Burgundy Care Services Ltd

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Inspection report

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Ratings

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

Overall summary

This inspection took place on 6 August 2015 and was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure the manager would be available to meet with us.

Burgundy Care and Support Services was set up in 2011 and providesOn the day of our inspection 37 people were receiving support with personal care.

There was a registered manager in post. 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.

Staff and the management team had received training in safeguarding vulnerable adults and all the staff we spoke with were able to describe what actions they would take if they suspected abuse to ensure the people they supported were safe from harm

The service had a general risk assessment tool which covered potential risk at the property, personal safety of staff, household equipment, physical assistance to

Summary of findings

transfer or mobilise, personal care tasks, and medication. Risks were managed and reduced although there was a lack of detail around some areas of risk such as specific risk assessments around bathing.

The service enabled staff to access training to ensure the staff had the knowledge and skills to perform in their role. Staff told us they were encouraged to increase their knowledge and skills by taking advantage of the training on offer.

Staff had received training in the Mental Capacity Act 2005. Staff sought consent from people in line with legislation and supported people who lacked capacity to make decisions about their care.

People who used the service and their relatives told us staff were caring. They told us staff did not rush them and they had time to chat. They told us the staff were respectful at all times and ensured their privacy was maintained.

People received care that met their needs, choices and preferences and they were involved in the review of their service.

People knew who to complain to and had every confidence that any concerns would be acted on and resolved.

Staff enjoyed working at the service and had great pride in their work. They felt confident in and supported by the management and the culture of the organisation was good.

Certain aspects of the service such as time spent with people, and missed calls was constantly monitored by the registered manager but there was a lack of documented audits of the quality or the safety of the services provided to the people who used the service. This meant the service could not easily demonstrate the quality of the service they were providing even though all the people who we spoke with and professionals spoke highly of the service provided.

The service had also not always met their regulatory requirements by sending notifications to the Care Quality Commission relating to a safeguarding although they had managed the risks and referred to the local authority as required. They had not provided the Commission with a Provider Information Return (PIR) as had deleted the email from the CQC believing it to be spam.

Summary of findings

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

Staff understood their responsibilities around protecting people from abuse and they knew how to report it if they suspected it was occurring.

The service had an effective recruitment procedure to ensure suitably qualified and experienced staff were employed.

The service had general risk assessments in place to manage the risks to their staff and people who used the service.

Good

Is the service effective?
The service was effective

People were cared for by staff who were well trained and supported to meet people's needs. Staff sought consent from people in line with legislation and supported people who lacked capacity to make decisions about their care.

Staff supported people to ensure their hydration and nutritional needs were met.

Good

Is the service caring?
The service was caring.

People who used the service and their relatives were positive about the way care and support was provided.

Staff respected people's privacy and dignity

Staff involved people in the care they were providing and promoted independence where this was appropriate.

Good

Is the service responsive?
The service was responsive.

People's care needs were assessed prior to the service being delivered. Care plans detailed the support people required.

People were supported to make choices in their everyday lives such as what to eat and what to wear.

People and their relatives knew how to raise concerns and complaints and these were investigated appropriately.

Good

Is the service well-led?
The service was not always well led.

Requires improvement

Summary of findings

The service had not always met its regulatory requirements, such as notifications to the CQC about a safeguarding incident and the return of their Provider Information Return.

Staff told us the management team were supportive and listened to the staff.

The culture of the organisation was good and all staff had great pride in their work and they told us team work was good at the service.

Burgundy Care Services Ltd

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.

The inspection took place on 6 August 2015 and was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure the manager would be available to meet with us. The inspection team consisted of one adult social care inspector and an expert-by-experience with experience in older people's services. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The registered provided had been asked 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. The registered provider had not completed the PIR as they had not appreciated the email requesting this information was from the Care Quality Commission as they had received a large amount of spam email and they had deleted the request.

We contacted the local authority contract and commissioning department before the inspection regarding any monitoring visits and whether there had been any safeguarding referrals.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with 14 people who used the service and the relatives of five other people who used the service. Most people who used the service funded the service privately and 13 people were funded by the local authority through a direct payment.

