

Burgh House Residential Care Home Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 22 February 2017 and was unannounced. Burgh House Residential Care Home provides accommodation and care for up to 40 people.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This inspection found that there were two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We identified a breach of Regulation 12 which related to the safety of the arrangements in place to manage people's medicines. We found considerable medicine stock imbalances that had been caused by several different issues.

We also identified a breach of Regulation 17. This was because the provider's quality assurance systems had failed to identify the problems with the medicines management arrangements and issues we found in relation to care planning. These needed improvement to ensure that plans were in place to meet people's individual health and care needs. Care records did not always contain sufficient guidance and information for staff. You can see what action we told the provider to take at the back of the full version of the report.

The service had a strong focus on meeting people's social and emotional needs as well as their physical needs. This resulted in people having a positive experience of life at Burgh House. Staff went to considerable lengths to ensure that people could live their lives as they chose, that they were content and fulfilled. If any concerns were raised, these were minor in nature. They were looked into and resolved to people's satisfaction.

There were enough staff to meet people's needs. Staff were well trained and supported by their colleagues and service managers.

People received a choice of food and people's preferences and special diets were catered for.

Staff were caring and had developed good relationships with people living in the home and their relatives.

There was a pleasant, calm atmosphere in the home. People chatted happily between themselves and staff engaged well with them without being intrusive. There was plenty going on for people to involve themselves in if they wished.

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 consistently safe.

The service had not yet effectively implemented their electronic medicines management system. We found widespread concerns in this area.

There were enough staff to meet people's needs and recruitment processes were robust.

Risks to people's welfare were identified and acted upon.

Requires Improvement ●

Is the service effective?

The service was effective.

People received care and support from staff that had up to date training and were well supported by senior staff and managers.

Staff knew how to support people who lacked capacity to make their own decisions.

People were supported to eat and drink enough. The food was good and people enjoyed it.

Good ●

Is the service caring?

The service was caring.

People were positive about the staff that supported them. The home had a friendly atmosphere and people's visitors were welcomed.

The service utilised several ways of obtaining people's views about their care and were able to assist people to access an advocacy service if they wanted to.

Good ●

Is the service responsive?

The service was responsive.

Staff paid attention to detail to ensure that they responded

Good ●

effectively to people's needs and comments.

People were confident that if they needed to make a complaint that it would be investigated and handled in a fair manner.

Is the service well-led?

The service was not consistently well led.

The systems in place were not always been effective at identifying areas of concern.

We received positive feedback regarding communication in the service. The manager and provider had fostered a positive culture that benefitted everyone living in, visiting and working in the home.

Requires Improvement 

Burgh House Residential Care Home Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 22 February 2017 and was unannounced. The inspection team comprised of one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to this inspection we reviewed information held about the service. This included a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed statutory notifications we had received from the service. Providers are required to notify us about events and incidents that occur in the home including deaths, serious injuries sustained and safeguarding matters.

During the inspection we spoke with eight people living in the home and relatives or visitors of another four people. We made general observations of the care and support people received at the service throughout the day. We also spoke with the provider, the manager, three care staff the cook and a visiting healthcare professional.

We reviewed three people's care records and the medication records of three people. We viewed records relating to staff recruitment as well as training, induction and supervision records. We also reviewed a range of maintenance records and documentation monitoring the quality of the service.

Is the service safe?

Our findings

The service had implemented an electronic medicines management system in October 2016. We compared the stock levels of nine medicines with the amount the electronic system said should be in stock and found discrepancies with seven of these medicines. These discrepancies ranged from one tablet to 66 tablets. Some discrepancies suggested that there was too much stock in the home, others suggested that there was too little.

Upon initial investigations the manager told us that the errors had occurred for variety of reasons. These included the supplying pharmacy adding stock to their computerised system that hadn't yet been delivered, the failure to recalibrate stock levels following hospital discharges, medicines received not being added to the system and staff not recording when some medicines had been administered to people.

As a result of the span of these issues relating to the supply and stock of people's medicines, the provider was not able to demonstrate that they had safe arrangements in place to ensure that people received their medicines as prescribed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The concerns we found related to boxed medicines only. The medicines storage cupboard was well organised and tidy. We saw that charts to record the administration of topical creams were fully completed. Medicines were stored within suitable temperature ranges. A staff member told us how they ensured that pain relief patches were applied to different parts of the body to help prevent skin irritation. Medicines requiring additional storage and administration precautions were well managed.

