

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: 03 January 2013

Date of Publication: January 2013

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

Respecting and involving people who use services	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Management of medicines	✗	Action needed
Staffing	✓	Met this standard
Complaints	✓	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'.

	Page
<hr/>	
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
What we have told the provider to do	4
More information about the provider	5
<hr/>	
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	7
Management of medicines	8
Staffing	10
Complaints	11
<hr/>	
Information primarily for the provider:	
Action we have told the provider to take	12
About CQC Inspections	13
How we define our judgements	14
Glossary of terms we use in this report	16
Contact us	18

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 3 January 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

During our inspection we spoke with seven people using the service, three staff on duty, or who came on duty, the registered manager and any visitors that called during our inspection. People spoke positively about how they were able to make decisions about their care, spend their time and enjoy shared interests and social events.

People told us they were satisfied with the care and support they received and were happy with the staff team that supported them. One person said, "It is very nice, all the staff are pleasant."

We found the care and support were delivered in a warm and caring manner. Records were informative and up to date.

We looked at the way medication was managed and saw that overall medication systems and practices were safe and suitable, but improvements were needed.

We looked at the number of staff on duty in the afternoon and considered the registered manager should judge whether there were enough staff available to meet the needs of the people using the service.

We found that complaints were dealt with quickly and appropriately and they were being recorded in the complaints register.

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 02 February 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

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

Some people using the service understood the care and treatment choices available to them. When we spoke with them they told us they could express their views and were supported in promoting their independence. One person said, "I choose when I get up and go to bed and the clothes I wear." Another person said, "If I need the doctor they call him for me, I feel safe and well cared for."

Some people were not able to communicate with us and we observed the way the staff supported some of these people. We observed staff interacting positively with people living in the home. People appeared relaxed and confident with the staff. The staff were helpful and pleasant in their manner. They took the time to make sure people were involved in decision making such as, choosing what they would like to eat and drink or where they would like to sit.

People's diversity, values and human rights were respected. We saw that people's care records included information about their religious beliefs or their dietary needs for example.

We were informed by people using the service that they were able to personalise their room and keep them as they wished. They told us the staff respected their decisions and confirmed staff always knocked on the door and only entered when invited to do so.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We saw people being offered choice with regard to where and how they wanted to spend their time. For example, some people wanted to watch television, other people wanted to spend time in their bedroom. People told us there were organised activities and they could choose whether to be involved.

During our inspection we looked at two care records. We saw care records were started immediately people moved into the home, which ensured staff knew the level of care required to meet the needs of each individual.

Each person had care records which included assessments of risk and identified care needs. The care records highlighted what people could do on their own and when they needed assistance from staff. We saw evidence that these were reviewed on a monthly basis to ensure people's changing needs were identified and met. There were separate areas that showed specialists had been consulted over people's care. These included health professionals' visits and GP communication records. We did not see evidence that people had been involved in the creation of their care records. The provider may wish to consider ways to ensure they can demonstrate people using the service were involved in decision making.

We spoke with several of the people who lived at Burleigh House and everyone told us they were happy with the way they were looked after and felt secure and content. One person told us, "I feel very safe here and I know the staff are about to help me if I need it." A visitor said, "The home is always clean and they are always helpful. They let me know what is happening and they keep me up to date."

Visitors and people we spoke with confirmed that the appropriate professional support was requested when needed. This meant people received the care, support and treatment they required.

On our last inspection the provider had not completed personal emergency evacuation plans (PEEP) for people using the service. A PEEP is an individualised record demonstrating what support people require in the event of a fire or an emergency. We saw these were now in place. This meant the staff knew how to support each individual under these circumstances.

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

Our judgement

The provider was not meeting this standard.

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

We have judged that this has a minor 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

We observed medication being administered to people using the service and saw that it was undertaken in a relaxed and careful manner. We looked at the storage of medicines and a selection of people's medicine records and care records.

We checked the medication trolleys and found they were locked but not attached to the wall as required. This meant medication within the trolley was stored securely but the trolley was not secured.

We observed five people's medicines being dispensed at tea time. The member of staff administering the medication was seen to ask people how they were feeling and people were not rushed. People who were able to take their own medication were handed their medicines in a dispensing pot. This meant people were encouraged to take their own tablets where possible.