We spoke with four care staff, the care coordinator, the registered manager and the director of care. After our inspection we spoke with two district nurses from each of the nursing teams the service supported. We also spoke with the local authority moving and handling team.

We reviewed three care plans and three recruitment records, the computer electronic record system and records relating to the running of the service.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe using the service**.** One person said **"**I wouldn't hesitate in showing them the door if they weren't nice to me, but they all are. Very trustworthy girls." Another person told us **"**All the girls who come are very smart and their uniforms are spotless. That is important to me because I am a bit fussy and I would worry if they weren't clean." Another person said **"**I don't get the same people every time but they are all very kind and I feel safe with all of them.

One of the relatives we spoke with told us "I don't worry so much about [my relative] knowing that she is safe and that people are coming in to see her every day."

Staff we spoke with had a good understanding of how to identify abuse and act on any suspicion of abuse to help keep people safe. They were able to describe the type of abuse you might find in a community setting and the signs of abuse. They all told us the steps they would take if they suspected abuse. One care assistant told us about a situation they had recently encountered regarding financial abuse and what actions they had taken. This demonstrated staff had the knowledge and skills to recognise abuse and what to do if they encountered abuse in a community setting.

The service had a general risk assessment tool which covered potential risk at the property, personal safety of staff, household equipment, physical assistance to transfer or mobilise, personal care tasks, and medication. In the files we reviewed we found moving and handling risk assessments for the people the service supported. These identified the level of independence, the equipment to be used but did not detail the method to be used. We discussed this with the registered manager and the care director who told us most of the people they provided a service for did not have moving and handling needs and were independent, but they agreed more information for staff on method would ensure the safety of the people they supported. They showed us the local authority moving and handling forms which they intended to use following their acceptance on the local authority contract for domiciliary care services.

In one of the care plans we reviewed we found a form which detailed how staff were to support the person to bathe including the equipment to use, which was good, but there was no specific risk assessment around bathing. This meant although care and support was planned and delivered in a way that reduced risks to people's safety and welfare, the documentation did not fully evidence the methodology behind the staff actions. We discussed this aspect of care with the director of care who told us they would alter this documentation to evidence they were reducing all the risks to people who used the service.

The registered manager and the care director told us they had the right amount of staff to provide the current service but they were constantly recruiting. They offered staff an hourly contract after they had passed their probationary period and a bonus to help retain good staff. They told us they had to turn down some packages of care as they would not risk the reputation they had built up by taking on packages they could not fulfil to their high standards. The people we spoke with all told us the staff had time to sit and chat with them and did not rush them. The staff we spoke with told us they felt they had the time to undertake all their duties and still had time to spend with the person to have a positive effect on their day.

The registered manager told us the minimum amount of time they would spend with people was half an hour and that they would not contemplate any calls with less time. They monitored the time the staff spent with the people they supported by a telephone system and people were only charged for the time the care was provided for. The service was proud to tell us they had no missed calls over the past few months and this was monitored regularly. If staff were unavailable to work or rang in sick, bank staff or the registered manager, the care director and the care coordinator would step in to provide the service.

We reviewed three staff files to check the registered provider had followed safe and effective recruitment procedures. The files included application forms, interview questions, references, identification and contractual information. Staff files also contained a supervision contract, training and development information and information about spot checks on staff. Disclosure and Barring Service (DBS) information was held on the computer system and we cross referenced the three staff files we looked at against the on line register and all staff had current DBS checks. The DBS has replaced the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA) checks. The DBS helps employers make

Good

Is the service safe?

safer recruitment decisions and prevents unsuitable people from working with vulnerable groups. This showed us the service was following safe systems of recruitment to ensure staff were appropriate for this type of role.

We asked all the staff we spoke with what they would do in an emergency situation. They were able to describe what they would do if they entered the property and found the person on the floor to ensure the person's safety and wellbeing. The registered manager told us this was a scenario they asked potential staff at interview to ensure they had the skills to respond to emergency situations. This showed us the service had systems in place to appropriately respond to emergency situations.

