

Burbage Home Care Limited

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Burbage Home Care Ltd is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older adults. At the time of the inspection 50 people were using the service.

At the last inspection in April 2018 we found three breaches of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. The service was rated overall Requires Improvement. We found that complaints and concerns were not acted upon promptly and concerns were not resolved; that staff were not suitably deployed to meet the needs of the people using the service and that the systems used to monitor the service were not effective.

We found at this inspection that improvements were made to improve the issues we found at our previous inspection. The improvements made were sufficient to demonstrate the service was no longer in breach of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. The service is rated overall Good.

People's experience of using this service

People told us they felt safe when they were supported by care staff. The provider advised people how to stay safe in their homes, for example advising them about 'scams' known to be operating in the local area.

Care staff made people feel safe and secure when they supported them. Care staff were trained on how to support people safely, for example when they used equipment such a hoist to lift and transfer people.

Assessment of potential risk ensured that staff had information and guidance to keep people safe. Care staff knew who to report any concerns to. They told us they were confident that if they raised any concerns the registered manager would take them seriously.

The same care staff supported people most of the time. The provider recognised this was important to people and was working towards ensuring this. They organised support workers into small teams so that people had a core team of care staff people were familiar with. The provider employed enough support workers so that they could meet people's needs in a timely way.

All staff went through a thorough recruitment process that ensured as far as possible that only suitable staff were employed. New care staff learnt about people's needs by 'shadowing' experienced care staff then working alongside experienced colleagues before supporting people alone. They learnt about people's likes, dislikes and preferences about how they wanted to be supported.

Care staff had training that supported them to have the knowledge and skills to do their job well and effectively meet people's needs. Training was developed around the needs of people who used the service.

Care staff reminded people when to take their prescribed medicines safely. They had training about how to manage medicines safely.

Care staff followed safe practice for infection control. They wore protective equipment such as gloves and aprons when they supported people.

Care staff supported people to have enough to eat and drink; they either made meals or warmed meals that relatives had prepared.

People were supported to access health services when they needed. Care staff telephoned for doctors, nurses or emergency services to attend to a person if they were unwell.

Care staff respected people's privacy and dignity and encouraged people to be as independent as possible.

People had opportunities to express their views about the care they wanted. They were involved in reviews of their care plans.

The provider adapted to people's changing needs, for example when people changed their plans about the care and support they needed because of appointments or holidays.

People knew how to complain and were confident that the registered manager would resolve their complaints. People told us they found it easy to contact the office.

The provider had effective arrangements for monitoring the quality of the care and support people experienced. These included regularly asking people for their feedback and acting on what people said.

Rating at last inspection

At the last inspection we rated this service Requires improvement (report published on 2 June 2018).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-led findings below.

Good ●

Burbage Homecare Limited

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 planned this inspection to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

One inspector and an expert by experience carried out the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience had cared for older people with a range of health needs.

Service and service type

Burbage Homecare Ltd is a home care agency that supports people who live in their own homes. Not everyone using the service received the regulated activity of personal care. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a manager who was registered with the CQC. A registered manager is a person who, with the provider, is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We carried out the inspection visit on 20 May 2019. We gave 24 hours' notice because we needed to be sure that there would be staff in the office.

What we did

Before the inspection visit we looked at information we held about the service and used this information as part of our inspection planning. The information included notifications. Notifications are information on important events that happen that the provider must let us know about. We requested and received information from the local authority that pay for the care of some of people.

Providers are required to send us a provider information return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

Before our inspection visit our expert by experience made telephone calls to people or their relatives. They spoke with 15 people and four relatives of other people who were unable to speak with us. During our inspection we looked at six people's care records. We spoke with the registered manager, the deputy manager, the training manager and three care staff. We looked at records relating to the management of the service.

Is the service safe?

Our findings

At our last inspection we found that staff were not suitably deployed to meet the needs of the people using the service. This meant that home care visits were either too early or too late and people did not always receive the care and support at times they needed it. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing.

At this inspection we found that improvements had been made to how staff were organised and deployed. They were no longer in breach of the regulation.

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

Good: People were safe and protected from avoidable harm. Legal requirements were met

Staffing and recruitment

- The provider organised care staff into teams that covered specific geographical areas. Enough care staff were effectively deployed to make most home care visits within 15 minutes of the times people expected.
- People told us that punctuality of home care visits had improved. A person told us, "We chose the times and they are pretty good at sticking to them" and another person said, "They are usually on time now although a few months back was a different story. It has greatly improved."
- The registered manager followed a recruitment policy so that they were as sure as possible that new staff were suitable to work at this service. New staff only started working after all the necessary pre-employment checks, such as a Disclosure and Barring Service check and references, were satisfactory.

