

Mr Nigel Roy Burton

Burton Home Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Burton Home Care is a domiciliary care service, which provides support for adults in the community, who require assistance with personal care, including those living with dementia, physical disabilities, mental health needs and sensory impairments. At the time of our inspection there were 52 people who used the service.

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

People were at risk of receiving unsafe care because the information in some risk assessments was inaccurate and did not always provide the guidance staff needed to understand and minimise risks. Measures in place to protect people were not consistently followed by staff.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

The systems in place to monitor the quality and safety of the service were not effective, because they did not identify the issues we found during the inspection.

People's needs were assessed before they started using the service and regularly reviewed. When people needed support with taking their medicines, this was provided safely.

People were supported to live healthier lives, with staff supporting and contacting health care professionals when needed. Staff worked in partnership with other professionals to ensure people received the right support.

People were protected from the risk of abuse and avoidable harm. Lessons learnt from accidents and incidents were used to prevent reoccurrences. Staff followed appropriate infection control practices and robust recruitment checks were carried out for staff before they started working at the service.

People received personalised care. They told us they did not feel rushed during their care visits. They were supported by staff who knew them well and understood their needs. One person told us, "They understand me and my little ways. People told us they were involved in decisions about their care and regularly asked for their views by the office. They knew how to raise a concern and were confident it would be addressed.

Staff received a comprehensive induction, training and supervision to support them in their role. The provider was in the process of developing the training package to include the Mental Capacity Act (2005), dementia and end of life care.

The provider led an open, transparent and person-centred service. Staff felt well supported by the provider

and management team and their hard work was recognised and rewarded. The provider was committed to continuing to learn and improve the quality and safety of the service provided, for the benefit of the people they supported and their local community.

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

Why we inspected

This was a planned inspection based on the previous rating. We have found evidence that the provider needs to make improvements. Please see the 'Safe', 'Effective' and 'Well-led' key question sections of this full report.

Rating at last inspection and update.

The last rating for this service was requires improvement (published 26 July 2018). The service remains rated requires improvement. This service has been rated requires improvement for two consecutive inspections.

Enforcement:

We have identified breaches of regulation in relation to the assessment of risk, the need for consent and maintaining effective systems and processes to monitor the quality and safety of the service and to drive improvement.

Follow up :

We will request an action plan for the provider to understand what they will do to improve the standards of equality and safety. We will also meet with the provider following this report being published to discuss how they will make changes to ensure they will improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme . If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-led findings below

Requires Improvement ●

Burton Home Care

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience, who conducted telephone calls to obtain feedback from those who used the service and their relatives. An Expert by Experience is a person who has personal experience using or caring for someone who uses this type of service.

This service is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period of notice of the inspection because we needed to be sure that the provider/registered manager would be in the office to support the inspection.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

During our inspection we visited two people, with their agreement, in their own homes. We spoke with an

additional seven people who used the service or their relatives by telephone about their experience of the care provided. We spoke with seven members of staff including the provider/registered manager, office manager and two care supervisors.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We received written feedback from six members of staff. We continued to seek clarification from the provider to validate evidence found. We looked at training and quality assurance records and the service's business improvement plan.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- At our last inspection the provider had failed to ensure risk assessments consistently and accurately provided the guidance staff needed to understand and minimise risks. At this inspection we found this was still the case, although risks were mitigated because staff knew people well and understood the support they needed to keep them safe.
- The information in some risk assessments contradicted the information in the care plan. For example, one risk assessment stated the person had no issues with cognitive impairment and was not visually impaired or hearing impaired. Elsewhere it described the person as 'presenting problems' with 'memory impairment and hearing impairment.'
- Another person's risk assessment said there were no concerns about unintentional weight loss or poor appetite. However, their care plan stated, "I have previously lost weight due to poor diet and not eating properly and am at risk of malnutrition." There were measures in place to minimise the risk, but they had not all been followed by staff. For example, they had documented when the person had refused food but had not reported this to the office. We discussed this with the provider who told us they considered the person had not been at risk because they were also supported by their family and another care provider. They took immediate action to ensure measures to keep the person safe were consistently followed by staff.
- One person had been assessed as being at risk of skin breakdown. The care plan guided staff to check the person's skin integrity, but there were no measures in place to minimise the risk of skin damage. Another person had been assessed as being at high risk of falls. The risk assessment said they used a frame to mobilise, but there were no additional measures for staff to minimise this risk. Action was taken to ensure measures to minimise risks were documented, in response to feedback given during the inspection.
- Risk assessments did not consistently have the person's name on them and were not signed and dated. This meant it was not possible to see who they referred to and whether they were current. Important information in some care plans was illegible, including information about allergies and a relative's contact telephone number. We discussed this with the provider and immediate action was taken to review all of the documentation to ensure it was properly completed and legible.

