

Mr Nigel Roy Burton

# Burton Home Care

## Inspection report

Unit 3, Kingfisher Court  
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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

Burton Home Care is a domiciliary care service, which provides support for adults in the community, who require assistance with personal care. This includes people living with dementia, physical disabilities, mental health needs and sensory impairments. At the time of our inspection there were 21 people who used the service.

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

The management team had addressed the concerns identified at the last inspection and were continuing to drive service improvement. One person said, "This business just "flows" like a river. It goes with the flow and makes excellence seem effortless. We know there is a lot of hard work behind the scenes."

There was a robust and effective quality assurance programme in place. People, relatives and staff were consulted and asked for their views, with information provided in accessible formats to support communication. This enabled the provider and registered manager to identify issues and take prompt action to address them.

The provider understood their responsibilities in line with the Duty of Candour. Notifications had been made to CQC where required.

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.

People told us there were no missed visits and staff stayed for their allocated time. One person told us, "There are no late calls, no missed calls and the rota is a great help. They always ask how I am which makes me feel included -I like the fact they do ask."

Risks to people's health and well-being were assessed and reviewed appropriately. There was clear guidance in place for staff to follow. People told us care staff had a good understanding of their needs and always followed their care plan. They told us they felt very safe with the carers who supported them.

Staff worked closely with a range of external health and social care professionals to meet people's needs and keep them safe. An external professional described the service as responsive, open and honest. They told us staff were thorough and went 'above and beyond' in their support of vulnerable people.

Safeguarding processes were in place to help protect people from abuse. New staff were thoroughly vetted to ensure they were safe to work with vulnerable people.

Measures were in place to prevent the spread of infection. Medicines were safely managed. Incidents and

accidents were appropriately recorded and analysed for patterns and trends.

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 and update

The last rating for this service was requires improvement (published 10 August 2021) and there were breaches of regulation related to governance and the submission of statutory notifications. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

We carried out an announced focussed inspection of this service on 8 June 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve 'Good governance' and 'Notifications of other incidents.'

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. 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 changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Burton Home Care 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.

### Is the service well-led?

Good ●

The service was well led.

# 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by one inspector 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

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

#### 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 this service the provider was also the registered manager.

#### Notice of inspection

We gave notice of the inspection. This was because it is a small service and we needed to be sure that the provider/registered manager would be in the office to support the inspection.

Inspection activity started on 12 May 2023 and ended on 25 May 2023. We visited the location's office on 22 May 2023.

#### What we did before the 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 (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 3 staff including office staff and the provider, who was also the nominated individual. We received additional written feedback from 5 care staff. We spoke with 7 people by telephone about their experience of the care provided.

We reviewed a range of records. This included people's care records and medication records. We looked at 4 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.

We had feedback from one external professional.

# 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. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Staff knew people well. People told us care staff had a good understanding of their needs and always followed their care plan. They told us they felt very safe with the carers who supported them.
- Comprehensive and detailed risk assessments were in place, with clear guidance for staff to follow to mitigate risks.
- People received the support they needed with nutrition and hydration.
- Risk assessments and care plans were reviewed regularly with people to ensure they were accurate and up to date. One person told us, "My relative's care plan changes daily. It is a "living "document so always up to date. This is a sign of a committed company, and carers who want to deliver their best care."
- Plans were in place to ensure the service continued to provide support to the most vulnerable people in the event of an emergency.
- The computerised care planning system was effective at alerting office staff if there were any issues, for example late visits or problems with medication administration.
- An 'on call' system was in place, which meant people and staff could access support at any time.
- Referrals were made promptly and appropriately to external health and social care professionals where required.

### Systems and processes to safeguard people from the risk of abuse

- People told us care staff treated them with dignity and respect and were kind and caring.
- Staff had a good understanding of safeguarding processes and the action needed to protect people.
- The agency worked effectively with other agencies to keep people safe. An external professional confirmed the service had been very involved and proactive, working alongside them to safeguard people.

### Using medicines safely

- There were effective processes in place to ensure people received their medicines safely. This was confirmed by people we spoke to.
- Staff told us they received the training and ongoing support they needed to administer medicines safely. They said, "We have annual refresher courses at the office about medication administration where we have to answer questions regarding the safe administration of medication. Our competence is assessed both at this training and also when we have spot checks at clients' homes."