Records showed us staff had been trained in how to administer medication appropriately. One care assistant we spoke with told us if they were ever unsure about medication or if they found the medication was different to what the person normally had, they would always ring the office to check with the coordinator before administering. Staff told us people had medicines in blister packs or in medication dispensers and their role was to check people had taken their medication and record this in their daily notes. The registered manager told us they checked the medication administration records when these were brought back into the office by the visiting care staff. A number of people who used the service told us the care staff ensured that they take their medication and a number of people who used the service told us they 'record everything in the log book.'

The registered manager told us that staff were provided with personal protective equipment which enabled them to carry out their caring duties safely. Supplies were kept in the office and in people's homes. Community equipment such as hoists and slings were provided through local community equipment arrangements.

Good

Is the service effective?

Our findings

People's support plans contained information about what they liked to eat and how they liked to be supported at meal times. We asked the people who used the service how the staff supported them to eat and drink. One person said, 'Some mornings I might just not feel like having any breakfast. They don't impose on me but they do check the next morning and worry if I'm not eating very well. I don't have a big appetite but they do care and they tempt me with things they know I like.' Another person said, "'The carers are very good. I don't always feel like breakfast when I've first got up so they leave everything ready for me to have when I feel like it but they always make sure that I've got my cup of coffee which is the first thing I want.'"

The staff we spoke with told us they always leave the person with a drink before they leave the property and they have been told to be extra vigilant whilst the weather is warm to ensure people's hydration needs were met.

The registered manager told us all staff were completing the Care Certificate. This course was undertaken on line and staff were tested on each unit. Staff were expected to complete the Care Certificate within three weeks of taking up post. Following this staff were then placed on an external training provider's course for more in depth training on subjects such as the care and administration of medicines, falls response, basic first aid awareness, diabetes, equality and diversity and inclusion, fire prevention, and the Mental Capacity Act 2005. The registered manager told us staff were given two weeks to undertake each unit. The registered manager checked staff had undertaken the course and had passed this successfully. They told us their expectation is for all staff to attain NVQ 2 and 3 in care. The staff we spoke with confirmed this. This meant that the staff were provided with the opportunity to develop and attain the skills to perform in their role.

We asked the registered manager whether staff had undergone any specialist training and were told that two members of staff had expressed an interest in undertaking a food preparation course so that they could support people to maintain a healthy balanced diet, so they facilitated this through the local authority training. They also told us ten staff had undertaken a course on how to deal with conflict and aggression. The office also had a range of moving and handling equipment in a separate area for staff to practice their techniques. The care director told us they undertook moving and handling training with staff and they had completed the 'train the trainer course' to have the knowledge and skills to train staff in this area.

Staff we spoke with all told us the training provided by Burgundy Care was good and 'They were always doing courses.' It was clear from our discussions with staff they had the knowledge and skills to provide a good quality service.

Staff had received training on the Mental Capacity Act 2005 and were able to describe how they supported people to be able to make their own decisions. This involved supporting people to make decisions about what to wear and what to eat and they would always support the choice of the person if they had capacity. They were less clear on how decisions were made in people's best interests if they lacked capacity and stated they followed what was written on people's care plans. We asked the registered manager about capacity assessments and they told us these were done by the professionals involved in people's care. They told us they had not had to undertake any capacity assessments and generally the people they supported could consent to their care and make decisions with support. We saw written consent in peoples care files and staff told us they always sought consent from people before undertaking personal care tasks and explained what they were going to do.

We were told by people who used the service and their relatives that communication between them and the agency was good. The registered manager told us everything was recorded in a log book in the person's home. District nurses, families and care staff were all encouraged to write in this and care staff had been instructed to read the previous day's log before providing any care.

We spoke with a district nurse who told us communication was 'brilliant' and that the agency provided the district nurse with detailed feedback. This meant that care was provided by all services in the most appropriate way to meet the needs of the people who used the service.