We found no evidence that people had been harmed. However, systems were not sufficiently robust to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe being supported by the service. We observed people living with dementia were relaxed and comfortable with care staff, even when they did not remember their name or why they were there. One person told us, "I feel 110% safe, that's all I can say."
- All staff undertook training in how to recognise and report abuse. They said they would have no hesitation in reporting any concerns and were confident that action would be taken to protect people.
- Safeguarding concerns were managed appropriately, and the service worked effectively with the local authority and other agencies to ensure concerns were fully investigated and action taken to keep people safe.

Staffing and recruitment

- The provider ensured all new staff were thoroughly checked to make sure they were suitable to work at the service. This included Disclosure and Barring Service checks (DBS). The DBS checks people's criminal history and their suitability to work with vulnerable people.
- People said the service was reliable. They received copies of the rota and the office kept them informed of any changes. Staff generally arrived on time and stayed for the time agreed. The provider told us the systems in place meant there had been no missed visits.
- People felt safe because they were supported by a consistent team of staff and got to know them well. New staff were introduced gradually, working alongside existing staff while people got to know them.

Using medicines safely

- People received their medicines safely and on time. Medicine administration records (MAR) were kept recording details of people's medicines and when they were given.
- Staff who administered medicines were well trained, which included the different levels of support people required, i.e. prompting, assisting or administering. Their competency was assessed regularly.
- Regular checks of MAR were carried out to ensure safe practice. Staff were encouraged to report any medication errors to the office. Prompt action was taken in response to any concerns identified in the administration of medicines to minimise the risk of recurrence.

Preventing and controlling infection

- Staff were provided with personal protective equipment for use to prevent the spread of infections.
- Staff had received training in infection control. They understood what action to take to minimise the risk of cross infection, such as the use of gloves, aprons and good hand hygiene to protect people. We observed this being used as required.

Learning lessons when things go wrong

- Staff had a clear understanding of the policy and processes in place for managing accidents and incidents. They used them to respond, report and document any incidents as they occurred.
- The provider reviewed accidents and incidents to determine what worked well, lessons learnt, and improvements needed to minimise the risk of recurrence

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- At our last inspection we found people had been assessed as having capacity to make particular decisions, when information in their care records suggested they did not. This was still the case at this inspection. For example, one person had been assessed as having the capacity to manage their own nutrition and not needing support with this. However, their care plan stated, "My ability to remember my own needs is variable. I therefore require prompting and support each day to in order to remember to eat and drink." Staff were providing this support, but there had been no best interest process as required by the MCA.
- Throughout the inspection we heard staff consistently asking people to consent to their care and treatment. However, not all staff had a clear understanding of the MCA and how it protected people without the capacity to make particular decisions. Training records showed that training in MCA had not yet been provided, but was planned.

The provider failed to act in accordance with the Mental Capacity Act 2005. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's needs were assessed prior to them being provided with a service, to ensure the service was right

for them and their needs and choices could be met.

- Assessments of people's needs included an assessment of the home environment as well as physical, emotional and social needs. The provider told us they were diligent in checking with people and their relatives to ensure the information was correct, particularly when people were being discharged from hospital. Staff got to know how people liked to be supported over time and updated their care plans accordingly.

Staff support: induction, training, skills and experience

- People and their relatives told us the service was professional and the staff well trained. Comments included, "They are very well trained", "I just feel very comfortable that they know what they are doing."
- Staff new to the service received a comprehensive induction, incorporating the care certificate, a nationally agreed set of standards for care workers. They also completed face to face training and shadowed an experienced member of staff. Additional support was provided if required, for example if English was not their first language.
- Staff kept their skills and knowledge up to date thorough in-house mandatory training which was due to be refreshed every 12 months. This included medicine administration, food hygiene, moving and handling and safeguarding. Specialist training was arranged to meet people's individual needs if required. Overall staff were positive about the training provided but expressed a wish for training in dementia and end of life care. The provider told us this training was planned.
- Staff told us they were well supported through regular formal and informal supervision. One member of staff commented, "I receive supervision every two months. They are supportive in every way possible." 'Spot checks' were carried out to monitor care practices and identify strengths and learning needs.

