

Review of compliance

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| <p>Mr & Mrs J Greiner Burgh House Residential Care Home Limited</p> | |
| <p>Region:</p> | <p>East</p> |
| <p>Location address:</p> | <p>High Road Burgh Castle Great Yarmouth Norfolk NR31 9QL</p> |
| <p>Type of service:</p> | <p>Care home service without nursing</p> |
| <p>Date of Publication:</p> | <p>July 2012</p> |
| <p>Overview of the service:</p> | <p>Burgh House is a care home providing personal care and accommodation for up to 40 older people.</p> <p>The provider is registered to provide the regulated activities 'Accommodation for persons who require nursing or personal care' and 'Treatment of disease, disorder or injury.'</p> |

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Burgh House Residential Care Home Limited was meeting all the essential standards of quality and safety inspected.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, observed how people were being cared for, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

The 10 people we spoke with during the review told us that they were happy with the care and support provided at Burgh House. They told us that staff looked after them well and tried to keep them cheerful.

They told us that they were involved in the planning and review of their care. A relative of a person who was also spoken with confirmed this.

Two people told us they could make decisions about their care and support, for example one person still had their own car and were able to drive to the local shops.

The people we spoke with told us about the meetings they attended to talk about the service and how the service listened to their views and made changes.

What we found about the standards we reviewed and how well Burgh House Residential Care Home Limited was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

The provider was meeting this standard. People's privacy, dignity and independence were respected.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare

The provider was meeting this standard. People who used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

The provider was meeting this standard. People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The provider was meeting this standard. The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

As part of the review we spoke with 10 of the 40 people using the service. One person told us "Staff are very good, always there to help us." Another person told us that they "Could talk to the manager or any of the staff if I have a problem."

One person told that they were able to make decisions for themselves, another that they were still able to drive their own car, and the service allowed them to keep their car there.

They told us they were offered a choice of meals at lunchtime and teatime, and we saw this happening when we spoke with people who were waiting for their lunch to be served.

People were supported in promoting their independence and community involvement. One person told us they were "Often asked if I want to sit outside."

Other evidence

People who used the service were given appropriate information and support regarding their care or treatment.

During the review we observed staff as they helped people using the service with day to day activities. They were polite and respectful and we noted that they offered a choice wherever possible, for example brown or white rolls with their lunch and a choice of games in the afternoon.

People's privacy was respected we saw that staff knocked on people's doors before entering their rooms. They were familiar with each person and used the name they preferred to be called.

Our judgement

The provider was meeting this standard. People's privacy, dignity and independence were respected.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

The 10 people we spoke with told us about the care and support they received. One person told us that staff were "Always there to help me." They also said that "Staff like to cheer people up."

We spoke with five of these people about the care they received and all of them told us that they were happy with the support the service gave them.

Other evidence

Peoples' needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We looked at individual records for four of the people using the service. These contained a detailed assessment which identified the needs of the person.

There were arrangements in place to deal with foreseeable emergencies, with individual evacuation plans in place on the four care plan files we examined.

The care plans were reviewed regularly and demonstrated that the person they related to had been involved in all stages. We were told that one staff member was responsible for ensuring that the care plans were up to date. We spoke with this staff member, and they told us that they checked through the care plans on a weekly basis, and arranged for a full review every month or sooner if someone's needs had changed.

The provider may wish to note that further detail on how the care and support was delivered should be included within the care plans; this would give staff further guidance.

A variety of activities were arranged for people who used the service and on the day of the review the weekly bingo game was taking place. This was always followed by a glass of wine or sherry for those that wished. This was a regular weekly event and all the people we spoke with told us how much they enjoyed it.

Other activities included a weekly carpet bowls game, with a trophy for the winner, craft work, trips out, sometimes with lunch included and while we were carrying out the review staff were arranging the jubilee party for the following day. People we spoke with were all looking forward to this.

Our judgement

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

Outcome 10: Safety and suitability of premises

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

* Are in safe, accessible surroundings that promote their wellbeing.

What we found

Our judgement

The provider is compliant with Outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us

We spoke with people using the service but their feedback did not relate to this standard. We looked around the premises, and observed staff and people using the service in their day to day lives.

Other evidence

The provider had taken steps to provide care in an environment that was suitably designed and adequately maintained.

A recent extension had provided an additional 8 bedrooms together with new laundry facilities, and future plans included a refurbishment of the kitchen areas.

People using the service had a choice of different lounge areas, as well as other quiet areas throughout the premises.

Three of the ten people we spoke with told us that they had looked at other homes in the area, but thought that Burgh House was best equipped to meet their needs, another person told us it was "Always clean."

We noted domestic staff were on duty on the day we carried out this review, and observed that the premises and rooms we looked at were all very clean.

Our judgement

The provider was meeting this standard. People who used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

Five of the 10 people using the service that we spoke with told about the staff. They were happy with the way staff helped them. One person said "You can always talk to staff." Another person told us that the "Person in charge made sure the staff knew what to do."

The other five people we spoke with did not comment on staff.

Other evidence

Staff received appropriate professional development and were able, from time to time, to obtain further relevant qualifications.

We spoke with two staff members who told us about the qualifications and training they had undertaken. This included National Vocational Qualifications (NVQ's) in health and social care, one having achieved a level 3 NVQ, the other a level 2.

Other training that they had undertaken in the past year included safeguarding, food hygiene, moving and handling, infection control, medication and fire safety. The two staff also told us that they received regular support from the provider.

We looked at training records for these staff, which confirmed that this training was up to date. We were told that a refresher course on first aid was being planned.

Our judgement

The provider was meeting this standard. People were cared for by staff who were

supported to deliver care and treatment safely and to an appropriate standard.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

Three of the 10 people that we spoke with who lived at Burgh House told us that they had regular meetings to discuss any concerns or changes that may be needed. One person told us that the provider always "Reacts to suggestions and makes changes."

Other evidence

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

We were given details of their annual quality assurance satisfaction surveys which are sent to people using the service, relatives and to professionals providing care and support to people who lived at Burgh House. This year's surveys were being sent out shortly after the review.

Regular meetings were held with people using the service, and standard items discussed included food, outings, entertainment and laundry. Minutes of these meeting were available in normal and large print. We were shown the minutes form the last meeting. These detailed areas that were covered and actions that resulted from comments received. For example, they met to discuss their care plans as a result of the previous year's survey, which suggested people wanted more involvement. This had now been introduced, and a staff member met each person using the service every other month to discuss their care plan.

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 receive.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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| Document purpose | Review of compliance report |
| Author | Care Quality Commission |
| Audience | The general public |
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