Systems and processes to safeguard people from the risk of abuse

- Care staff understood their responsibilities to safeguard people from avoidable harm. They knew how to recognise abuse and how to report concerns using the providers safeguarding procedures.
- All staff were given a handbook that included details of how to raise safeguarding concerns. Staff could raise concerns about poor and unsafe practice by colleagues using a whistle-blowing procedure.
- Care staff told us they were confident that if they raised any concerns the registered manager and senior staff would take them seriously.
- People told us they felt safe when they were supported by care staff. A person said, "I feel safe when they are around". Another person told us "I do feel having them come is helping me stay safer." People were safe when care staff used equipment such as a hoist to support them. A relative told us, "They all know how to use the hoist and I am confident [person] is safe with the staff."
- The provider informed people about 'scams' that were known to be operating in the area and advised people how to protect themselves from that type of abuse.

Assessing risk, safety monitoring and management

- People's care plans included risk assessments associated with their care and support. Care staff followed the risk assessments which supported the safe delivery of care and support.
- Before people used the service a care staff supervisor carried out an assessment of people's needs which

included a risk assessment of their home environment. They advised people about how to obtain fire alarms if they didn't have one.

- Care staff protected people from injury. They helped people keep their homes free of hazards that could cause them to fall, for example when getting in and out of a bath or shower. A person told us, "They help me in the shower and stop me falling over. I couldn't manage without them." Care staff checked that water was at a safe and comfortable temperature when people washed so that they did not scald themselves. A person told us, "They always keep me safe with things like checking the shower water."

- Some people required the support of two care staff, for example because they need to be transferred by hoist. A person told us, "I have two carers and they almost always come together. If they do come separately one will get things ready whilst they wait for the other. They wouldn't use the hoist alone. They have never let us down".

- Senior care staff carried out unannounced spot-checks to monitor staff to ensure that they provided care and support that was safe.

Using medicines safely

- People were supported to take their medicines as prescribed by their GP. Care staff removed medicines from containers and handed them to people in a pot and watched them take the medicine. A relative who witnessed this told us, "They prompt [person] to take their medication and watch them take it."

- Only staff trained in medicines management supported people with their medicines.

Preventing and controlling infection

- The provider had systems in place to make sure that support workers followed infection control procedures. This included care staff wearing personal protective equipment when they supported people with personal care or when applying creams. Every person we spoke with told us that care staff wore gloves and aprons at the appropriate times. A person said, "I like to have cream applied after my shower. They always wear gloves."

Learning lessons when things go wrong

- The provider had a system in place to check incidents and understood how to use them as learning opportunities to try and prevent future occurrences.

- The provider used our last inspection report as a basis from which to improve the service. In the key question of Safe, lessons had been learnt from past failures to ensure that people received home care visits no later than 15 minutes outside their desired times. A person told us, "They are normally on time nine times out of 10. They may be a few minutes late but nothing much. They have never let me down by not coming and I now always get a full service."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The care staff supervisor carried out assessments of people's needs before they began to use the service. They did this because they wanted to be sure the service could meet people's needs and preferences, for example about the times people wanted home care visits.
- The provider had policies that protected characteristics under the Equality Act to make sure that if the person had any specific needs, for example relating to their religion, culture or sexuality, the staff could meet those needs if they arose.
- Staff who planned staff rotas and arranged home care visits considered people's preferences, for example being supported by staff with awareness of language and cultural needs.

Staff skills, knowledge and experience

- All staff received training, support and guidance so that they had the knowledge and skills to do their job well. Their training included information about health conditions people lived with, such as diabetes, dementia or strokes.
- A member of the care staff told us, "We are given literature about the conditions people live with." We saw this information in people's care plans which care staff referred to. People told us they saw care staff read care plans when they arrived for a home care visit.
- Care staff told us their training had equipped them with the right skills and knowledge to be able to support people. A staff member told us, "The training was excellent, everything was explained very well."
- People told us they felt staff were knowledgeable. A person told us, "I would say they are well trained. The ones I have know what they are doing." A person who experienced support from several care staff told us, "They all know what they are doing. They look after me well".
- All staff had regular supervision meetings with either the registered manager, deputy manager or care staff supervisor. They told us the supervision meetings were helpful because they received feedback about their performance and future training needs were agreed.

Supporting people to eat and drink enough with choice in a balanced diet

- Not all people required support with eating and drinking, but those who did were satisfied with this aspect of their care. Care staff made sandwiches and meals for people provided by the carers. People told us care staff offered them a choice of meals.
- Some relatives brought 'ready meals' or prepared meals in advance that care staff warmed up for people. A relative told us, "I buy microwave meals for [person]. The carers will pop the meal [person] has chosen into the microwave. They will also make a sandwich up for the evening carer to give them".

