

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

Burman House

Mill Road, Terrington St John, Wisbech, PE14
7SF

Tel: 01945880464

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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	✓	Met this standard
Care and welfare of people who use services	✗	Action needed
Management of medicines	✗	Action needed
Staffing	✓	Met this standard
Supporting workers	✓	Met this standard
Complaints	✓	Met this standard

Details about this location

Registered Provider	Norse Care (Services) Limited
Registered Managers	Ms. Chris (Sylvia) Baker-Jallow Mrs. Patricia Ann McCallum
Overview of the service	Burman House provides accommodation and support for up to 32 older people, some of whom have mental health needs. The home is registered not to provide nursing care.
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

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 April 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 and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

People who used the service had their support, care and treatment provided only when they gave their consent. Arrangements were in place to improve members of staff's level of understanding of the Mental Capacity Act 2005.

All of the people who used the service said that they were very happy living at Burman House. However, improvements were needed in assessing and planning support, care and treatment of people's more complex health care needs.

All of the people we spoke with were satisfied with the support they received with their medication. Nevertheless, improvements were needed to ensure that people were protected from unsafe management of medication.

People who used the service said that there were always enough staff on duty at all times. There were a sufficient number and grades of staff available to safely and appropriately meet people's support, care and treatment needs.

All of the people that were spoken with had high praise about the staff. Staff were trained and supervised to do their job. However, improvements in training opportunities could be made to include assessing and care planning and the health management of a person living with (sugar) diabetes.

There were opportunities created for any person to make a comment, concern or complaint. All of the people that were spoken with had no cause to make a concern or complaint because they were very satisfied with the standard of the service provided.

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 07 May 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

We have referred our findings to Local Authority: Commissioning. We will check to make sure that action is taken to meet the essential standards.

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

✓ Met this standard

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

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.

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.

From speaking with people who used the service, members of staff and our review of five out of 22 sets of people's care records, we found that there was a system in place to assess if people had the mental capacity to make a valid decision about their support, care and treatment.

People who used the service told us that they were actively consulted about their support and care. One person said that if they didn't want this, "I would soon tell them." Another person said that they had made no objection when they had a sample of their blood taken for measuring their blood sugar by a member of staff. They told us that they had voluntarily offered their finger to be pricked. This indicated that the person had given their tacit (unspoken) consent for this procedure to be carried out.

Members of care staff who we spoke with demonstrated a satisfactory level of knowledge and understanding when supporting people with their personal care. This included waiting for the person to make their decision in accepting the offer of this support.

Senior members of staff told us that the current documentation used was being changed. During this transition period the new documentation remained under review to make sure that it captured the key elements for accurately assessing people's mental capacity.

We noted from speaking with senior members of staff and a review of a person's care file that there was an inadequate level of understanding regarding the legal position of relatives making decisions on behalf of a person who was assessed to have the mental capacity to make valid decisions. These decisions were regarding their own support, care and access to health care services. The registered manager advised us that arrangements were made for senior members of staff to attend a meeting about the Mental Capacity Act 2005 on 16 April 2013. We were told that this meeting would provide training and

information opportunities for attendees.

The registered manager advised us that Burman House provides accommodation, support and care for older people, some of who have mental health needs associated with old age. The provider may wish to note that information about independent advocacy services was not available for people who used the service should they have the need to be represented by an external and independent advocate.

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

Our judgement

The provider was not meeting this standard.

Some but not all of the people experienced care, treatment and support that met their needs and protected their rights.

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

Although people's social and personal care needs were met, people's more complex care and treatment needs were sometimes inadequately assessed and planned for.

All of the people who we spoke with had positive things to say about the standard of their support and care. We were told that members of staff were helpful and kind. The home was described by a number of people who used the service as, "A lovely place" to live. One person said, "I couldn't come to a better place."

From our review of a sample of care records and speaking with people who used the service, we found that people were supported to access healthcare services including GPs, district nurses, chiropodists and hospital services.

To maintain and promote people's sense of well being, social care activities had been provided including visits from outside entertainers, a trip out to a local pantomime and internal activities including reminiscence therapy and quizzes. A record of these activities was maintained and was also used to plan for future dates of social care activities. The registered manager told us that arrangements were in place to appoint volunteering staff to support permanent members of staff in providing an increased range of social activities. This was in response to suggestions made by people who used the service during their residents' meetings.

There were systems in place to assess and plan people's support and care. However, from the sample of five people's care records that we reviewed we found that there was inadequate written information to provide staff with the guidance of how often a person was to be repositioned when in their bed, to minimise their risk of developing pressure ulcers. From a review of their care records we noted that the person was supported to minimise their risks of developing pressure ulcers although it was unclear when and how often this support was provided from the records that we reviewed. We noted from our review of the person's care file and speaking with senior members of staff that the person

was assessed to be at a high risk of developing pressure ulcers.

We found that there was inadequate written guidance for staff in the management of a person's (sugar) diabetes. This was because there was no written information regarding the optimum ranges of a person's blood sugar. We also noted that there was inadequate written information available for staff regarding the physical signs and symptoms of low or high blood sugar that may be experienced by the person.

From speaking with senior members of staff we noted that staff had attended training in administering prescribed insulin but no training had been attended in the management of people's diabetes, including observing for the physical signs and symptoms of abnormal blood sugars and the correct action to be taken. This meant that people with (sugar) diabetes had their health placed at risk due to inadequate assessment and care planning for the medical condition.

We also found that there was inadequate written information to indicate that a full assessment had been carried out regarding a person's variable communication needs. There was no care plan guidance to inform staff how to support the person with their communication needs.