Supporting people to eat and drink enough to maintain a balanced diet

- Where required people were supported, as part of their care package, to maintain their nutrition and hydration. Care plans gave clear guidance to staff about people's dietary needs and preferences.
- When people were at risk of choking whilst eating or drinking, they had been referred to external health professionals and guidance included in care plans. For example, "Please can they be given food chopped up in small mouthfuls (small amount at a time) with water available and time allowed to chew and swallow. "

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to access appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed.
- The service had worked effectively with the local authority and relevant healthcare professionals, such as G.P's, community nurses and occupational therapists to ensure people's health needs were met.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us staff, including the office staff, were kind and caring. One person said, "They are so exceptionally good and patient. Nothing is too much trouble."
- Staff were committed to providing a person-centred service where people were treated as individuals and supported to make choices. One member of staff told us, "I know my service users very well from the care plan and talking to them, for example I know how they like their meal prepared."
- We observed people were supported by staff who treated them with patience, kindness and understanding. Feedback from people confirmed this. Comments included, "Yes they are very kind – it makes me feel confident in the bathroom" and, "They are like family, which is especially nice as mine is a long way away"
- Staff had received training on equality and diversity. They were committed to supporting people in line with their individual preferences and cultural needs. A member of staff told us how the provider "makes sure we know how people like things done", for example being sensitive about the language they used, or respecting people's dietary preferences. Care plans documented whether there were any "religious or cultural issues that may impact on taking medications."

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

- People were supported and encouraged to speak out and express their views. They and their relatives where appropriate, were involved in developing their care plan, identifying what support they required from the service and how this was to be carried out.
- Care plans were reviewed regularly to ensure they were up to date. A relative told us, "The office ring me to check that I'm happy with the level of support"
- Staff communicated well with people and involved them in decisions, asking how they wanted things to be done. For example, we observed them supporting a person with a visual impairment. They explained what was happening, checking the person was happy with this and offering reassurance and encouragement.

Respecting and promoting people's privacy, dignity and independence

- Staff met people's needs in an unhurried way. They promoted their independence, giving them the time and support they needed. One person told us, "They help me do what I can and don't rush me." We observed staff supporting a person to transfer using a stand aid. They did this at the persons pace,

frequently checking with them that they were ok.

- Staff told us, and we observed, that they treated people with respect. For example they asked for consent before supporting people. They wore overshoes in one person's house at their request, because the person was concerned about the spread of infection.
- People's dignity was protected. Staff told us how they protected people's dignity whilst supporting them with personal care, covering them with a towel, drawing curtains and closing doors.
- Staff described how they respected people's right to confidentiality, only sharing information about them with others on a need to know basis, for example if there were concerns about their wellbeing.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were person-centred. They were developed with people and reflected their identified needs, likes, preferences and personal history. This meant staff knew people well. One person told us, "They understand me and my little ways"
- Staff told us the care plans were clear and easy to follow, which gave them a clear understanding of people's individual support needs. For example, we observed staff following the guidance in one person's care plan by ensuring they were wearing slippers to prevent slipping during transfers.
- People had a copy of their care plan in their homes, which was kept up to date. This meant they were available to people and their relatives at any time. One relative told us it gave them 'peace of mind' to know that all care staff had the information they needed to provide the correct level of care, especially when care needs had changed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff understood people's individual communication needs. We saw them communicating effectively with people, taking into account sensory loss or the fact they were living with dementia. For example, they spoke slowly and clearly, on the persons level, explaining what they were doing and checking the persons understanding.
- The provider understood the need to provide people with information in a format they understood but advised there were no people being supported by the service who required information in an alternative format.

Improving care quality in response to complaints or concerns

- The service had a complaints policy which was shared with the people at the service in the 'service users handbook'.
- There had been no complaints since the last inspection. People told us they knew how to make a complaint and were confident any concerns would be listened to and acted on. One person said, "The office are very helpful and always ready to help. They always ring back if you leave a message."