Medicines administration records (MAR) were completed after each person had taken their medication, this meant the service reduced the possibility of mistakes. We checked the MAR charts for three people and found they were not all correct. We saw some signatures for antibiotics had been recorded on the wrong day. MAR we looked at had been administered and signed for. This meant people were receiving their medication as prescribed but the provider must ensure staff sign on the correct day.

We found the home could not demonstrate that their audit processes accounted for all the medication in the home. We checked three medications, one was correct. Weekly medication audits were carried out to identify medication coming into the home but the numbers we checked on the MAR, and in the home did not always tally. This meant the home were unable to confirm the amounts of bottle to person medication available in the home.

We saw MAR charts were clear for the staff to follow. MAR clearly identified which medications were prescribed and which medications were, as and when required (PRN) medication. We checked records for what was considered PRN medication and saw there was no information available to confirm a decision as to when the medication was to be

taken. Having PRN protocols in place would ensure the staff knew when and why PRN medication was administered.

Controlled drugs (CDs) were being administered at the time of our inspection. A CD is one whose use and distribution is tightly controlled because of its abuse potential or risk. CDs are rated in the order of their abuse risk and placed in Schedules by the federal drug enforcement administration (DEA). We saw that an appropriate CD cabinet was in place which meant the CD medication was suitably stored and secured.

We checked the controlled drugs register and found appropriate records were in place. We checked a random sample of the number of CDs in the home and found the CD register did tally with the amount of CDs in the home. This meant the home were recording the controlled drugs administration correctly. We saw two signatures were in place, this meant the provider could demonstrate these medicines were being administered correctly.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We arrived at Burleigh House at 15:00. There were two staff on duty to support 13 people. Two people were in their bedrooms unwell, and two people required the support of two staff to transfer from one place, or position, to another. The registered manager was telephoned by the senior staff member on duty and they arrived at 16:00. From this time there were three staff in the home.

During our inspection we did not receive any information of concern from people using the service, visitors or the staff regarding the number of staff on duty. We asked questions regarding the availability of staff and no one considered this was a concern. People told us their call bells were answered promptly and staff were attentive to their needs. Visitors stated they thought there were enough staff on duty and told us, "In my eyes they are brilliant."

During our inspection we saw that for periods of approximately ten minutes on four occasions, people using the service were left unattended in both lounge areas so that the staff could attend to people in their bedrooms. The registered manager said they had experienced a lot of illness recently and under normal circumstances the number of staff on duty was adequate. We did not have evidence to confirm that two staff were insufficient, but the provider should consider whether leaving people unattended is safe and appropriate.

We spoke with a visitor who confirmed the staff were reassuring and offered regular verbal encouragement and spoke in a calm and sensitive manner. We saw people in their rooms were regularly checked to see that everything was in order.

We observed staff working in the home during our inspection and saw that people using the service received the care and support they needed. People using the service, visitors and the staff confirmed that people received the support they required in a timely manner. One person said, "I like it here, they are all very good. You can't say anything against them, I'm settled and happy."

We spoke with the staff about working at the home and one member of staff told us, "I love working here because you have the time to treat everyone as an individual." We asked all the staff we saw whether they considered there were enough staff to meet the needs of the people living in the home. None of the staff raised a concern and considered they had the time they needed to do their job.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

The provider had a complaints policy and procedure which were clear and informative. The provider may wish to consider ways of ensuring people receive a complaints procedure in an appropriate format, for example pictorial or easy read to ensure all people understood how to make a complaint.

People told us they would speak with the staff if they were upset or concerned. One person said, "I have no complaints whatsoever." Another person said, "I have no need to complain but I know I could talk to the staff."

A visitor also confirmed that they were contacted when needed and kept updated. They said this made them feel able to speak with the provider should the need arise.

The opportunity to raise comments, concerns and complaints anonymously was available through a book in the entrance hall. We checked this and saw no entries had been made.

We checked the complaints records and saw that complaint had been dealt with in a timely manner and offered an action plan and outcome. This meant that information was appropriately recorded and dealt with effectively.

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 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines
	How the regulation was not being met: The registered person must protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the recording, safekeeping and safe administration of medicines used for the purposes of the regulated activity.

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 02 February 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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) 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.
