people said that they enjoyed them. They told us they had sufficient food and drink to meet their needs.

Health care needs were met by a local general practice that held regular weekly surgeries within the home. District nurses visited as and when required.

Requires Improvement



### Is the service caring?

This service was caring.

Throughout the inspection we received positive comments to describe the service telling us the staff were considerate, compassionate, understanding. People said they were listened to and involved.

Visitors and a relative told us this was a perfect caring home. They said they were welcomed and involved in the care and support offered to the person they were visiting.

People, families and professionals were included in the way the home would support a person who was nearing the end of their life.

Good



# Summary of findings

## Is the service responsive?

This service was responsive.

Activities chosen by people who lived in the home were enjoyed. They had a varied and active programme of events to occupy them and said they were never bored.

Regular meetings were held with the people who lived in the home to gather their views and deal with any concerns. The people spoken with said they had no concerns and that the manager would always deal with any if they had.

Good



## Is the service well-led?

This service was well-led.

People were asked their views and encouraged to be involved in the development of the service.

Management were proactive and open in their approach to managing this home and acted on people's opinions. People and visitors were welcomed at any time.

The manager worked with staff and other managers on developing and improving areas of the service for people living in the home.

Good



# Burgh House Residential Care Home

## Detailed findings

### Background to this inspection

The inspection team included an inspector from the Care Quality Commission (CQC) and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses or has used this type of care service.

We looked at information that was in CQC records before the inspection. We had received a provider information report (PIR) completed by the manager before the inspection. This PIR gave us information on how the people using the service were offered the care and support. We looked at the notifications we had received over the past twelve months from this home and found no concerns. Notifications tell us about important events that have taken place in the service which the provider must tell us about by law.

On the day of the inspection we spent time talking to 11 people who lived in the home, two visitors and one relative. We spoke with six care staff members, the manager and the provider. We observed care being provided and looked around the building.

We looked through a total of four plans of care and a number of records held within the home telling us about the service provided.

Prior to this inspection we had contacted the local authority quality monitoring team to ask if they had any concerns with the home. We also spoke with a district nurse on the day of the inspection.

# Is the service safe?

## Our findings

At this inspection we spent time talking to people who lived in the home. We were told by all 11 people spoken with that they felt they were living in an ideal home where they felt safe. We were given comments such as safe, considerate, compassionate, understanding, listened to and involved. Three people said, "This place is the best." "Best in the county." "Nowhere better or safer." A person who had lived in the home for many years told us, "I feel safe. I know I can call on staff whenever I need to. This place is marvellous." Another person who had only been in the home a year told us, "I know I could not be in a safer place. Everyone looks after me so well."

The three staff members we spoke with gave full and clear answers to questions regarding what they would do if they suspected potential abuse. They told us what signs they would look for and how they would record those findings. They knew where the safeguarding policy was, how to act if they had a concern and who to report on to.

Before this inspection visit we asked the Local Authority if they had any concerns regarding this home. They told us about an incident which had involved the local authority safeguarding team. They said that the concern had been dealt with quickly and thoroughly by the management of the home to ensure people were protected from any potential abuse. The information was fully recorded and available for us to read at the time of this inspection. We were assured that any concerns that could be seen as unsafe or abusive would be dealt with thoroughly and appropriately by the management of this home.

People told us they were fully involved with their care and had freedom and choice to do as they wished. Care plan documentation recorded people's involvement as part of the reviewing process. However, the three staff we spoke with about this subject were not certain about the procedures to follow regarding the Mental Capacity Act (MCA) 2005. According to the manager, no applications had needed to be submitted for the Deprivation of Liberty Safeguards (DoLS) by this home and we did not find any person living at the home been deprived of their liberty. However, we found staff required training and knowledge to understand the implications of the act. On discussing this with the manager it was evident that they had been planning to develop the staff's knowledge on the MCA and DoLS but had not provided the training to date.

Within the four care plans we looked through, we found that risks had been identified, recorded and regularly reviewed. For example, we noted equipment was recorded and seen by us to be available as and when required. We saw pressure relieving items such as special cushions being used. Hoists were available for people to be transferred safely and staff told us how the equipment was monitored monthly for its effectiveness. This would ensure the relevant information regarding risk was current and that staff would be aware of the risks to enable them to deliver the care safely.