People told us that staff supported them with their medicines. One person said, "I need quite a few pills. They bring them to me when I need them and watch me while I take them." Another person told us, "I have my pills in the morning and at night. They always ask me if I need any for pain the evening. I don't usually, but they always ask."

Risks to people's welfare were identified and actions were normally taken to mitigate the risks as far as was possible. However, there was not always sufficient guidance for staff in how to manage the risks. For example, one person's risk assessment for pressure areas showed that they were at high risk. We could not tell from their care plan how this was being addressed. However, we saw that the person was sitting on a pressure relieving cushion and had an air flow mattress on their bed. We also saw that records showed that regular repositioning was taking place.

One person told us about a choking incident that had occurred a few months ago and that staff had taken appropriate action to dislodge the obstruction. The person's food was now being cut up into small pieces for them. The incident had been discussed with the person and their family, but the person's GP had not been informed. Therefore, the GP had not had an opportunity to assess whether the incident was indicative of an ongoing risk to the person's welfare or whether any intervention was necessary.

The service had risk assessments in place in relation to the environment and risks were being suitably addressed. Equipment used for lifting and helping people to move was regularly serviced and utilities such as gas, electric and water were well maintained.

We were able to enter the home without staff needing to let us in. Within five minutes staff arrived to ask if we required assistance. We were concerned that the entrance arrangements meant that there was risk of people entering the home who should not have access to it.

People told us that they felt safe living in the home. One person said, "I had a bad fall when I was living at home, but I've not fallen since I've been here. I feel very safe." Another person told us, "I'm completely safe here, there's nothing to worry about." One relative told us, "I know that [family member] is safer here than when living at home on their own." However, one person's relative told us that sometimes staff forgot to make sure that their family member's call bell was in reach. This had resulted in them not being able to call for assistance when they had needed the bathroom on occasion.

Staff understood signs of potential abuse and knew what action would need to be taken if they had any concerns. Staff had received training in safeguarding. They understood that they could raise concerns outside of the service with either the local authority or CQC if they felt it was necessary. However, staff told us that they had no doubts that the suitable actions would be taken within the service. One staff member told us, "You'd get the sack here for an underarm lift (an unsafe way of getting people up) and quite right too." The service had not notified us of any safeguarding incidents in the last three years. The manager told us that this was correct.

The service utilised a dependency tool which showed which people required between one and four hours staff support a day. The calculations from this indicated that there were enough staff to ensure people's needs were met over the course of the day. Most people felt that there were enough staff. A few people said that they needed to wait sometimes but they understood why this was and had no concerns about this. Staff told us that they were able to meet people's needs and the manager and provider were always willing to assist if necessary. We observed that staff were busy, but not too busy to spend a few moments to chat with people whilst carrying out their duties.

We reviewed the recruitment records of the last three staff to be employed and found that these were in order. The service had robust processes in place to mitigate the risks of employing staff not suitable to work in the care sector. These included obtaining references and checking for criminal convictions.

Is the service effective?

Our findings

Staff training was up to date. New staff completed an induction to the home as well as completing the Care Certificate. This a comprehensive set of standards that staff are trained in and have to adhere to in their work. Staff were then tested on their competence on a wide range of topics before being awarded the Certificate. A staff member told us, "I've done the Care Certificate and I was able to shadow experienced staff until I felt confident and they had confidence in me. Senior staff here were really supportive with my training and I'm always encouraged to undertake further qualifications."

Staff told us that the ongoing training they received was a mix of dvd and classroom based sessions. One staff member told us, "I had a whole day's practical on moving and handling. I've been taught well here." We saw that as well as mandatory training, senior staff had received training in specialist areas such as stoma care and awareness of medical emergencies, such as a stroke or heart attack. Staff told us that they received regular supervisions and that these were supportive. They said that they were encouraged to identify areas they would like training in which would then be organised if possible.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and found that it was.

The vast majority of people living in the home had mental capacity and were able to make their own decisions about their care. Mental capacity assessments were in place where necessary and one application had been made to the local authority in relation to the need to deprive one person of their liberty to ensure their safety.

