

***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

Date of Inspection: 05 June 2013

Date of Publication: June  
2013

We inspected the following standards to check that action had been taken to meet them. This is what we found:

**Care and welfare of people who use services** ✓ Met this standard

**Management of medicines** ✓ Met this standard

## Details about this location

Registered Provider	Norse Care (Services) Limited
Registered Managers	Mr. 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

## 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/>	
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
<hr/>	
<b>Our judgements for each standard inspected:</b>	
Care and welfare of people who use services	5
Management of medicines	7
<hr/>	
<b>About CQC Inspections</b>	<b>8</b>
<hr/>	
<b>How we define our judgements</b>	<b>9</b>
<hr/>	
<b>Glossary of terms we use in this report</b>	<b>11</b>
<hr/>	
<b>Contact us</b>	<b>13</b>

## Summary of this inspection

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### Why we carried out this inspection

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We carried out this inspection to check whether Burman House had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Management of medicines

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 5 June 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.

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### What people told us and what we found

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People who used the service had high praise for the standard and quality of the service they had received at Burman House. They also said that they enjoyed living there. One person said that it was, "Very good. I could not find anywhere better to live than here".

People received an adequate standard of personal care and were provided with social activities to maintain and promote their sense of well being.

The safety of people who used the service was promoted due to the improvements made to written information that guided members of staff in how to appropriately meet people's individual support and health care needs.

There were improvements made to ensure that people were safe from the unsafe usage of their prescribed medication. This was due to improved competency and supervision of members of staff. Improvements also had been made regarding the recording of controlled medication received into the home.

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

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### More information about the provider

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

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

## Our judgements for each standard inspected

### Care and welfare of people who use services

✓ Met this standard

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

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### Our judgement

The provider was meeting this standard.

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

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### Reasons for our judgement

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

At our last inspection of the 03 April 2013 we found that the provider was not complying with the regulation which is associated with this standard. The provider wrote to tell us what remedial action was taken to be compliant and by when. During this inspection visit of 05 June 2013 we found evidence to support this.

From speaking with members of staff and a review of three out of 24 people's care records we found that improvements had been made regarding the written guidance for staff in the management of a person's (sugar) diabetes. There was now adequate written information regarding the optimum ranges of the person's blood sugar. We also noted that there was now adequate written information available for staff regarding the physical signs and symptoms of low or high blood sugar that may be experienced by the person. The care records also provided staff with the guidance about what actions to take should a person experience such physical signs and symptoms of low or high blood sugar levels.

Through speaking with staff and examination of staff training records we found that members of staff had attended training in the safe and appropriate management of a person's diabetes. They told us that they had found this training to be beneficial and had gained a better understanding in how to support a person with this medical condition. From speaking with the registered manager and reviewing email information, we found that arrangements were in place for additional staff to attend future training in the management of a person with (sugar) diabetes.

We reviewed care planning records and found that there remained some minor deficiency. Staff were not provided with the written care plan guidance they needed that recorded how often a person needed to change their position, when in their bed. However, we noted from examination of the person's other care records, that they were consistently supported

to change their position every 2 to 4 hours.

Our examination of a person's care records, found that improvements had been made. There was now adequate written information which indicated that a full assessment had been carried out regarding the person's variable communication needs. There was also adequate care plan guidance to inform staff how to support the person with their individual communication needs.

People's well being was maintained and promoted. During our observations we noted that members of staff engaged with people who used the service in a meaningful way. This included when providing people with a mid-morning drink and singing a song with them. Also during our visit, some of the people who used the service were going out on an escorted outing to a local royal estate.

People who we spoke with said that they enjoyed living at Burman House and had high praise for the standard and quality of the service they received. One of the people who used the service indicated that they felt comfortable. We saw that they had received support to ensure that their clothes, hair and finger nails were clean.

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

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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Appropriate arrangements were in place in relation to the recording of medicine. Medicines were kept safely and were safely administered.

At our last inspection of the 03 April 2013 we found that the provider was not complying with the regulation which is associated with this standard. The provider wrote to tell us what remedial action was taken to be compliant and by when. During this inspection visit of 05 June 2013 we found evidence to support this.

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.

We found that the name and address of the dispensing pharmacy was now consistently recorded within the controlled drug register. This meant that there was a complete audit trail of controlled medication coming into the home.

From our review of members of staff supervision records, we noted that 18 out of 22 members of staff had received competency checks with their practice in the administration, storage and recording of people's prescribed medication.

The supervision records noted the member of staff's level of compliance with the provider's medication policy. The staff supervision records also noted any follow-up action that was required where non-compliance was found. From speaking with members of staff and examination of the supervision files, we found that all of the assessed members of staff had now been assessed to be competent in the safe usage of prescribed medication.

The registered manager advised us that interim supervision measures were taken to ensure that people who used the service were safe from the unsafe usage of prescribed medication. These interim measures were taken, pending the completion of medication competency assessments of the remaining 4 members of staff.

## About CQC inspections

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

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

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

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

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

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

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

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

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

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

## How we define our judgements

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

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

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

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

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

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

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

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

## Glossary of terms we use in this report

### Essential standard

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

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

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

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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