Inspection Report

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

Burleigh House

Leek Road, Stoke On Trent, ST10 1WB

Tel: 01782550920

Date of Inspection: 02 August 2013

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

Consent to care and treatment	✖ Action needed
Meeting nutritional needs	✓ Met this standard
Management of medicines	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Burleigh House Limited
Registered Manager	Mrs. Jane Day
Overview of the service	Burleigh House is registered to provide accommodation and personal care to 15 people. They are not registered to provide nursing care.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

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

Summary of this inspection

Why we carried out this inspection

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

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 2 August 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

This inspection was unannounced which meant the provider and the staff did not know we were coming. We spoke with five people using the service, two visitors, two staff and two visiting professionals. Everyone spoke well of the home, one person using the service said, "This is my home. I make my own breakfast and cups of tea. I like it here, the staff are nice and I can please myself what I do."

We found people using the service were safe because the staff were given clear instructions, support and guidance. People told us they were treated with care and compassion and the staff responded well to their needs or concerns.

We saw information regarding capacity and consent was not always in place. This meant the home could not demonstrate how arrangements to seek people's consent to care or treatment had been agreed in the person's best interests.

We saw people received a varied and healthy diet. People using the service spoke well of the food and were suitably nourished and hydrated.

At our last inspection on 3 January 2013 we made one compliance action about the management of medication. This meant the provider had to make improvements. We found that suitable and sufficient improvements had been made which meant medication was managed in a suitable and safe way.

Recruitment records demonstrated there were systems in place to ensure the staff were suitable to work with vulnerable people.

We saw people's confidential information was stored appropriately.

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

What we have told the provider to do

We have asked the provider to send us a report by 25 September 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

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

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

Our judgements for each standard inspected

Consent to care and treatment ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

Where people did not have the capacity to consent, the provider did not always act in accordance with legal requirements.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Having mental capacity means being able to make decisions about everyday things like what to wear or more important decisions like making a will and deciding where to live. People can lack mental capacity because of an injury or condition, stroke or dementia. Some people may have capacity to make decisions about some things but not others, or their capacity to make decisions may change from day to day.

We spoke with two people who had the mental capacity to make decisions. They told us they were consulted about how they wanted care and support to be provided. One person told us, "I please myself when I come and go, I am well looked after. All the staff are willing to help you if needed." Another person said, "I'm not going anywhere, I like it here. I feel in control and safe." This meant people using the service were encouraged and supported to make day to day decisions.

During our inspection we saw that staff gained verbal consent from people who used the service for their day to day care. People were asked where they wished to sit and what they wanted to do. This meant that people living at the home were asked for their consent prior to any care, support or treatment. We spoke with a visiting professional who told us, "I feel people are at home here, it's not clinical. People settle, the staff communicate well, they will always get in touch with us if needed."

We looked at the care record for two people to review how they had been supported to make specific decisions. We saw the care records had information stating these people should not be resuscitated (DNAR). The DNAR had been signed by the doctor as required, but for one it appeared it had been completed in hospital. This meant is was not completed where the person was at the time and DNAR's are not transferable. There was not any information available to demonstrate that other people involved in the decision making process had the authority to do this. Records needed to demonstrate whether a relative

had lasting power of attorney (LPA) to enable them to make decisions about people's health and welfare as legally agreed. Where people do not have the capacity to make a specific decision an LPA can be authorised to make decisions on their behalf, as long as they are in the person's best interests.

We saw there were inconsistencies in care records relating to people's capacity needs. Where people had been judged not to have capacity, there was not always an assessment of capacity or other documentation in place to demonstrate why decisions were being taken in their best interests. A capacity assessment determines whether people are judged to have the capacity to make a specific decision. This meant there was no assessment available to determine this. This should be addressed to ensure that individual needs are assessed, recognised and peoples' rights are protected.

We asked staff if they had received training on the Mental Capacity Act 2005 or training about deprivation of liberty safeguards. Staff we spoke with told us they had not received this training. This meant that staff may not have the required understanding to support people to make decisions if required. The registered manager informed us on 6 August 2013 that all staff would have received training by October 2013.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We observed lunch being served and found that people were provided with a choice of suitable and nutritious food and drink. We saw people were supported to eat and drink sufficient amounts to meet their needs. Staff supported people to eat in a sensitive way and at a pace appropriate for the person's needs. We heard one member of staff say, "Would you like me to cut your oatcakes in half, or into bite size pieces?" They then continued with encouragement and support throughout the meal. This meant the person using the service had a positive and relaxed experience.

