

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

## Burgh House Residential Care Home Limited

High Road, Burgh Castle, Great Yarmouth, NR31 9QL

Tel: 01493780366

Date of Inspection: 10 June 2013

Date of Publication: July 2013

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

<b>Consent to care and treatment</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Cooperating with other providers</b>	✓	Met this standard
<b>Requirements relating to workers</b>	✓	Met this standard
<b>Records</b>	✓	Met this standard

## Details about this location

Registered Provider	Mr & Mrs J Greiner
Registered Manager	Mr. Joseph Greiner
Overview of the service	Burgh House Residential Care Home is a care home offering accommodation and personal care and support to up to 40 older people,
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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*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'.*

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 10 June 2013, 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.

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### What people told us and what we found

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During our inspection we spoke with five people who used the service and with the relative of another who was visiting at the time. We found from talking to people, observing staff during the day and looking at records that people who received any care or treatment were asked for their consent and that the provider acted in accordance with their wishes.

People we spoke with were happy with the care and treatment they received. One person told us, "It is a lovely place to live, everyone is so kind and they seem to know what I need all the time. If there is anything I want I only have to ask and they get it for me." Another person said, "The staff here all help me. I need some help to get washed and dressed but encourage me to do what I can for myself."

We spoke with four members of staff who told us that they were well supported, and we looked at a range of records which showed that the service kept accurate records relating to people who used the service, staff and the premises.

The service demonstrated a good working relationship with other providers both on a care and social basis as well as working together on training.

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

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements

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### Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

During our inspection we spoke with five people who used the service. We also spoke with one relative who was visiting a family member at the time of our inspection. People we spoke with told us that they were happy with the care and support they were given. They told us that staff always asked them if they wanted any tasks undertaken such as washing and dressing.

We observed staff as they carried out their day to day duties. We saw that they explained to people what they were doing and made sure that people were happy with this. This showed that the staff understood the need to gain the consent of the person they were caring for.

A number of people who used the service were living with dementia and lacked the capacity to make some decisions about their day to day lives. The provider had taken steps to ensure that all decisions were taken with the person's best interests in mind. This showed that where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

We looked at the care records of four people who used the service which showed that people's capacity was taken into account in all areas of their care and welfare.

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

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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

During our inspection we spoke with five people who used the service about the care and support they received. One person told us, "It is a lovely place to live, everyone is so kind and they seem to know what I need all the time. If there is anything I want I only have to ask and they get it for me."

Another person we spoke with said, "The staff here all help me. I need some help to get washed and dressed but encourage me to do what I can for myself." Another person told us that, "Everything is Ok, but sometime I would like more to do." We discussed this with the provider who showed us that in fact they did a lot around the home including helping to run the carpet bowls held every week and painting the outside furniture. They also told us that the person concerned attended a twice a weekly memory club to help them with their short term memory loss.

The service offered people a range of regular and ad hoc activities, including the carpet bowls, a weekly fitness class, reminiscence groups, a regular quiz and games including scrabble and bingo.

They were part of a quiz league involving other local care homes, and were proud of their recent win. The bingo was a popular weekly event, now known as 'boozy bingo' as people taking part were also offered a glass of sherry or wine while they played. People we spoke with told us this was a popular event.

We looked at the care records of four people who used the service. These showed that the individual needs of the person concerned had been assessed and that a plan was in place to meet those needs. The care records also included risk assessments to minimise the risks of day to day living. These included falls risk assessments, pressure care assessments, nutritional assessments and manual handling assessments. This showed us that the provider had measures in place to ensure that the care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Within the care records were details of people needs in the event of an emergency. This showed us that there were arrangements in place to deal with foreseeable emergencies.

**People should get safe and coordinated care when they move between different services**

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**Our judgement**

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The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

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**Reasons for our judgement**

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People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

During our inspection we spoke with five people who used the service and with the relative of another. Their feedback did not relate to this standard.

We spoke with the provider about their relationship with other providers. This was clearly well established in the local area, with a quiz league amongst local services. They told us that where training was arranged and they had free places, they shared this with other local providers so that they could take advantage of the training and vice versa.

We looked at the care records for four people who used the service and these showed that detailed assessments had been carried out prior to admission to the service. This often included visits to other services including the local hospital to obtain the required information to ensure that they could meet that person's needs. The provider told us that they had a strong working relationship with the discharge team at the local hospital. This meant that where people were moving to the service from the hospital, the service had good information about their needs to ensure that they could be met.

The provider told us of a situation where they found after a period of time that they could no longer meet one person's needs. They liaised with another provider to ensure that the disruption to that person was kept to a minimum during their move.

## Requirements relating to workers

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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Appropriate checks were undertaken before staff began work.

During our inspection we spoke with five people who used the service but their feedback did not relate to this standard.

We looked at the recruitment records of four members of staff. These contained information required to establish that the person concerned was suitable for the role. This included an application form, written references, an employment history and previous training records.

The provider told us that they discussed people's previous work history and periods of non-employment during their interview.

The records contained a checklist to ensure that all the required information and documentation was in place in readiness for people starting work at the service. This included proof of their identity and a valid criminal records bureau (CRB) check or disclosure and barring service (DBS) check. This showed that there were effective recruitment and selection processes in place.

## Records

✓ Met this standard

**People's personal records, including medical records, should be accurate and kept safe and confidential**

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### Our judgement

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The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

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### Reasons for our judgement

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People's personal records including medical records, staff records and other records relevant to the management of the services were accurate and fit for purpose.

During our inspection we spoke with five people who used the service but their feedback did not relate to this standard.

We looked at a range of records which included care records, maintenance and servicing of equipment records, staff recruitment records and training records. These were all readily available, comprehensive and well maintained.

The care records we looked at included care plans, risk assessments and daily records. There was evidence that they were regularly reviewed and therefore gave staff an accurate picture of the needs of people using the service.

Maintenance and equipment servicing records showed that routine maintenance was carried out as required and that all relevant equipment was maintained and serviced in line with manufacturers recommendations.

Staff records were clear and showed that appropriate processes had been followed in the recruitment of staff to ensure that they were of a suitable calibre to undertake the job they were doing. Training records showed that a range of training had been provided and was planned to ensure that staff had up to date knowledge and training to enable them to support people who used the service.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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