We asked the manager for a copy of the staff rota's for four weeks. The home was accommodating 37 people at the time of this inspection. We found that staff were working to ensure people had the support they needed safely. For example, the provider had added additional staff at busy times to ensure the care required was met appropriately. No one appeared hurried throughout this inspection. People we spoke with all told us that staff were quick to attend. One person said, "The staff know me well. They are trained and skilled. I know [manager's name] would not recruit staff who could not do the job properly." Another person said, "I cannot fault the abilities of the staff. I feel very safe in their hands" A third person said, "There is always someone to look after you."

We looked through two sets of personnel records and noted that relevant safety checks had been carried out on both candidates before they were offered employment. This ensured staff employed were suitable to care for vulnerable people.

The senior staff member responsible for medication showed us the medication system used and explained the medication processes. We observed that the medication administration process was carried out safely ensuring people received their medication as prescribed. We noted that the medication was stored securely in a locked medication trolley and then stored in a locked medication room for safe storage. People we spoke with told us they received their medication when they required it.

We looked at the medication administration records and did not see any gaps that would show medication had not been administered. The senior staff member told us that the medication records were checked monthly. We saw the records used for checking medication processes. This would ensure any medication discrepancies would be dealt with quickly.

## Is the service safe?

We were shown the safe storage for controlled medication. Extra security procedures are required for this type of medication. We noted that the designated controlled drugs cabinet contained all the controlled medication. Two staff signatures were seen for each administration process and we saw when the medications were audited. The provider had appropriate arrangements in place that would ensure management of medication was carried out safely.

We spent time looking around the home. We noted that there were a number of different items of hoisting equipment used for assisting people with their care. Staff were seen using this equipment in a confident manner and who told us they received regular training on the use of the equipment and how to safely move someone. People we spoke with who required the use of hoists told us they were safely transferred when moving from one place to another. One person said, "I hate using the hoist but know I have to for my own and the girls [staff] safety." We asked the manager for the latest reports on the servicing of the hoisting equipment and were shown six reports stating the equipment used was safe.

We asked the manager about the procedures used to monitor the control of infection within the home. We were shown a variety of monitoring processes used such as deep

cleaning or commode cleaning. We saw how often they were completed and that any concerns raised were addressed. We looked at some of these items and found them clean.

We found the home had suitable procedures in place to ensure people were protected from the risks of acquired infections. We saw that the equipment used to clean the home was colour coded to help staff determine what cleaning items were to be used in which area. This was to make sure that cross-contamination did not take place. In each bathroom and toilet we saw that there were plenty of disposable gloves and aprons available for staff to use and noted staff wearing the protective clothing when assisting someone to the bathroom. In each toilet we looked in we noted liquid soap and paper towels for use, with the instructions for staff to follow on good hand hygiene procedures. Three staff we spoke with told us there was always a good supply of protective clothing and that all staff received training in infection control. The home had two laundry rooms with one used for hot sluice washes for contaminated laundry. This ensured soiled laundry was kept separate from the main laundry aiming to prevent cross contamination.

# Is the service effective?

## Our findings

We found food and fluid risks had been identified and the action taken was recorded in people's care plans around their nutrition and hydration needs. Staff told us that people were weighed on a regular basis so that they could be supported with high calorie meals or special diets when their weight was of concern. However, on the recording of one person's weight chart no action was recorded when weight loss was identified. The record we looked at showed the person was weighed in November 2013. There was no record for six months until May 2014 that showed a weight loss of 2st 10 lbs. We looked through the person's care plan and daily notes and could not find any reference to this weight loss or any action taken on the findings. We also read that they were eating well but we could not find any evidence of a referral to a GP or specialist for advice on the significant weight loss. We checked another person's weight chart and found conflicting information also recorded. Although this person was not showing a weight loss the records were unclear and not taking place monthly. The provider could not be assured that people were protected against the risks of inappropriate care that could arise from the lack of an accurate record.

Some people we spoke with spoke highly of the support from the manager and staff. One person said, "I cannot praise the staff and their efforts to support me highly enough." Another person said, "The staff and the manager know just what we all need and they provide it."