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). 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 found the service was working within the principles of the MCA. People's independence was promoted. Staff sought peoples consent before supporting them. Capacity assessments and best interest decisions were made appropriately where required.
- Staff received the training they needed to understand and work within the MCA (2005) They told us, "The mental capacity training is good. I think it's very good to have because every adult, no matter whatever their disability, has the right to make their own decisions wherever possible. It's in my role to support them to make their own decisions if they can."

#### Staffing and recruitment

- Staff had the skills and knowledge required to meet people's individual needs.
- Staff were recruited safely and vetted to ensure they were safe to work with vulnerable people. This included clarifying the reasons for any gaps in employment history, and Disclosure and Barring Service (DBS) checks. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People received weekly rotas, so knew who was coming. They told us there were no missed visits and staff stayed for their allocated time. One person told us, "There are no late calls, no missed calls and the rota is a great help. They always ask how I am which makes me feel included -I like the fact they do ask."
- Care staff were always on time unless there was an emergency. In this case people were notified in advance by telephone.

#### Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- The management team had been proactive in addressing concerns raised at the previous inspection and had taken action to improve the quality and safety of the service.
- There were processes in place for reporting and recording accidents and incidents. Staff told us, "We can report accidents or incidents to our supervisor or manager directly. Information is also recorded on our work app on our mobile. It needs to be reported immediately with as much information and detail as possible."
- Accidents and incidents were reviewed and analysed by the provider to identify any trends and further action required to keep people safe.



# 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 requires improvement. At this inspection the rating has changed to good. This meant 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: 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

At our last inspection the provider had failed to operate effective systems to ensure compliance with Regulations. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had taken action following the previous inspection, improving their oversight of the service. This meant there were now effective governance arrangements in place. They included medicines audits; spot checks to review staff practice; and a 'manager's monthly audit', looking at all aspects of the service.
- A computerised care planning system enabled the management team to have oversight of the care being provided in real time. A map showed where individual care staff were at any time. Staff logged in and out on their mobile phones when visiting people, which meant the duration of the visit could be monitored. Any concerns were alerted to the management team instantly and action taken to address them.
- Information from the audits and other governance processes was documented in the providers service improvement plan. This identified where action was needed, with clarity around responsibilities and timescales.
- Since the last inspection policies had been reviewed and updated to ensure they reflected current best practice and legislation and were relevant to the service being provided. All policies and processes were easily accessible to staff via an app on their mobile phone.

At our last inspection the provider had failed to submit statutory notifications and was unaware of the requirement to do so. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009

- The provider understood their duty to share information in an open, honest and timely manner. They were

clear about when they needed to share information with agencies such as the local authority or CQC.

- Notifications had been made to CQC where required.

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

- People spoke highly of the service and the way it was managed. One person said, "This business just "flows" like a river. It goes with the flow and makes excellence seem effortless. We know there is a lot of hard work behind the scenes." Another person said, "Everything is brilliant. This is good care at its best."
- The provider told us they operated an 'open door' policy, and staff confirmed the management team were approachable. They told us they were able to raise any concerns and make suggestions about the running of the service.
- Staff told us they were committed to the vision and values of Burton Home Care, as described in their staff handbook. They said, "The visions and values of the company are to provide the best quality of care and independence to people wishing to remain living in their own homes, care that meets clients' individual needs."

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

- People and relatives told us communication with the service was excellent. One person told us, "I never ever have a problem getting through to the office. It's always answered within a few minutes."
- People were regularly asked for their views of the service and were invited to give their feedback via an annual questionnaire. The service provided information in accessible formats, according to people's individual needs.
- Staff told us they were well supported and enjoyed their role. Comments included, "The company is very good to work for. They are all very approachable if we have any concerns for clients or ourselves, and always on hand to help when needed" and, "It is a good company to work for. I enjoy caring for people, supporting and enabling. It's interesting to hear their life stories."

Continuous learning and improving care

- The provider was committed to their own continuous learning and that of the staff team, with the aim of improving care. The management team continued with their own professional development, training in subjects such as data protection and end of life. They attended local and CQC provider forums to keep themselves informed about developments and best practice.
- Members of the management team were qualified trainers in their own right. They delivered ongoing training in the mental capacity act, moving and handling, dementia and first aid. This ensured staff were kept up to date and refresher training was readily available if required.

Working in partnership with others

- The service worked effectively in partnership with external agencies to meet people's needs and keep them safe. An external professional described them as responsive, open and honest. They told us staff were thorough and went 'above and beyond' in their support of vulnerable people.