

Burgundy Care Services Ltd

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Inspection report

Office 5, Top floor, Block 2
Nortonthorpe Industrial Park
Huddersfield
HD8 9LA

Tel: 01484663304

Website: www.burgundycareservices.com

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Burgundy Care Services is a domiciliary care service, providing personal care and support to people living in and around Holmfirth, Denby Dale and the surrounding villages. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. On the day of inspection 36 people were receiving the regulated activity of personal care.

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

People and their relatives spoke highly of the care provided by Burgundy Care Services.

People and their relatives told us they felt safe using the service. There were enough staff available to meet people's needs. People and their relatives told us staff arrived at the planned time and stayed for the specified period. Pre-employment checks had been carried out for care staff. These helped to ensure only suitable applicants were offered work with the service. People received the support they needed to take their medicines safely. Staff followed the correct infection control practices.

People's needs were assessed before they started using the service and the information was used to develop person-centred care plans. The provider appropriately supported staff through induction, training and supervision. All staff had completed a range of training which gave them the skills and knowledge to care for people in their own homes. 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. The provider worked collaboratively with healthcare services to help people maintain good health.

The service was well managed. Governance systems were in place to ensure all aspects of the service were reviewed and checked regularly.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 30 August 2019). 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 comprehensive inspection of this service on 4 and 23 July 2019. A breach of legal requirements was found (Regulation 19, Fit and proper persons employed).

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, Effective 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 Burgundy Care Services on our website at 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?

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 well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

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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.

This was a focussed inspection to check whether the provider had met the requirements of the Requirement Notice in relation to Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and to review the rating.

Inspection team

The inspection was carried out by an 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 homes.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 6 September 2022 and ended on 14 September 2022. We visited the location's office on 6 September 2022.

What we did before the 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 gathered feedback from the local authority and reviewed the previous inspection report. We used all this information to plan our inspection.

During the inspection

During the inspection we looked at a variety of records, including multiple electronic care records and risk assessments and four staff recruitment files. We also looked at records relating to the management of the service, including quality assurance tools, policies and staff training records. We talked to the registered manager and three care assistants. We spoke with four people who used the service and three family members on the telephone

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider had failed to ensure robust recruitment practices were in place. This was a breach of Regulation 19 (Fit and proper persons employed) 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 19.

- Pre-employment checks, including a Disclosure and Barring Service (DBS) check were completed to ensure people recruited to the service were suitable. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- At our last inspection, gaps in people's employment records had not been explored or investigated. However, the provider had ensured these checks were now completed when people were recruited to the service.
- There were enough staff to support people at the times they wished. We were told staff were punctual and stayed for the required length of time.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when receiving care and support from staff. Comments included, "I feel really safe"; "Staff are really patient and kind" and "They look after her so well."
- Staff had completed training in safeguarding. Staff we spoke with knew how to recognise signs of abuse or neglect and who they should speak to if they had any safeguarding concerns.
- There was a system in place to document and report safeguarding incidents. This included reporting to local authority safeguarding teams and the CQC.

Using medicines safely

- People received support to take their medicines safely.
- Staff were trained to give medicines and had annual assessments to check they were competent.
- The provider used an electronic system for managing medicines. The system did not allow staff to log out until they had given any required medicines. This helped ensure people received their prescribed medicines.

Preventing and controlling infection

- Staff had received infection prevention and control training and additional information about how to protect themselves and service users during the COVID-19 pandemic.
- The service had good stocks of PPE, which were kept at the office. Staff carried PPE with them, so it was always available. People we spoke with told us staff always wore PPE when carrying out their duties.

Assessing risk, safety monitoring and management

- There were systems in place to minimise risks to people. Care records included assessments which identified potential risks and how these should be managed by staff. These covered a range of areas, including moving and handling.
- Potential environmental risks in people's homes had been checked to ensure staff were safe to work there.
- The service had a lone working policy and procedure which staff followed to keep them safe at work.

Learning lessons when things go wrong

- There was a process in place to monitor, investigate and report on any accidents and incidents.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant 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

- An assessment was carried out prior to a person being taken on by the service. This was either face to face, or over the telephone. It helped to determine if the service was able to meet their care and support needs.
- Personalised electronic care plans and risk assessments were developed from the initial assessment. They were kept under regular review and updated when people's needs and preferences changed.
- People and their families (with permission from the client) could access their electronic care records using a mobile phone App. Relatives commented that this gave them reassurance.

Staff support: induction, training, skills and experience

- New staff completed an induction programme when they joined the service. This included mandatory training and a period of shadowing more experienced staff, until they were competent to support people unsupervised. Staff were encouraged to complete additional on-line training covering a range of relevant topics.
- Staff completed refresher training courses to keep their knowledge up to date. The service had equipment in the office which enabled staff to learn and practise skills, such as how to use a hoist.
- Senior staff carried out 'spot checks' to see that care workers had carried out their work to the required standard.
- Staff received support from the registered manager and senior staff. Staff had quarterly supervision meetings to reflect on their performance and identify areas for personal development. There were regular team meetings to discuss issues affecting the service and staff supported each other through a social media group.
- Staff told us they felt supported at work. One care worker said, "I couldn't have wished for better support."

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

- Staff prepared meals for people when this was part of their care plan.
- Staff ensured people had enough to eat and drink. One family member told us, "They do her breakfast and light bites. They always sort out anything she needs."
- The registered manager told us that in winter if there was a risk of snow, staff left flasks of hot drinks and sandwiches readily prepared, so that people would not go without, if care staff could not reach them.
- During a recent heat wave staff had encouraged people to take extra cold drinks or eat ice lollies to keep themselves hydrated.

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

- People's care plans described their health needs and any support they needed from healthcare professionals.
- The service had good working relationships with a number of healthcare professionals, including GPs and the community nursing service.

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 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 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.

- The service was working within the principles of the MCA.
- People were able to make day to day decisions about the support they needed.
- People's care needs assessments included information about their ability to make independent decisions.

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.

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

- Feedback we received about the service was very positive. Comments included, "I would recommend them, they go above what is expected." And "They look after her very well."
- Social care professionals we contacted were complimentary about the service. Written comments we received included, "Burgundy are very quick to respond, and communicate very well to me and then to the client/family. They are very professional." And, "They have been extremely flexible in their approach, going above and beyond what would be expected as a care provider."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Since our last inspection the service had moved to a different electronic care monitoring system, which staff accessed through their mobile phones. The 'live' system enabled the registered manager and office team to continuously review each visit and check that it had been completed. An 'alert' system enabled staff to raise concerns or issues with the office staff promptly.
- Audits and checks of different aspects of the service were completed regularly.
- There was an on-call system which enabled people who used the service and staff to access management support outside normal office hours.
- The registered manager had kept up to date with changes in legislation and best practice, particularly in relation to the COVID-19 pandemic.

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

- The service had good relationships with the local authority and the local community medical teams.
- People and their relatives were involved in planning and reviewing their care. People told us there was no formal way to give feedback about the service. However, they found communication with the office team easy and staff were always on hand to respond to any queries.
- The service had worked hard to support staff through the challenging period of the COVID-19. This included providing 'treats' to boost staff morale.

- 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 understood their responsibilities to report under the duty of candour. The duty of

candour sets out actions the provider and/or registered manager should follow when things go wrong and to be open and transparent.