The three staff we interviewed and the manager told us how they had one to one supervision sessions with management and an annual appraisal where they could discuss their performance, training requirements and how they wanted to develop within the service. We discussed the induction and training with one staff member who had recently been recruited. They told us what relevant courses they had attended and that they had almost completed their level two qualification in health and social care. The manager showed us how staff were assessed as competent by a senior staff member, following their training, to ensure they could carry out their roles effectively. We looked at these records and noted the topics the training covered. Staff who were trained could effectively support and care for the people living in the home.

During this inspection we ate a midday meal with people. We found that they were offered a choice of what they

preferred to eat. It was unrushed and people who required support to eat were assisted at a pace that suited them. They told us that meal choices were made earlier so that the correct food could be prepared. However, if they did not want the choice of the day they could have an alternative. Drinks were regularly distributed throughout the day to ensure people received enough fluids to prevent dehydration.

We talked with people who lived in the home about the meals provided. One person we spoke with told us, "They give you good helpings. I have never lost my appetite and I am always satisfied." Another person said, "The meals are plain but good." "I cannot fault the food given." The staff team had just started using a new system to monitor how much people ate by showing on their records how much food had been eaten from the plate. This gave a better picture of how much someone had eaten and that further action would be taken if a person was not eating their meals.

The home had introduced a system with the local GP practice where a weekly surgery took place in the home. One person told us, "...a big help having our doctor around every week." A district nurse was attending the home during this inspection and told us they called regularly and found no problems with the home. The manager told us they had built a good relationship with the GP practice and could call on them at any time.

Two people we spoke with told us they had help with getting their eyes tested and another person told us they had their nails cut and feet checked by a chiropodist. People were supported to have all their health needs met.

The home had communal rooms for people to use, or quiet areas according to their preference. These could be used by visitors or for people who wished to be alone. One visitor told us they liked using the different areas in the home to sit with their family member.

Specialist equipment in areas where assistance may be required was within easy access. For example, in the downstairs toilet a tracking hoist in the ceiling had been installed to assist people in wheelchairs to use the toilet. This saved them having to go back to their en-suite rooms when using the communal areas in the home. Each person had their own en-suite facility to use when they wished that would ensure their privacy was protected. People told us

## Is the service effective?

they were comfortable and that their own bedroom was as they liked it. They said they could move around the home whenever they wished and could enjoy the garden in the nice weather.

# Is the service caring?

## Our findings

Throughout the day of this inspection we received a number of compliments from all the people we spoke with. We were told how caring and proactive the manager was if they had any concern about anything. One person said, “I have found happiness here. I did not want to live beyond 90 but thanks to [the manager], who told me it was my happiness that mattered, I am keeping well at the age of 92.”

Throughout our observations on the day of the inspection we noted people who lived in the home were involved, encouraged and empowered to say what they needed. We heard encouraging words from staff offered in a caring manner. For example, we heard if people would like to manage a task themselves or if they required help. Time was given for people to make choices and plenty of smiles and pleasant conversations were noted. Staff were seen knocking on doors before they entered people’s bedrooms and waited to be invited in. Three people told us staff would regularly ask if they preferred to stay in their bedrooms or if they would like help to move to another area. All staff we spoke with told us how they treated people with dignity and respect. They said they would encourage independence but would also support the person as they preferred, when necessary.

Each of the four care plans we looked through had an eight week review sheet that had been completed with the person the care plan belonged to and their key worker. Any

changes required were recorded and dated. People spoken with told us they discussed their care and support needs regularly and that they were involved in their day to day lives. One person told us, “I feel I am listened to and encouraged to make choices that are best for me.”

We spoke with two visitors during this inspection. Both told us this was a ‘very good service’. They said they were welcomed and offered tea with the person they were visiting. They talked to us about the support offered by the home to ensure the person’s religious beliefs could be met. One of the visitors said, “Previously, I had a relative who lived in this home for many years. I cannot fault the caring support they gave our family and relative both while they were alive and when they had passed away.” We found this home offered a caring environment that considered people’s beliefs and supported them with their relationships with their families and friends.

We talked to the manager on the procedure used to support a person who may be at the end of their life. They told us how they would invite all people and professionals involved with the support for that person. They said they would ask them to contribute to a plan that would ensure the person had a dignified and pain free death that was in line with their wishes. We saw the provider of this home was also in the process of writing a policy on the ‘end of life’ that would soon be circulated to all staff for guidance. People would be supported as they wished at the end of their lives.