Staff working with other agencies to provide consistent, effective, timely care and supporting people to live

healthier lives, access healthcare services and support

- Care staff were alert to changes in people's health. They called people's medical practice if a person was unwell; and called for an ambulance if necessary.
- People's care plans included information about their health needs, medication and allergies which was essential for ambulance crews to see.
- Times of home care visits were rearranged to fit in with people's needs, for example when they had health care appointments that coincided with times of home care visits. A person told us, "When I am going to hospital for an appointment, I rearrange the carer. The office are pretty good at sorting things like that out."

Ensuring consent to care and treatment in line with law and guidance

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 Act 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 with appropriate legal authority. If people are living in their own homes the authority can only be made by the Court of Protection.

- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. No people were being deprived of their liberty.
- People's care plans included signed consent to receive care and support from the provider. Support workers had training about the MCA. They sought people's consent before providing support and explained how they were going to support them, for example with washing and dressing.
- A staff member described how they sought people's consent. They told us, "I begin by asking how they are, chatting them asking them if they are ready for me to support them. If they are not ready I give them time. They may, for example, want to watch a TV programme until it ends so I will wait."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well-treated and supported; equality and diversity

- People and their relatives spoke in complimentary ways about the support workers. Comments included, "They are all very nice with me and I get to know them. They do everything I want them to do"; "They are all very kind, very nice" and "They are very good. They are more like friends than carers really. They do everything I want them to do."
- Care staff did things that showed people mattered to them. A person told us, "They are kind and caring and appear very interested in me. We chat about all sorts of things which is very nice."
- Care staff told us that they made time to sit and hold conversations with people because they know this was something people valued. People's comments about this aspect of care included, "I think they are very caring we always have a bit of a natter and have got to know about each other's families" and "They are very caring. We have a nice conversation and we will sit and natter when they have made me a drink. It is nice to have their company."
- People looked forward to their home care visits because they enjoyed care staff's company. They and care staff told us they did not feel rushed which meant they were able to share meaningful time together. A person told us, "They don't rush me, they are nice, caring staff. We have a good laugh together." Another person said, "We share stories. I have a good rapport with them all, we work together. I like having them around." A relative told us, "They [person and care staff] have a lot of fun together. I love to hear them laughing."
- Care staff knew about people's likes and dislikes and their preferences about the way they wanted to be supported. This was because care workers regularly supported the same people most of the time and they read people's care plans.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in decisions about their care. The care staff supervisor visited people regularly, at least once every three months, to discuss people's care. A person told us, "I have had a few visits over the year to go through my plan." People's views were acted upon. For example, a person told us, "We talked about reducing my hours as I am more independent now."
- The provider operated a continuous survey of people. People's views were acted on, for example changes were made to times home care visits took place.

Respecting and promoting people's privacy, dignity and independence

- People had no concerns about the way care staff treated them. All the people we spoke with told us they and their property were treated with dignity and respect. A person told us, "They all respect my privacy and dignity and they also look after my property. They always leave things clean and tidy."
- People told us that support workers respected their dignity when carrying out personal care. A person

explained, "They look after my dignity and modesty well when caring out personal care and always ensure I am covered whilst being hoisted."

- Care staff supported people to retain independence by encouraging them to do as much as they could for themselves. A person told us, "They are good at helping me stay as independent as possible. They let me do everything for myself and only step in when I ask."

Is the service responsive?

Our findings

At our last inspection we found that when people made complaints or raised concerns these were not acted on promptly or resolved. This meant that people continued to experience support they found unsatisfactory. This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Receiving and acting on complaints.

At this inspection we found that improvements had been made. The registered manager or deputy manager promptly investigated concerns and complaints and resolved them by speaking with people and, where necessary, making changes and improvements. We found the provider was no longer in breach of the regulation.

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- People and their relatives told us they contacted the provider's office to raise concerns. A person told us, "the office staff are polite and listen to your needs. I have found they always deal with things and would have no problem complaining if I needed to".
- The registered manager or deputy manager promptly investigated complaints or concerns people raised. They acted on people's concerns, met with people to discuss their concerns and made changes to their care plan which were communicated to care staff. Changes and improvements included ensuring home care visits were at times people preferred and that people's snacks and meals were prepared the way people liked.
- The registered manager told us they used complaints to identify improvements that could be made to the service. They told us that complaints helped them to identify further what was important to people and that it was the aim of the service to continually improve.
- People found it easy to contact the provider's office if they had concerns. A person told us, "You can always get someone in the office, even at weekends. They are always polite and have dealt with anything I had asked them to look into."

