

# Norse Care (Services) Limited

# Burman House

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Burman House provides residential care for up to 25 older people some were living with dementia. At the time of our inspection there were 13 people using the service. Burman House is a single storey building. There were a number of fully accessible lounges, a large dining room and although rooms were not ensuite there were sufficient bathrooms and toilets.

### People's experience of using this service and what we found

People spoken with were happy at the service and felt safe. They were supported by staff who were familiar with their needs and there were consistent numbers of permanent staff.

Effective recruitment procedures were in place to ensure only suitable staff were employed to work with people using the service. Staff were sufficiently trained and supported by the management team who told us they liked to recognize and acknowledge when staff were working well and praise their staff team.

People's care needs and any risks associated with their care were clearly documented and we observed staff following the care plans and providing safe care. Assistive technology was used appropriately to enhance people's care and alert staff to when people at risk of falls were mobilising. This helped to reduce the number of falls.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We observed high standards of cleanliness throughout the home and staff had a good understanding about how to reduce the risk of cross infection. Domestic staff vacancies were being recruited to and there was to be an overlap to ensure deep cleaning could be undertaken.

There was clear guidance as to how people liked to take their medicines and any risks associated with their health and how medicines were prescribed to help manage their symptoms. Where medicines were prescribed as required there was clear guidance in place and staff were medicine trained and assessed as competent.

All relatives spoken with were happy with the service and felt their family member was safe. The management team were knowledgeable and supportive of their staff. Audits helped to ensure that the service was being managed appropriately and equipment was tested and safe to use.

There was a positive working environment where staff and people using the service appeared to get on well and enjoy each other's company. People received person centred care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (published 16 May 2018)

#### Why we inspected

This inspection was prompted by a review of the information we held about this service. We undertook a focused inspection to review the key questions of Safe and Well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained Good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Burman House on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well led.

Details are in our well led findings below

# Burman House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 3 inspectors and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Burman House is a care home. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Burman House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of Inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people using the service and 7 relatives to gain their view of the service. We spoke with staff including the registered manager, the cook, domestic staff, activities coordinator, a student, a senior staff member, and 2 care support workers.

We reviewed a range of records. This included people's care records and medication records. We looked at staff files in relation to recruitment. We viewed a variety of records relating to the management of the service, including quality assurance audits, training records, key policies and meeting minutes.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Burman House. Their relatives agreed. A relative told us, "My family member being there has put my mind at rest as I know there are always staff there to take care of them."
- Staff received training in safeguarding and felt able to raise concerns. The registered manager was visible within the service and knew people well. There were systems in place to seek people's views on their care.
- The registered manager told us about a recent safeguarding concern they had raised and demonstrated a good understanding of the actions they should take to mitigate risk which they confirmed was clearly documented.

Assessing risk, safety monitoring and management

- We observed staff delivering care in line with people's care plans. For example: There was a clear plan for any specific dietary requirement and how risks of choking should be mitigated. We observed staff ensuring people were in a good seating position and were served food at the right consistency for their needs.
- The environment and equipment within it was well maintained so it was safe to use. There were regular checks and staff compliance with training was very high which meant staff received the appropriate training and support to deliver safe care.
- All staff were trained fire marshals and there were regular drills to ensure staff could respond appropriately and in line with people's assessed needs in an emergency. There were clear records in place for emergency procedures and any equipment people might need to help them be safely evacuated if needed which was all clearly recorded and included fire equipment which may be used.
- People had sensor mats, bedrails, or other equipment as appropriate, and they were regularly monitored for their safety.
- Risk assessments and care plans were clear, well written and reviewed to take into account whether people's needs were met or if there were changes required to their needs. Regular health interventions were sought as appropriate to ensure people remained as well as possible.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Mental capacity assessments had been completed to ensure that people had the support they required to make decisions. This included family members input when appropriate.

#### Staffing and recruitment

- There were enough staff on duty to meet people's needs. Staff told us they could be very busy in the morning, but one said, "There's good teamwork, we all pull together." We observed people's care across the day and saw people's choices and independence was encouraged and people had their needs met in a timely way.
- Relatives were complimentary about staffing and all, but one said there were enough staff. A relative told us, "I have never known them to not have enough staff around. You can always find people quickly and when a bell goes off, they seem to respond quickly as well."
- There was a dependency tool the manager used to decide how many staff were needed to meet people's care and support needs, supported by on call systems to support staff. We were assured that staffing numbers would increase with occupancy and as people's needs change.
- There was a robust electronic register which showed how the provider recruited staff safely to ensure people were protected from staff that may not be fit to support them. Disclosure and barring service (DBS) security checks and references were obtained before new staff started the probationary period. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.

#### Using medicines safely

- People received their medicines safely. We carried out observations of medicines and checked staff training and observations of competencies, which were in place.
- People's medicines were regularly audited. Protocols were in place to manage how people received 'as needed' (PRN) medicines.
- There was clear guidance on how people would like to receive their medicines and any side effects. A relative told us, "There is great liaison between the home, me, and the GP. I can just ring the home or GP and discuss the medication when I need to. I know what my family member is taking, and they will let me know if they need to change anything and why."

#### Preventing and controlling infection

- There were systems in place to ensure the cleanliness of the service and reduce the risk of cross infection. Staff received training and support to follow good infection control procedures and the service was visibly clean with no unpleasant odours.
- Cleaning schedules and audits showed how the registered manager had oversight of cleanliness and ensured infection control standards were maintained. A relative told us, "They do keep the home clean but not in a clinical way. There might be some dust like you would see at home but the next day it has gone. The home never smells."

#### Visiting in care homes

- The registered manager was aware of government guidelines in line with COVID-19 and at the current time there were no restrictions to visitors to the home.

#### Learning lessons when things go wrong

- The registered manager had a clear record of incidents in the home which were regularly reviewed to ensure all necessary actions had been taken to reduce the likelihood of further incidents.



# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people.

- There was a positive culture within the service, and we noted care interactions were personable and staff respected people's individuality.
- Choices were promoted in meaningful way such as picture menus, menus of different drink choices and ensuring people had glasses and hearing aids where these were prescribed to ensure their sensory needs could be met.
- Relatives were complimentary about the home and the care of their family members. We asked all the relatives if they had raised concerns, none of them had, and they all said they were comfortable in speaking to the registered manager. One relative said, "I haven't had any cause for concern, my family member has been looked after really well. If I had any worries, I would speak to the registered] manager, and she would help us resolve the issue."
- Relatives told us the registered manager consulted them about different aspects of care surveys were issued and analysed to see what improvements could be made, for example relatives raised concern about the garden being unkempt, this had since been addressed.
- People's needs were clearly documented to help staff understand what was important to the person and how to meet their needs. Different social events were planned, and Christmas events were well under way. Outside entertainers and groups such as the scouts and school children visited. Staff brought in extended family and pets which they said people enjoyed.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was clear about their regulatory responsibilities and learning from incidents. The registered manager understood what to notify CQC and other agencies of.

Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements.

- The service was run effectively and in the interests of people using it. The registered manager was responsive during the inspection and demonstrated a clear knowledge of people's needs. They were able to find information quickly and were well organized.
- Relatives were consistent in their response about the registered manager and the staff, one relative stated, "The Manager is very approachable and lovely well all the staff are lovely." Other relatives told us they were kept up to date and they could always contact the registered manager.

- Care records clearly laid out what people's needs were, and these were kept under review. Daily notes were in sufficient detail showing how people were kept occupied and kept safe.
- Audits focused on the quality of care and helped ensure the environment was safe and promoted people's independence.
- Staff were asked about people with distressed behaviours and how to reduce incidents. Staff had a comprehensive understanding of how to work holistically with people to reduce their anxieties and ensure their needs were met.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others

- Person centred care was provided to people in a pleasant, calm setting. Staff knew people really well and people received continuity of care. Care plans and risk assessments clearly documented people's needs, preferences and relevant history and people were supported accordingly.
- Family and friends were welcome at the service and their contribution appreciated. Relatives told us they were made to feel welcome, and they were always able to raise questions and found the staff responsive.
- The service was well supported by other professionals to ensure people's needs were met holistically as possible. This included input from the community, including children which enhanced people's experiences.

Continuous learning and improving care.

- Actions plans were used to identify service improvements and the registered' manager considered feedback from staff, people using the service and relatives. Staff received the training required for their role including a detailed induction when new to the service. Staff champions had been appointed who were named staff with leads roles within the service, such as oral health champions. Staff told us they were encouraged to develop professionally, and the registered manager carried out individual supervision and clear objectives were set.