Staff were aware of the importance of obtaining people's consent to their care and support. A staff member told us that if people's mental capacity fluctuated staff they would return to a person at a later time to give people the best opportunity to consent to their care and support. However, they were aware that they could make minor decisions in people's best interests if necessary. They described how they had gone to assist one person with cutting their fingernails earlier in the day but the person had not been able to consent to this at the time. They told us that they would go back later in the day when they thought the person might be more relaxed and able to make a decision.

People told us that they had choices about what to eat. One person said, "I have brown bread toast, I really like that." Another person told us, "There's plenty to eat and the food is very good." Throughout the day we

saw that people had access to a variety of drinks and snacks.

The kitchen was well organised and the cook had clear information about people's nutritional requirements. They told us about people's specific requirements and how they catered for these people's needs. They also knew about people's preferences. They showed us their larder and the separate desserts they had made for people requiring a diabetic diet. They told us that they had bought in peanut butter at the request of one person. We saw that a good selection of fresh fruit and vegetables were available. The cook told us that there was homemade soup, scrambled eggs, toast, teacakes and fresh fruit salad available for tea, but were happy to prepare other food if people changed their minds.

We saw that staff sought the advice of appropriate health professionals to support people with their health care needs. One person told us, "If I need a doctor I'll ask the carers and they'll arrange for someone to see me." Another person said, "If I want to see the chiropodist, I'll just let the manager know and the next time they visit they see me."

We spoke with a visiting health professional who was a regular visitor to the home. They told us that there had been the odd issue where communication with the service about people's health needs could have been better, but this had improved of late. Monthly meetings were being arranged with manager to enhance communications regarding people's health needs.

Is the service caring?

Our findings

Everybody we spoke with told us that the staff were caring. One person said, "It's great, it's like a big family, people say hello to you here." A second person stated, "I have lived in three or four other care homes and this is easily the best. It's 100% better than the others." A relative told us that their family member was in the home for respite care. They said, "This is third time [family member] has come here now. [Family member] is very happy and enjoys it here." Another relative told us, "They have got it just right here. Staff are caring, but don't overstep their boundaries. They don't push themselves on people. I'm quite amazed how good they are."

We reviewed the service's compliments folder and recent reviews posted online, all of which were positive. Comments included, "I know that [family member] can be trying at times. But [family member's] wishes are always tended to by willing staff, from delivering meals to toilet needs anytime night and day." "The staff are very helpful, polite and clearly genuinely care about their residents." We read a letter from a grandchild of one person who lived in the home who was so impressed with the care that their family member received they wanted to express their gratitude by inviting some people living in the home to their school's Christmas tea party. The manager told us that some people had attended.

We saw that staff were caring, considerate and friendly towards people. Visitors were welcomed with smiles and offers of drinks. There was a relaxed atmosphere in the home.

People had a specific discussion with their key worker every eight weeks which was a review of their care. These reviews were thorough and people were asked their opinions on a wide range of issues, from their physical care to the food they received and whether they had any general requests or wishes. Relatives were welcome to attend if they wished. One person had expressed a wish to go deep sea diving. Staff had taken them out to an aquarium that had tunnels in which simulated the effect of being underwater with fish swimming around them. The person had thoroughly enjoyed themselves.

People's views were also obtained through an annual survey. This enabled people to make comments and suggestions. The results from this were reviewed and acted upon. We also saw that a suggestion box was available in the home. Approximately every four to six months a residents meeting was held. Minutes from these meetings showed a good attendance. One person said, "If you don't go, you get a copy of the minutes, so you know what's been discussed." People's views were sought. In the February 2017 meeting we saw that people had decided to hold a Vera Lynn celebration day as she would be celebrating her 100th birthday. Arrangements for this were underway.

The service supported people to access advocacy services if people required this. Links had been made with a social enterprise group who could support people during end of life care and which also offered bereavement support to relatives. People and their relatives were assisted to access this support if they wished to.

People's privacy and dignity was upheld in a sensitive and considerate manner. We saw staff quietly assist

people to the bathroom when necessary. A relative told us how keen their family member had been to return to the home following a hospital stay because they felt that staff supported them with their continence care so well at the home.

Is the service responsive?

Our findings

People were involved in the planning of their care and support, before they moved in to the home and then on a regular basis. Their needs and preferences were determined and reviewed on a regular basis.

The manager said that they were looking to review their care plans. These were of a generic nature and needed personalisation in respect of people's health and support. For example, there were no care plans in relation to the management of specific health conditions, for example diabetes. Outcomes of health professional interventions were not transferred to relevant care plans when necessary. However, in relation to the people whose care we reviewed, we checked the practical arrangements in place and were satisfied that they were receiving the appropriate support.