# Is the service responsive?

## Our findings

People told us how the manager took an active role in running early morning exercise classes for anyone who would like to attend. People told us they enjoyed these sessions. One person said their mobility had improved since the sessions had started and how much they were enjoyed. Another person said, "I am more ready for my breakfast as I have worked up an appetite." This was later confirmed by the manager who said the breakfast table had become lively and people were interacting more as they discussed their morning activity.

We observed staff as they went about their duties assisting people with their day. We heard encouraging words with lots of smiles and noted that people who lived in the home were given time to make decisions when they needed assistance for certain tasks. Conversations we heard and interaction seen between staff and the people living in the home showed the staff had the knowledge and understanding of how the person required their individual help and support.

One person spent time telling us how they wanted to move to be closer to their home town. They told us how supportive the manager had been in trying to assist with this transfer. They said, "Nothing is too much trouble. I rate the personal support I have received very highly." Another person said, "The home is well run. [Manager] will listen to my niggles and act on them."

We noted in care records that people were receiving regular reviews of their care and support needs. We also noted that a document had recently been created by the manager to assist with a re-evaluation of people's needs following a hospital stay. The manager said they would visit the

hospital and complete a full assessment on the care and support needs now required when discharge was imminent. This, they said, would ensure they had all the care needs in place at the home, such as certain equipment, before a person was discharged. We saw one assessment recently completed. The provider could ensure the service was suitable and able to meet that person's needs when their needs had changed following discharge from hospital.

When we asked people who lived in this home about any concerns they may have had, they told us they could talk to any of the management or staff and knew it would be sorted. One person said, "I have no complaints and any little concerns are dealt with." During our conversations with the manager a person who was anxious came into the office. The manager immediately devoted their time to support this person whilst they were anxious with a promise that they would act on the concerns raised. The person's facial expression changed, they said they trusted the manager would deal with their concern and that they were reassured. We found people were listened to and responded to appropriately. We had not received any concerns or complaints about this home and the manager only had compliments in the records within the home. They told us they had not received any complaints and that concerns had been dealt with immediately.

The management told us they held regular meetings with people who lived in the home and their relatives. This was confirmed by a person living in the home who said, "Although we have proper meetings we can suggest ideas and opinions at any time and they are listen to and usually acted upon." People living in the home had opportunities to voice their thoughts and the home would respond.

# Is the service well-led?

## Our findings

The home produced a newsletter each month for people who lived in the home. In the July 2014? newsletter we noted that the manager had placed an advert asking people for any suggestions to the development of the services provided. The few people we spoke with about the newsletter told us they could and would contribute to ideas for the home. This showed people could be actively involved in ideas for developing and improving the service.

Two friends of a person living in the home who were visiting at the time of the inspection told us they were regular visitors. They said how encouraged they were to be involved in the life of the person they visited. Another visitor said they came daily and were involved as much as the person who lived in the home was. They said, "The manager is always around and will always check that everything is okay."

People were welcomed into the office during our inspection and listened to. The staff spoken with told us the manager walked around the home regularly and interacted with people and visitors to ensure all was well. We noted that people who lived in the home were relaxed, smiling and happy to chat to the manager throughout the day of this inspection.

Prior to this inspection visit we found the records held by CQC showed that the home had an effective system to report serious incidents, accidents or deaths as required. This meant that management were recording and informing us as legally required. The manager told us they

looked at all incidents to monitor any merging patterns and to see if they could establish methods of prevention to aid improvement to the service provided. We were given an example by one staff member who talked through a project they were working on to assist with the 'prevention of falls'. The staff member told us they used this experience to achieve a further qualification as well as the project being a benefit to the people who lived in the home. They said they had used the information obtained and were now monitoring the falls. This would assist the provider with the management of falls and also benefit staff to gain a further qualification.

Three staff spoken with were clear about their roles within the home and what tasks they were responsible for. All the staff spoken with felt they could talk to the manager at any time over any concern. They said they felt fully supported and that the manager was competent and capable. One staff member said, "I feel valued and supported by good management."

The manager told us of their joint efforts with another home provider in the development of the service. For example, by creating a suitable document for assessing people who had been admitted to hospital and were requiring discharge back to the home. The manager told us this had been required following a number of inappropriate discharges from hospital. They told us not only did they use this peer support but that they also attended provider meetings held within the county to gain knowledge to further develop and improve the service provided by the home.