

Review of compliance

Burleigh House Limited Burleigh House	
Region:	West Midlands
Location address:	Leek Road Stoke-on-Trent Staffordshire ST10 1WB
Type of service:	Care home service without nursing
Date of Publication:	December 2011
Overview of the service:	Burleigh House can accommodate 15 adults, it does not provide nursing care.

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

Our current overall judgement

Burleigh House was meeting all the essential standards of quality and safety.

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 because concerns were identified in relation to:

Outcome 04 - Care and welfare of people who use services

Outcome 08 - Cleanliness and infection control

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 30 November 2011, observed how people were being cared for, talked to staff and talked to people who use services.

What people told us

Information we hold about the home showed that we needed to undertake a monitoring visit, in order to update our records, and to establish that people's needs were being met. We had also received some information of concern stating the home was dirty, individual's needs were not being met and the home was understaffed.

We concentrated on these areas to find out how the care was provided and to look at the quality of the service to ensure enough staff were available to meet people's needs.

We saw that the staff were kind, respectful and unhurried. They gave support with personal care in ways that respected people's dignity and privacy. Staff listened to people and spent time with them, talking and carrying out activities, as well as providing care.

People spoken with told us they felt staff treated them well and respected them. They also commented that they received support from regular staff, which promoted consistency.

People told us the staff were kind and caring, "The staff here are very good, they keep an eye on me. If I need to, I just press the bell and I get assistance."

Relatives continued to play an active role and support people and provide care. Family and friends could attend social events and were involved in supporting people using the service where appropriate.

What we found about the standards we reviewed and how well Burleigh House was meeting them

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

People receive safe and appropriate care.

Outcome 08: People should be cared for in a clean environment and protected from the risk of infection

Procedures are generally in place to promote a clean environment and prevent the spread of infection.

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.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

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

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

People we spoke with told us they could get up and go to bed when they wished. They said they felt in control of their lives and one person told us, "I like to be in my bedroom, I can come and go as I please." Another person said, "I like my room it is peaceful. I'm not bored, I like to look at the scenery from my window."

People we spoke with told us that staff were helpful and supportive. Three people told us that they were happy at the home. People told us the staff were friendly and responsive to their needs and they liked the staff, who treated them with respect. They felt that the staff promoted their dignity and privacy and we observed staff supported people discreetly. People were encouraged to do as much for themselves as possible. For example, people chose their own clothes and were encouraged to maintain mobility. When the staff visited bedrooms we saw they knocked on the door and waited until they heard they could enter.

We saw staff spending time with people and supporting them in the way they wanted to be supported. People were able to spend time with others, or spend time in their rooms depending on their choice.

We saw that the staff had a good rapport with people who lived in the home and talked about events and experiences they had shared. Staff told us about people's interests, their life and family and it was evident they knew them well.

We observed care and saw that it was unrushed; the staff knew the people and their

individual likes and wishes. Staff showed people genuine warmth and respect whilst encouraging positive interactions. The way the staff went about their work created a calm atmosphere. Staff responded well to the needs of individual people, which enhanced their sense of well-being and comfort.

We observed the staff engaged quietly with those who were disorientated or distressed. People were regularly checked to ensure they were happy or wanted something to eat or drink. People using the service confirmed their call bells were answered.

We asked all the staff on duty if they felt they had enough time to support people using the service. Their comments included, "There is no rush or stress, I give the best to my ability. Life here for people is very flexible, choices are always given."

The staff confirmed they were able to discuss working practices and plans of care. Staff could identify further training needs, and where possible suitable training was organised in the home or used external services. Supporting the staff and keeping up to date with care practices meant people were able to receive support from trained and competent staff.

Staff commented they felt there was enough information within the care records so they knew how to support people using the service.

We checked medication management for one person and saw that records and audits were correct. Current medication was kept in a locked cupboard. However, additional stocks of medication were kept in a locked filing cabinet. This maybe unsafe and the provider should ensure this is safe and suitable and complies with the law.