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The provider planned and organised people's care and support in ways that recognised what was important to people. They identified from people's feedback that the most important things to people were being supported by support workers they knew, support workers arriving at or near to the expected time and care routines being carried out as they expected.
- Our conversations with people showed that they received home care visits from the same small group of care staff most of the time. A person told us, "I am very happy with my care. I have got to know my carers very well."
- People told us that care staff spent time holding conversations with them and did not leave them without staying the full duration of the scheduled call, sometimes longer.
- Care staff paid attention to people's preferences and specific needs. For example, they helped people with

adjustments to their hearing aides so they could hear better. A person told us, "They are very good, they will help me change the batteries in my hearing aides which can be very fiddly, they are so obliging".

- Care staff adapted to people's changing preferences. A person explained, "They will work round how I feel. For example, I wasn't feeling too good last week so I just told them I just wanted a wash and that was fine. They do what I ask them, no problem."

- A small number of people told us that they would prefer to be informed in advance which care staff member would be visiting them. We discussed this with the deputy manager. They told us that staff rotas were finalised a week in advance and sent to care staff. Changes sometimes had to be made to the rota, for example if a care staff was unwell, and this was a reason rotas were not sent to people. They told us they would look at ways people could be informed each day about which care staff would visit them.

- People's care plans were detailed and person centred. The plans included all the information support workers required to understand how to meet people's needs. People told us they saw care staff reading care plans during home care visits.

- The provider had introduced a weekly quiz competition for people to provide them with an interesting and challenging activity. People won prizes and a certificate. People enjoyed this and had asked for it to be continued. A person had written to say the 'quiz was a welcome distraction'.

End of life care and support

- No people were receiving end-of-life care at the time of our inspection, but staff had received training about this.

- We saw 'thank-you' cards relatives had sent to thank support workers for the quality of care and support they provided to people before they died. Relatives invited care staff to attend funerals in recognition of the care and support they had provided to people and their family members.

Is the service well-led?

Our findings

At our last inspection we found that the provider's quality assurance procedures had not always identified where improvements needed to be made, for example punctuality of home care visits and people being supported by too many different care staff. This meant that people continued to experience support they found unsatisfactory. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance.

At this inspection we found that improvements had been made. Home care visits were better planned. Monitoring of home care visits was much improved. We found the provider was no longer in breach of the regulation.

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager understood the legal duties of a registered manager and sent notifications to CQC as required. They ensured the ratings from our last inspection were displayed.
- The registered manager had developed a management team, including a manager who was responsible for arranging and overseeing staff training and recruitment. All staff had a staff handbook setting out their responsibilities and a code of conduct.
- Communication between office staff who co-ordinated home care visits and care staff was effective. This ensured care staff had the most up to date information about home care visits that had been allocated to them.
- The provider had a quality assurance system in place to ensure that care staff provided care that met people's needs. This included an on-going quality survey which people participated in. Survey results were consistently positive.
- The quality assurance system included monitoring punctuality and duration of home care visits and the number of different care workers that visited people. This showed that the provider had improved their performance in key areas that mattered to people.
- People told us that they had experienced improvements over several months. Most people said they would recommend the service to others. People's comments included, "I certainly would recommend the service. I am very happy, I can't fault them so far" and "Everything is going swimmingly at present."

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Care staff were fully aware of their responsibility to give a high-quality, person-centred service, based on the provider's aims and objectives. Care staff we spoke with told us they felt motivated and that the service was

well managed and always aiming to improve.

- The registered manager promoted transparency and honesty. They had a policy to openly discuss issues with people, relatives and staff. Complaints were investigated and if errors such as late home care visits occurred the registered manager or deputy manager explained why.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider encouraged and supported people and their relatives to express their views about the service. People, relatives and staff were involved in improving the service
- The provider respected people's diversity and ensured that care staff supported them in ways that mattered to them by, for example respecting people's choices about which care staff supported them.
- The registered manager and senior team engaged with people to identify how they could help improve the quality of people's lives. For example, a competition quiz was introduced to provide people with a stimulating activity which people enjoyed and looked forward to participating in.

Continuous learning and improving care

- The provider used people's feedback to improve the service. After people reported that some home care visits, for example morning and lunchtime visits, were too close together a more efficient system for planning home care visits was introduced. This ensured that there were intervals of between three and four hours between morning and lunchtime visits.

Working in partnership with others

- The provider worked with local health organisations to co-ordinate the care and support people received.
- The provider was a member of an association of other home care providers in Leicestershire. They met regularly and shared ideas about how to improve services.