

Aps Care Ltd

# Burlingham House

## Inspection report

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Date of inspection visit:  
25 October 2017

Date of publication:  
14 December 2017

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of this service in June 2017. A breach of the legal requirements was found and a warning notice was issued in respect of this breach. After the comprehensive inspection, we gave the provider until 18 August 2017 to meet the legal requirements in relation to this warning notice. We undertook this focused inspection to check that they had undertaken changes to meet these requirements. This report only covers the findings in relation to that notice.

We have not changed the overall rating for this service as a result of this inspection, which was only to follow up our enforcement action. The service remains requires improvement. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link Burlingham House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Burlingham House is a residential home providing care and accommodation for up to 49 older people. There were 29 people living in the home at the time of our inspection visit, some of whom were living with dementia.

At the time of this inspection, the home did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. There was a new manager in post who had been working in the service for three weeks, and was planning to register with CQC.

At the previous comprehensive inspection effective monitoring systems were not in place to ensure quality and safe care was provided. This had resulted in some people receiving poor care and being at risk of harm.

At this inspection we saw that improvements had been made and that more effective systems had been developed since our last visit and were now in place. These were to monitor the quality of care and the safety of people living at the home, and to reduce the risk of harm and poor care. However, further improvements and actions were needed.

The Warning Notice we issued had been complied with.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service well-led?

We found that action had been taken since our last inspection.

There were more effective systems in place to monitor the quality and safety of the care provided and to mitigate risks to people's safety, although further improvements were needed.

We could not improve the rating for the leadership of the service from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

**Requires Improvement** ●

# Burlingham House

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced focused inspection of Burlingham House on 25 October 2017. This was carried out to check that requirements of a warning notice, issued after our inspection in June 2017, had been met. We inspected the service against one of the five key questions we ask about services: is the service well led? This is because the service was not meeting some legal requirements.

This unannounced inspection was undertaken by two inspectors and a medicines inspector.

During our visit we spoke with the manager and four staff members. We looked at a number of systems and audits in regard to monitoring the quality and safety of the care provided and reviewed four care plans. The medicines inspector looked at how information in medication administration records and care notes for people living in the service supported the safe handling of their medicines.

# Is the service well-led?

## Our findings

At our previous inspection in June 2017, we found that systems to monitor the quality and safety of the care provided or to limit risks to people's safety were either not effective or were not in place. This resulted in some people experiencing poor care. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. We subsequently warned the provider about this and told them that they had to meet this regulation by 18 August 2017. At this inspection, we found that the necessary improvements had been made and the provider was no longer in breach of this regulation. However, there were still improvements needed.

At our last comprehensive inspection, the systems in place to assess, monitor and improve the service were not effective. The concerns found during the inspection in June 2017 included the management of people's medicines and poor staffing levels. They also included compliance with the MCA (Mental Capacity Act) 2005. Risks relating to service users had not been assessed and mitigated in a timely manner and recommendations from healthcare professionals were not always followed. There were no effective governance systems in place which had identified these concerns.

We found some improvements had been made in the governance systems relating to people's medicines, however, further improvement was required. We found that medicines were stored securely for the protection of people who used the service and at correct temperatures. Records showed people living at the service received their oral medicines as prescribed. However there remained gaps in records for medicines prescribed for external application such as creams and ointments. There were internal audits in place to monitor medicines, their records and administration. These had driven improvement in the recording of medicines with the exception of external medicines. There were not always body maps in place which guided staff on where external medicines should be applied. The manager told us they had put these in place immediately following our inspection visit. During the inspection visit they also told us about improvements they were planning to make with regard to assessing staff competency for the use of creams.

Supporting information was available for staff to refer to when handling and giving people their medicines. There was personal identification and information about known allergies and medicine sensitivities. There was also care planned information on people's preferences about having their medicines given to them. For people prescribed skin patches, there were additional charts to record their application and removal with body maps indicating their rotational application to the body to ensure safety. When people were prescribed oral medicines on a when required basis, there was written information to show staff how and when to give them to people, however, for some medicines prescribed in this way, more person-centred information was needed to ensure staff gave them consistently and appropriately.

Members of staff authorised to handle and give people their medicines had received training in medicine management, and most had recently had their competence assessed to check that they gave people their medicines safely.

We saw during our inspection visit that there was an improvement in staffing levels, and this was confirmed by staff and a visitor. There was an effective system in place to ensure the environment was taken into

account when assessing staffing levels required in the home.

Care plans had been updated and reviewed since our last inspection. We saw that mental capacity assessments were in place and these had been completed thoroughly. The manager also had further plans which they told us about, to develop their oversight and governance in relation to DoLS (Deprivation of Liberty Safeguards) applications. We saw that best interests' decisions were fully recorded with information about who was involved in the process.

Some risks to people were assessed and mitigated appropriately, for example risks associated with not eating enough. We saw that action was being taken as directed within the care plan, which followed healthcare professionals' recommendations. For one person however, we saw that the pressure area care plan had not been updated accurately so we could not be sure what the risks were and how they were being mitigated. There was also no system for this person to check that staff had encouraged them to get up and walk around often, as suggested in the care plan. The manager told us they were planning to introduce a further weekly pressure care audit.

We saw improvements in systems identifying some issues, for example a compliance audit which was in place. Whilst these identified some areas for improvement, there was no associated action plan and date for the completion. We also found that there was no associated action plan following an audit of the care plans where gaps had been identified. Both of these audits were completed in August 2017 and we could not be sure that the suggested improvements arising from them had since been completed. A further health and safety audit had been completed in September 2017, which identified one issue, and there was no associated action plan.

Other audits included daily checks of a sample of medicines, and a daily general service audit. This included checks of a care file, staff engagement with people and speaking to a person for feedback on the service, as well as checking a care file. Again, it was not clear whether these were effective because there was no associated action plan arising from issues identified. For example, one had identified on 18 October 2017 that a person's care plan was not up to date. There was no further detail or plans to rectify this.

One visitor we spoke with said they still felt improvements needed to be made in terms of the management oversight of staff engaging with people and ensuring they have enough activity and stimulation. The manager told us about new audits they are planning to put in place which will include more checking of the engagement between staff and people.