Other evidence

We spoke with the local authority to share information on the concerns we received before our visit. The local authority told us they will review people who use the service to ensure they are satisfied with the care provided. The local authority undertook a quality monitoring visit on 29 November 2011 and will revisit on 12 December 2011, they have not raised any concerns with us following the first visit.

We saw that prior to people moving to Burleigh House, assessments were completed in order to develop care records. These recorded details of people's needs and interests. We looked at one care record and it contained clear information of how assessed needs were to be met. They were individually written and reflected the person's personal wishes and preferences.

The care records showed that people living in the home had a care plan and that a daily entry was made in their care records. This meant information was current and up to date.

Care records showed that people in the home were registered with a GP, and had received monitoring and treatment of their physical health care needs. People also had contact with the community mental health teams. The manager said there were regular meetings with community mental health teams about the care of people living in the home and records reflected this.

Risk assessments identified individual risks to promote and protect people's safety and

well-being. These were regularly reviewed so that any new information could be identified and included.

We saw a number of radiators were unguarded and these may cause a risk to people.

Some people who lived at the home did not have a personal emergency evacuation plan (PEEP). The aim of a PEEP is to provide information for people who cannot get themselves out of a building unaided during an emergency situation.

Some information within the home needed updating, for example the complaints procedure did not offer the correct information and the home did not visually promote what was happening within the home. There was not any information on the menu of the day or activities and when they occurred. We asked seven people what was for lunch no one could recall. We observed the television was left on whilst lunch was served which was not in view for people eating their lunch.

People said they enjoyed the food at Burleigh House. One person said, "I get all the food I need, it is lovely." We noted there was a good variety and choice, the food was well cooked and nicely presented.

Our judgement

People receive safe and appropriate care.

Outcome 08: Cleanliness and infection control

What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

What we found

Our judgement

The provider is compliant with Outcome 08: Cleanliness and infection control

Our findings

What people who use the service experienced and told us

We looked at the lounge and dining areas, some bathrooms, toilets and some bedrooms. The standard of cleanliness was satisfactory. Care and domestic duties were undertaken by the same staff.

People told us their bedrooms were kept clean and tidy. They told us their clothes and bedding were washed regularly. People using the service were in clean clothing and looked well groomed.

We spoke with a member of staff about how they ensured the home was kept tidy and how their practices supported effective infection control. Staff were confident their practices limited the risk of infection for people, and we observed control precautions and infection prevention systems around the home; this included washing hands and using personal protective equipment.

We saw that the bathroom upstairs did not have any paper towels, nor a foot operated bin. Shampoo and bubble bath were left in the room and a toilet roll holder was not available. We saw some toilet seats were wooden which do not meet good hygiene standards, and some commodes were in need of a deep clean. The underside of the bath hoist was dirty.

Other evidence

The provider told us they had a copy of the 'Code of practice for health and adult social care on the prevention and control of infections and related guidance'. The home had a nominated an infection, prevention and control person as required within this guide. The provider needs to review the code of practice and demonstrate how the service

meets all criterion in the guide to demonstrate on going compliance with this legislation.

We saw cleaning records were available but did not always include all areas such as turning mattresses or cleaning chairs and pressure relieving equipment.

Staff training records identified that staff had regular infection control training and discussion with staff confirmed they also had access to control of substances hazardous to health (COSHH) policies and procedures.

Our judgement

Procedures are generally in place to promote a clean environment and prevent the spread of infection.

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.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, 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

Document purpose	Review of compliance report
Author	Care Quality Commission
Audience	The general public
Further copies from	03000 616161 / www.cqc.org.uk
Copyright	Copyright © (2010) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

Care Quality Commission

Website	www.cqc.org.uk
Telephone	03000 616161
Email address	enquiries@cqc.org.uk
Postal address	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA