

Burley's Home Care Services Ltd

# Burleys Home Care

## 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

We carried out this unannounced inspection on the 5 and 12 September 2017. Burleys Home Care Services provides personal care and support to people in their own homes. At the time of this inspection the agency was providing a service to 33 people with a variety of care needs, including people living with physical frailty or memory loss due to the progression of age. The agency is managed from a centrally located office base in Ringwood.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We received positive feedback from people about the service. All people who used the service expressed great satisfaction and spoke highly of the care staff.

People and their families told us they felt safe and secure when receiving care.

Safe recruitment practices were followed and appropriate checks were undertaken, which helped make sure only suitable staff were employed to care for people in their own homes. Staff received training in safeguarding adults. Staff told us they felt supported and received regular supervisions and support. There were sufficient numbers of staff to maintain the schedule of care visits.

People received their medicines safely. There were appropriate arrangements in place for managing medicines. Staff were trained in the handling of medicines. Staff contacted healthcare professionals when required.

People felt they were treated with kindness and said their privacy and dignity was respected. People were supported with their nutritional needs when needed. Staff had an understanding of the Mental Capacity Act (MCA) and understood that people had the right to make their own choices.

Staff were responsive to people's needs which were detailed in care plans. Care plans provided comprehensive information which helped ensure people received personalised care which met their needs.

People felt listened to and a complaints procedure was in place. Staff felt supported by the management and felt they could visit the office and be listened to. There were systems in place to monitor quality and safety of the service provided.

Staff felt supported by the registered manager and could visit the office to discuss any concerns.

## 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.

People felt safe when receiving support from staff members. Staff received training in safeguarding adults and knew how to report concerns.

Appropriate recruiting practices were followed. People's needs were met by sufficient numbers of staff who were seen as reliable.

People received the support they required to ensure they received their medicines safely and most risks were managed appropriately.

### Is the service effective?

Good ●

The service was effective.

Staff received appropriate training and one to one supervisions. People were supported to access health professionals and treatments, and were supported with eating and drinking.

Staff sought consent from people before providing care and followed legislation designed to protect people's rights.

### Is the service caring?

Good ●

The service was caring.

People felt staff treated them with kindness and compassion.

People were encouraged to remain as independent as possible. Their dignity and privacy was respected at all times.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care which met their needs. People's choices and preferences were respected.

People's views were listened to. A complaints procedure was in place.

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

The service was well-led.

People and staff spoke highly of the management team who were described as approachable and supportive.

The vision and values of the service were understood by the staff and these made sure people were at the heart of the service.

There were systems in place to monitor the quality and safety of the service provided. □

**Good** ●

# Burleys Home Care

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 05 and 12 September 2017 and was unannounced. The inspection was carried out by one inspector and one 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.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR before the inspection. We also checked other information we held about the service and the service provider, including previous inspection reports and notifications about important events which the provider is required to tell us about by law.

During the inspection we spoke with nine people receiving care and support and four family members by telephone. We spoke with one other person who was using the service when we visited their home. We spoke with the registered manager, the registered provider, care manager, and four care staff members. We looked at care records for five people. We also reviewed records about how the service was managed, including four staff training and recruitment records.

Following our visit we contacted one health and social care professionals to consult with them about their experiences of the service and the care provided to people who used the service.

The service registered with the Care Quality Commission in July 2016. This was the first ratings inspection undertaken.

## Is the service safe?

### Our findings

People told us they felt safe and the service provided staff who kept people safe whilst providing them with personal care. One person told us, "Oh yes I feel safe with staff". Another person said, "The carers oversee the taking of all our medication and always make sure we are comfortable warm and safe". A family member told us, "I'm very happy with the service that is being given and I have no concerns with the agency or the carers who do a great job of looking after my father".

Staff told us they supported people to take risks in their own home without minimising their independence. Assessments were undertaken to assess any risks to people who received a service and to the care workers who supported them. These included environmental risks and any risks due to the health and support needs of the person. Risk assessments were available for moving and handling, medicines, falls and equipment. For example a risk assessment for the environment provided staff with information of where to locate the stop cock and fuse box in the person's home in case of emergencies. However we identified further work was required for one person's risk assessment to enable staff to meet their needs. For example, the risk assessment for one person, who was diabetic, did not cover this risk to their health and no information was provided to staff on what action to take should the person present with symptoms of illness in relation to their diabetes. We spoke to the registered manager who told us staff receive diabetes training and they will update the person's risk assessment.

People benefited from a safe service where staff understood their safeguarding responsibilities. A safeguarding policy was available and care workers were required to read this and complete safeguarding training as part of their induction. Staff members were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff told us if they had any concerns they would report them to their manager, and if no action was taken would take it higher up. One staff member told us, "I could definitely speak to someone if I had concerns".

Robust recruitment processes were followed that meant staff were checked for suitability before being employed by the service. Staff records included an application form, two written references and a check with the disclosure and barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff were insured to use their vehicle to drive around to people's homes.

There were sufficient numbers of care workers deployed to meet people's needs. Staffing levels were determined by the number of people receiving care and support and their needs. These could be adjusted according to the needs of people. Staff said they had sufficient time to support everyone they cared for and were able to provide additional support if someone needed it; for example, if the person was unwell. People received a weekly schedule of when staff would be visiting them and knew in advance which member of staff it would be. People told us that they had regular care staff and that staff arrived when they expected them.

People were happy with the support they received with their medicines. They told us their independence

was respected and that they managed their own medicines where possible. There were medicines administration systems in place and people received their medicines when required. During induction care staff received training about how to support people with medicines. After the training, during shadowing shifts care staff told us they observed and then took more responsibility after their competency was assessed. Staff said their training had included how to complete the Medication Administration Records (MAR) and how to check the medicines they were giving were the correct ones. If they had any doubt they would telephone the office. MAR charts were checked monthly when they were returned to the office to ensure they had been completed appropriately and any actions needed as a result of this audit were followed up.

The service had a business continuity plan in case of emergencies. This covered eventualities where staff could not get to people's homes. For example, if there are any difficulties covering calls due to events, such as the weather conditions or sickness.

## Is the service effective?

### Our findings

All the people we spoke to told us that staff were well trained and carried out their duties to the highest standards. One person told us, "I'm very happy with the care". Another person said, "The care and attention I receive is very good". A family member told us, "My dad has been really pleased with the support being given to him and the carers were very good and very helpful with his care and support being given".

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Staff told us that their training included moving and handling, safeguarding, health and safety, medicines administration and first aid. This ensured that staff were competent and had the skills and knowledge to safely deliver care. They also confirmed that the service were currently supporting them to achieve a recognised qualification in Health and Social Care.

People told us new staff members were accompanied by a regular staff member and shown how people like things done. There was a comprehensive induction training programme which covered all necessary areas either via e learning or practical sessions. One staff member told us how they had shadowed with an experienced member of staff for their first week of visiting people to get to know their routines. Arrangements were in place for staff who were new to care to complete the Care Certificate. The Care Certificate is awarded to staff who complete a learning programme designed to enable them to provide safe and compassionate support to people.

People were supported by staff who had supervisions (one to one meetings) with their manager and yearly appraisals. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. Staff received on going monitoring and support by their managers. One staff member told us, "I've had quite a few supervisions, definitely a two way process".

Staff had received training in the Mental Capacity Act, 2005 (MCA). The MCA provides a legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision should be made involving people who know the person well and other professionals, where relevant. Staff showed an understanding of the legislation in relation to people with mental health needs. Before providing care, they sought verbal consent care from people and gave them time to respond. Staff were aware people were able to change their minds about care and had the right to refuse care at any point. People and their families told us they had been involved in discussions about care planning and we saw people had signed their care plans agreeing to the care the service intended to provide. One staff member told us "I always politely ask them for consent before providing care".

People were supported at mealtimes to access food and drink of their choice. The support people received, varied depending on their individual circumstances. Some people lived with family members who prepared meals. In other cases, staff members microwaved meals and ensured they were accessible to people. Care plans contained information about any special diets people required and about some specific food preferences.



People were supported to access healthcare services. Staff told us they would always inform the office to keep them updated about any changes in people's health. If any health professional had visited, staff told us they would call the office to let them know. This meant the next staff member was aware of the person's current health needs and any action needed. A health professional told us, "I've had no concerns raised about the service, and people I have spoken to have been happy with the care provided".

## Is the service caring?

### Our findings

One person told us, "I'm happy with the staff and service, all kind and treat me with dignity and respect". Another person said, "The carers couldn't be any nicer and are always willing and caring to support both me and my wife". Other comments included, "Without the help and lovely support given to me by Burleys I would find life a struggle". As well as, "Very caring staff I've been with them a long time."

People experienced care from staff who understood the importance of respecting people's privacy, particularly when supporting them with personal care. One person told us, that the carers had all been wonderful and very helpful and that she was treated with dignity and respect with regards to her care. Staff ensured doors were closed and people were covered when they were delivering personal care. One staff member said, "I put a towel over if providing personal care and ask wat they would like me to do and respect their privacy". Another staff member said, "I use towels to cover people up and ask them what they would like help with". Care plans reminded staff about the importance of maintaining people's dignity at all times.

People were encouraged to be as independent as possible. Care staff knew the level of support each person needed and what aspects of their care they could do themselves. They were aware that people's independence was paramount and described how they assisted people to maintain this whilst also providing care safely. One care staff member said they encouraged people to be as independent as possible, encouraging them to undertake aspects of their own care where they were able to. Another staff member told us, "One client had a heart stent fitted and wanted to go in the garden to water their plants, but were nervous. I walked with her and she is now doing this by herself, as didn't have confidence before".

People said care staff consulted them about their care and how it was provided. Care plans were detailed and showed people were involved in the planning and reviews of their care as they had signed these. Care plans reminded care staff to offer people choices such as in respect of clothing, meals and drinks. Care plans also included information about people's wishes and any worries they may have. Care staff respected people's rights to refuse care. They told us that if a person did not want care they would encourage but then record that care had not been provided and why. This enabled the care staff to communicate effectively with the person and to understand what was most important to them.