End of life care and support

- People's wishes for the end of their life were documented in care plans, and staff were committed to providing the supported people needed to have a comfortable, dignified and pain free death. The service was not supporting anyone with end of life care at the time of the inspection.
- Staff expressed a wish for training in end of life care. The provider told us this was being planned.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- At our last inspection we found the provider's systems to check the quality of the service, had not identified some of the issues we found during our inspection, or ensured action was taken to address them. This was still the case at this inspection.
- During the last inspection, the provider took immediate action to address the concerns raised. All risk assessments and care plans were reviewed to ensure their accuracy. Capacity assessments were reviewed to ensure they were correct, and people's rights were protected. Quality assurance processes were reviewed and improved, and now included an independent audit by another service provider. However, we found the same issues at this inspection, showing the improvements had not been embedded or led to lasting improvements, and governance processes remained ineffective.

The failure to operate effective systems to ensure compliance with Regulations was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Although not yet fully effective, systems for performance management and quality monitoring systems were in place. For example, audits of staff supervision, staff training, medicine administration, record keeping and care plan reviews were regularly undertaken.

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

- The provider was also the registered manager. They demonstrated a good understanding of their responsibilities as registered manager under the Health and Social Care Act 2008. They understood the duty of candour and told us they were committed to being open and honest with people if any problems occurred.
- People and staff were positive about the management and leadership of the service. A relative told us, "We cannot fault them. They are a wonderful agency." Staff commented, "It's very well led. [Providers name] leads by example" and, "Burton is one of the best companies I've worked in providing care."
- In the PIR the provider described their ethos, saying, "I am passionate about delivering care with a person-centred approach allowing enough time to talk to the service user, ensuring they are treated with dignity,

respect and compassion. Thus, empowering them and encouraging independence and choice." Staff shared this view, saying, "It's nice to work for a company that really cares about people and staff."

- Care staff were encouraged to be open and transparent and report any concerns to the office, for example if they found another member of staff had failed to sign the medicines administration record. This was reinforced at staff meetings.

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

- The provider and management team knew people well. They were 'hands on', often working alongside the staff team to support people.

- The service sought feedback and the views of people who used the service at monthly telephone reviews and a face to face meeting every three months. People told us, "The office often ring and we have a lovely chat" and, "The office ring me to check that I'm happy with the level of support."

- Staff told us they were well supported and felt valued by the service. One member of staff said, "We are always able to make suggestions and raise issues. They listen then we discuss, and we make decisions together." The provider was in the process of introducing monthly awards celebrating staff who had gone 'above and beyond' in their care of people.

- The provider sought to develop strong links with the local community, for example by sponsoring 'young carer of the year' at the pride of Devon Awards, and a local initiative promoting women's mental health.

Continuous learning and improving care. Working in partnership with others

- The provider encouraged continued professional development, stating in the PIR, "We will support and encourage staff to pursue any courses of interest which effectively improve their knowledge and understanding to meet the needs of the service users they care for. "They were in the process of developing their training package further to include further vocational qualifications for staff.

- Staff practice was observed regularly through spot checks. The findings were shared with staff in supervision, and strengths and areas for improvement identified. The sample of checks we reviewed showed positive outcomes in all areas and this was reflective of the feedback we received from people and their relatives.

- Quarterly mandatory staff meetings were held to discuss the running of the service and share good practice ideas. Topics discussed at a recent meeting included obtaining consent before supporting people and measures to prevent the spread of infection.

- The provider attended local authority and provider forums to inform themselves about developments in the care sector and share best practice.

- The provider worked in partnership with a range of external health and social care professionals such as the local authority, GP's and organisations like Age UK. This meant they could provide a 'joined up' response to meeting people's needs, with the person being supported at the centre. For example, they requested the local authority review some of the information they held about people because it was incorrect.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Where people were unable to consent, the provider did not act in accordance with the Mental Capacity Act 2005. Regulation 11 (3)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems were not sufficiently robust to demonstrate safety was effectively managed. This placed people at risk of harm. Regulation 17 (2) (b)</p> <p>The provider failed to effectively monitor the quality and safety of the service. Regulation 17 (2)(a)</p>