People's well being was maintained and promoted. During our lunch time observations we noted that people's independence and choice were maintained and promoted with their eating and drinking. We saw that members of staff assisted people, where appropriate, with cutting up their food into more manageable sized pieces for the person to eat independently.

Members of staff were noted to be attentive and supportive, including offering people a choice of what they would like to eat and drink. However, the provider may wish to note that staff missed a minimum of three opportunities to engage with people who used the service in a more meaningful way. Our half-hour lunch-time observation noted that individual members of staff put items of cutlery and a glass of juice in reach of individual people without speaking with the person when doing so.

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 not always protected against the risks associated with medicines because appropriate arrangements were not 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

Some but not all appropriate arrangements were in place in relation to the recording of medicine. Some but not all medicines were kept safely. Some but not all medicines were safely administered.

People who we spoke with said that they had no concerns about how they were supported with their medication and were satisfied with how this was managed.

To maintain the quality of medication satisfactory systems were in place to monitor the temperature of where medication was stored in the treatment room and in people's bedrooms in locked metal cupboards which were fixed to the wall. Records of these temperatures were maintained and we saw that these were satisfactory.

Audits of medication administration records (MARs) were carried out and records of these were seen. A senior member of staff told us that any remedial actions were taken in response to any deficiencies found. These included face-to-face supervision and re-training of members of staff in the safe use and handling of medication.

From our review of the sample of MARs we saw that medication stocks were recorded and carried forward to ensure that there was a clear audit trail. Amounts of controlled medication that we counted reconciled with the records maintained in the controlled drug register. The provider may wish to note, however, that the recording of the dispensing pharmacy was not consistently recorded within the controlled drug register. This meant that there was an incomplete audit trail of controlled medication coming into the home.

Medication was securely stored in locked cupboards in both the treatment and people's own rooms. However, during the lunchtime medication round we noted that medication was not kept securely. We observed that a blister pack of prescribed lunchtime medication was placed and left unattended on a table in the main dining room where people who used the service were eating their lunch. This meant that there was a risk of medication being accessed by people who were not authorised or safe to do so.

During the lunchtime medication round we noted that a member of staff had placed and left prescribed medication, which they had just dispensed, for at least two people for them to reach and take when they were ready to do so. We were told that these people would be reminded to take their medication by other members of care staff. We saw that these members of care staff carried out this inappropriately delegated task.

We noted that the people's MARs were signed before the person had taken their medication and not by the member of staff who had witnessed that the person had taken their medication as prescribed. This unsafe practice meant that the people were placed at risk to their health due to inappropriate administration and recording of MARs.

Staffing

✓ Met this standard

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

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

People who we spoke with said that there was always a sufficient number of care staff. They told us that they never had to wait long before a member of staff responded to their call for assistance.

Through speaking with members of staff we found that there was active recruitment to fill weekend care staff vacancies. The registered manager advised us that measures were taken to cover any shortfalls in staffing numbers which included the use of 'relief' staff.

Staff told us that they had enough care staff on duty to meet the individual support and care needs of people who used the service. The registered manager told us that there was also a sufficient number of senior staff, care and ancillary staff on duty at all times of days and nights.

During our visit we noted that people's support and care needs were met. We also noted that the atmosphere in the home was calm when we visited during the busier morning and lunchtime periods. For instance, we saw that staff were sufficient in numbers to provide people with individual support to encourage them to eat and drink.

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

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development.

All of the people that were spoken with said that they were confident that staff were trained and competent to safely and appropriately meet their support and care needs.

Members of staff who we spoke with said that they enjoyed working at Burman House. This was because they had opportunities to attend training relevant to their roles and said that they felt well supported.

Staff also told that they had attended face-to-face supervision sessions during which their training and development needs were identified. Staff confirmed that action was taken in response to address these training needs. We were also told that their supervisory support was also available during times other than their face-to-face supervision.

From our examination of two members of staff supervision files we noted that their job performance and training and development needs were reviewed and monitored.

Burman House had a staff training system in place to record training that staff had attended. These included, but were not limited to, safeguarding vulnerable adults, safe management of medication and safe moving and handling techniques. Recorded evidence demonstrated that arrangements were in place for members of staff to attend training in supporting and caring for people living with dementia.

The registered manager stated that the staff training system was used to plan future and refresher training. However, the provider may wish to note that there was no training scheduled for staff to attend training in the management of (sugar) diabetes and to attend training in assessment and care planning.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

Comments and complaints people made were responded to appropriately

Reasons for our judgement

People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint. People's complaints were fully investigated and resolved, where possible, to their satisfaction.

People who we spoke with said that they would speak up, without reservation, if they were unhappy about their support and care. However, because people were very satisfied with living at Burman House, they said they had no cause to make a concern or complaint.

From our review of the log of complaints we saw that there was a system in place to receive, respond and investigate any complaints made against Burman House. We saw that two concerns/complaints had been received since our last inspection in June 2012 and that satisfactory remedial action had been taken in response to these.

People who used the service were provided with opportunities to make their concerns or complaints known during the residents' meetings. Minutes of these meetings held on 30 January and 12 March 2013 were seen and we noted that people had made positive comments and suggestions about the standard of service they had received.

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 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services
	How the regulation was not being met: People's health was placed at risk due to inadequate written assessment and care planning available for the management of minimising the risk of pressure ulcers developing and to support untrained members of staff in the monitoring and management of a person's medical condition of (sugar) diabetes. Regulation 9(a)(b).
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: There were some unsafe practices in the administration and recording of administered prescribed medication. Regulation 13.

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 07 May 2013.

CQC should be informed when compliance actions are complete.

This section is primarily information for the provider

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.

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