Information regarding confidentiality, dignity and respect formed a key part of induction training for all care staff. Confidential information, such as care records, was kept securely within the registered manager's office and only accessed by staff authorised to view it. Any information which was kept on the computer was also secure and password protected. Daily records were collected monthly and stored securely in the relevant care files.

## Is the service responsive?

### Our findings

People received individualised care from staff who understood and met their needs. One person told us, "I've had no complaints about the actual care being given by any of the staff." They also thought the service was very professional and would, "Really recommend the care company to others".

People received care that had been assessed to meet their specific needs. People's likes and dislikes and what was important to people were also described in the care plan. Care plans provided information about how people wished to receive care and support. Staff confirmed the care plans provided all the information they needed to support people appropriately and enable them to respond to people's needs. Copies of care plans were seen in people's homes, allowing staff to check any information whilst providing care. These identified key areas of needs, such as, personal care, daily living activities and health issues. For example, one person's communication care plan who had recently had a stroke which had caused dysarthria which could sometimes make it difficult for staff to understand their needs. Staff were advised to give the person time to form their words and not rush the person so staff can communicate with the person.

The care plans were updated regularly to ensure a true reflection of the person's current needs. The care plans provided comprehensive guidance to staff about the person, and provided them with clear instructions on how to manage specific situations. Staff told us they were always told about the needs of the people they provided care and support for. One staff member told us, "Care plans contain a lot of information but main points are quite easy to find". Another staff member said, "Care plans are quite good, easy to read and well set out".

The provider sought feedback from people or their families through the use of a quality assurance survey. This was sent out annually seeking their views. We saw the results from the latest questionnaire, which had been completed in January 2017 the results were mostly positive.

Comments included, 'I cannot speak too highly of the carers I see they are very patient and reliable,' and 'don't know how they can make it better.' As well as, '[carers name] is excellent.' Where any concerns had been identified an action plan was produced and measures put in place to improve the quality of the service based on people's feedback.

People told us they knew how to make a complaint. Staff knew how to deal with any complaints or concerns according to the service's policy. Information about how to make a complaint was included in information about the service provided to each person. The provider had a complaints policy and procedure in place, which detailed the timeframes within which complaints would be acknowledged and investigated.

## Is the service well-led?

### Our findings

People and their families felt this was a well led service. One person told us, they were happy to recommend the service to any of her friends who might need any help in the future.

Staff spoke highly of the service and were pleased to work there and felt supported by the management. One staff member told us, "Management are approachable I've no problem approaching any of them". Another staff member said, "I feel happy working for them and feel valued, happier here than I have been at other places." Other comments included, "I enjoy working here managers are all very nice".

The registered provider held regular meetings with the staff in the office these were held weekly to discuss any concerns and send regular updates to care staff by email. These informed staff of any updates on people's health and training opportunities. Staff meetings were also held every quarter and minutes showed these had been used to reinforce the values, vision and purpose of the service. Concerns from staff were followed up quickly. One staff member told us, "Staff meetings I've gone to all, able to put ideas forward. I made a suggestion about some paperwork in people's homes and it has been changed as a result". The registered provider told us, "We have just started holding staff meeting without our presence so staff can be more open and honest".

The registered manager told us they valued care staff and were concentrating on keeping staff. They told us one of the ways they were doing this was, supporting staff by way of an incentive when receiving positive feedback about staff and arranging social gatherings outside of work to show appreciation. Management told us they liked to see staff progress in their chosen field. One staff member told us, "I feel like I am moving forward, which I am really pleased about". They told us they had been in care for twelve years previously before joining the company and were really happy as they completed their qualification level 2 in health and social care many years ago and Burleys recognised this and has put them forward for their level 3 qualification in health and social care.

The registered manager and provider used a system of audits to monitor and assess the quality of the service provided. These included medicines, record of care sheets, care plans, training, incidents and accidents.

The managing director had made links with the local community. In the community the service had signed up with the Alzheimer's society to become a dementia friend. A dementia friend learns a little bit more about what it is like to live with dementia and sharing information with others to help and support people living with dementia. The registered provider were really proud of the staff and told us that nearly all of the staff working at the agency had now signed up to become dementia friends.

The service also sent out a newsletter to all people using the service to inform them of any updates on the service. A recent newsletter sent to people reminded people on the values of the service which were to support people to live independently in their own homes with friends, relatives and their personal possessions around them.

The registered manager and provider informed us they kept up to date by reading the commission's website and through other professional websites, as well as keeping up with latest guidance by attending training. The registered manager was aware of the need to notify the Care Quality Commission (CQC) of significant events regarding people using the service, in line with the requirements of the registration.

People benefited from staff that understood and were confident about using the whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. The provider had appropriate policies in place as well as a policy on Duty of Candour to ensure staff acted in an open way and transparent way in relation to care and treatment when people came to harm.