We saw the menu was not recorded on the menu board and the four people we spoke with could not recall what was on offer. The provider may wish to consider ways of ensuring people had access to the information they needed to remind them of the meals available to them. This would ensure people had suitable information to support them with choice.

People we spoke with spoke well of the meals, they told us, "I'm full up now, it's been very nice I've enjoyed it very much." Another person said, "I have eaten everything, I'm a good eater, it's very good food here." We asked visitors their opinion of the food they said, "The food is brilliant and the kitchen is spotless." Another visitor said, "The Sunday dinner is all homemade, it's beautiful." This meant people were offered suitable nutrition to keep them well.

We saw drinks were served at regular intervals throughout the day and we observed a range of hot and cold drinks were provided. This meant people using the service were suitably hydrated.

We visited the kitchen and saw it was clean, tidy and well equipped with good food supplies. We saw infection control practices were followed and fridge, freezer and food temperatures were recorded as required. We saw there were not any fly screens at the windows and medication was stored in the fridge and was not in a locked box. The provider may wish to consider ways of ensuring these risks are minimized.

People had their nutritional needs screened on admission and risk assessments were completed when there were concerns regarding weight or nutritional intake. This meant the staff had the information they needed to support people appropriately. We spoke with the staff who told us how they monitored people at nutritional risk. They also described how they involved other professionals and what actions they took to alter diets to

accommodate treatment and advice. We saw that referrals to dietician's had taken place and visits from them were documented. We spoke with two visiting professionals, one of them told us, "They always complete food and fluid charts if needed, I have seen these on a regular basis. " The other professional said, "They offer good care here, they always contact us for advice and support here, I have no concerns about this home, they support people well." This meant professional intervention was requested in a timely manner.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

During our last inspection we saw the medication trolleys were locked but not attached to the wall. On this inspection we saw they were attached as required. This meant medication was stored securely.

During our last inspection we checked the medication administration records (MAR) for three people and found they were not all correct. On this inspection we saw they were completed correctly and there weren't any gaps. This meant people were receiving their medication as prescribed and records were accurate.

During our last inspection we found the home could not demonstrate that their audit processes accounted for all the medication in the home. On this inspection we checked two medications which were correct. This meant the home were able to confirm the amounts of bottle to person medication available in the home.

During our last inspection we checked records for what was considered as and when required medication (PRN) and saw there was no information available to confirm a decision as to when the medication was to be taken. On this inspection we saw some information was available but not for each person. The provider may wish to consider ways of ensuring the staff know when and why PRN medication should be administered for each individual.

Requirements relating to workers ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We saw that appropriate checks were undertaken before staff began to work at the service. There were safe and effective recruitment and selection processes in place. This meant people using the service were protected.

During our inspection we looked at the employment records for two members of care staff. Records showed that the required recruitment checks had been carried out before they had started to work at the service. These included a disclosure and baring check (DBS), a check against the list of people barred from working with vulnerable adults and at two written references. The references and DBS checks had been received before staff had been allowed to work with people using the service. Each person had completed an application form and been interviewed and assessed as to their suitability for the post. A full employment history had been obtained for each applicant and photographic identification had been provided as required. Both applicants had completed a health declaration to indicate that they were fit to carry out the role. This meant people using the service were protected by the provider's recruitment and selection process, and were supported by staff fit to do the job.

Records ✓ Met this standard

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

Our judgement

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.

Reasons for our judgement

We saw that people's personal records including medical records were accurate and fit for purpose. We looked at two people's care records and saw they had been regularly reviewed and updated. We looked at the Medication Administration Record (MAR) charts for three people. There were no gaps or omissions on the MAR to indicate that people had missed doses and there was a list of all staff trained to administer medication that included a sample of their signatures so that it was possible to identify which member of staff had signed the MAR.

Staff records and other records relevant to the management of the services were accurate and fit for purpose. This meant that the provider had ensured that the records required had been maintained. Records were kept securely and could be located promptly when needed. Staff personnel and recruitment files were stored securely and only management had access to these records.

People's care records were stored securely to ensure confidentiality. Records were clearly written and contained information that the care had been delivered in accordance with people's care needs. A visiting care professional said, "The staff are good at communicating with each other and ourselves. I can see they have followed what was required by the records they keep."

The service had a record keeping policy and procedure and this included a record of how long each type of document had to be kept before it could be destroyed. This meant that important records such as people's care notes and incident reports were kept for long enough should they be required.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010** **Consent to care and treatment**
	How the regulation was not being met: The registered provider must ensure suitable arrangements are in place for obtaining, and acting in accordance with the consent of service users, in relation to the care and treatment provided for them.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 25 September 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

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

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

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

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

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

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

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

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

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

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

How we define our judgements

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

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

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

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

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

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