One relative told us how the service had supported their family member to regain their mobility after a period of poor health. Staff were attentive to details and had made sure that people who were going out in the afternoon were served lunch first so that they would not be pushed for time later on. One person said, "I've not been here long, but I have noticed that staff listen to what I want and accept that."

Staff were responsive to people's needs and requests and staff and managers went to considerable lengths to ensure people were happy. One person had felt that their tea was bit cold so tea temperatures were taken and a thermos flask purchased so that when the tea trolley came to their room, their tea was at a temperature more to their liking. We were also told that some people had queried the extent to which their bread was toasted. This culminated in a sampling of toast made on different settings and a consensus agreement was reached.

The service was proud of the social support they offered people. People told us that there were periodic trips out and frequent events in the home. One person told us, "Four of us are going to catch the minibus to go to bingo this afternoon. Sometimes there's more of us that go." We saw pictures of recent events that included a Christmas dinner at a pub, a visiting zoo, an Elvis impersonator and an indoor bowls championship.

Information on a noticeboard showed what social events were taking place during the week. This clearly showed the date, time and venue where the activity would be taking place. A guitar player arrived as scheduled in the afternoon of our visit. People told us that they particularly enjoyed 'Boozy Bingo' which was held weekly. We were also told about exercise classes, arts and crafts and other events that occurred. Some people preferred to watch rather than take part, but people told us that everyone was invited and welcomed regardless.

There was a large library of books available for people to read. Some people had newspapers delivered. One of them told us cheerfully, "I enjoy the food, a glass of wine and I read the paper every day." Another person said, "I've got internet access. There is Wi-Fi here and 4G, so I can watch films on the internet."

The service's complaints process was available for people. The service had not received any complaints in

12 months prior to this inspection. CQC had not been told about any concerns in relation to this service either.

People told us that if they had a complaint or wanted to raise an issue they knew who to talk to. They were confident that if they needed to do so any concerns would be handled appropriately and in a fair manner.

Is the service well-led?

Our findings

There were systems in place to audit and monitor the quality of the care provided. However, some of these were not effective and did not identify the issues we found during our visit. A medicines audit was carried out monthly. This comprised of a list of room numbers, dates of checks and a staff signature. The manager told us that this was the audit for stock, but no details about the specific counts made were recorded. There was no information to show whether any concerns had been identified from this audit and if so what was done to remedy the issue.

The manager said that one key staff member managed the medicines and had implemented the medicines management system. There was not enough oversight by the manager or provider in order to ensure that the medicines management system was working as anticipated.

There was a lack of recording and planning regarding people's individual care needs and how staff were to respond to them. Care plans did not always provide sufficient detail regarding people's needs or the risks posed to them. We saw that care plans held several reports from health professionals and letters for appointments, but there was no system to record the outcome from these interventions or visits. For example, one person's care records contained a Speech and Language Therapist's assessment of the person's needs. The detail from this had not been transferred to a relevant care plan.

The audit for care plans showed only whether care plan reviews were up to date. There was no audit of content or quality of information contained within the care plans.

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

The manager had been in touch with us since the inspection and has commenced investigating the issues relating to medicines management.

We had not received any statutory notifications in relation to serious injuries or safeguarding concerns in over three years. This was quite unusual for a residential home of this size. A visiting health professional told us that one person's pressure area had recently worsened. This grade pressure area needed to be reported to us. The manager told us that they thought that only a higher grade pressure area required reporting. The manager couldn't recall any incidents that should have been reported to us, but told us that they would refresh their understanding in relation to when statutory notifications needed to be made.

The manager and provider were open and had fostered a positive culture in the home. People and their relatives were welcome to become as involved as they wished in the day to day activities and how the service developed. People living in the home, their relatives and staff were all positive about life at Burgh House

People told us that the manager and provider were both visible and active in the service and hosted some of

the activities that took place. People said that the home was well organised and well run. People living in the home and their relatives told us that they would recommend Burgh House. One person told us, "I cannot find fault with this care home." Another person said, "I think we're very lucky to be living here."

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not taken sufficient action to ensure that people's medicines were managed safely. Regulation 12(2)(g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had had failed to implement effective systems to assess, monitor and improve the quality and safety of the service. Regulation 17(2)(a)