We looked at three staff records. Each record contained a supervision contract which stated supervision took place every two months. However, the registered manager told us this had not happened as frequently as every two months, but would be happening more frequently now they had

Good

Is the service effective?

employed two seniors. We saw evidence of supervision sessions in the staff files we reviewed. Appraisals did not happen once a year but discussions with staff about their development was undertaken in supervision. Staff we spoke with told us they felt supported with training and development and had regular informal supervision. This showed us the service was responsive to the needs of their employees and had plans in place to ensure the development of their staff to ensure they had the skills in place to perform in their role.

Good

Is the service caring?

Our findings

All the people who used the service told us the care staff were kind and compassionate. One person we spoke with told us ""They are jolly folk. They do what they have to do but they don't seem to be rushing to leave and we always have a bit of a laugh. I suppose they are busy but they give me time.'" Another said "'Nothing is too much trouble for any of the carers. It would be nice to have the same one all the time but that would only work if I got my favourite! I don't really mind though because they are all lovely."'

A relative of one person who used the service told us "Their attention to detail is impeccable. They always put my (relative's) spectacles on for her and put the radio on low before they leave. She looks really comfortable." Another relative told us, "My (relative) is very contracted and the girls massage her hands for her. I hear them talking to her all the time they are doing it asking if it feels good. Are they hurting her – that sort of thing. They are always delighted if they manage to get a response from her. I don't know how they pick them but they are all natural carers. They couldn't look after her better if she was their own grandmother." Another relative said, "The carers are lovely people. We don't always get the same people but my (relative) says she has come to know most of them and they all seem to remember her little foibles."

The registered manager told us they tried to keep the same staff on the same rounds to ensure people had consistent staff supporting them and enabling relationships to build up. All the health and social care professionals we spoke with commented on the attentive and caring staff. They told us staff were punctual, fed back any concerns and they had good working relationships with professionals.

One senior care assistant told us they carried out spot checks on staff and as part of the spot check they looked at how staff approached people. They told us staff were all caring. One care assistant told us they 'gave their all' when providing care and made sure the people they cared for were safe and happy. If they were not happy they would cheer them up before they left the house.

Care staff told us they encouraged people to be as independent as possible throughout personal care. One care assistant said, "I will always encourage people to do things themselves like washing their own face or helping in the kitchen to make a meal."

Staff told us they always ensured people's dignity and privacy at all times. The care plans detailed how people would like to be addressed and how they liked their care to be provided. The registered manager told us that all staff were introduced to the person they will be caring for prior to commencing the service and new care staff shadowed colleagues to support people who they would be supporting. We asked staff how they ensured the privacy of the people they were supporting. One care assistant told us they ensured doors and curtains were shut while undertaking personal care and ensured people were covered with towels to protect their dignity whilst assisting them with personal care.

Good

Is the service responsive?

Our findings

People told us they received care that met their needs, choices and preferences. Most people purchased their care as a private arrangement or through direct payments and they told us visits were timetabled to suit their requirements as far as possible including their preferred times to get up and go to bed. One person said, 'They know I'm not an early riser so they don't come until after 10am. That suits me just fine.'

One relative told us, "The staff are meticulous. My [relative] has to have everything done for them and they come in pairs because they need to use the hoist. They keep them immaculately clean. Even though they are immobile, they have no pressure sores because they turn them religiously and they apply creams to them. If they notice even the slightest red mark, they tell me straight away and we all keep an eye on it."

All service users we spoke with told us they were able to make their own decisions about their care. The registered manager or care director carried out an assessment of people's needs before providing care. This included information on how the person wished to be addressed and detailed how the person wanted the care to be provided.

We looked at three care plans as part of our inspection. Care files were kept in the office with a copy in the person's home. The files we looked at did not contain information about the person's life history and were focussed on the tasks people wanted the service to provide. One care file we looked at listed the tasks to be completed for the care staff to follow and there was a pre-typed care plan, which included statements such as "I like to use soap/shower gel" and the assessor had highlighted the preferred option. Another statement was "I like to get up by" and the assessor had written "Around 9ish"." My favourite drink is" and the response "Tea, coffee, juice". And "I take 2 sugars'". Two of the care files lacked this level of detail and the registered manager told us they were in the process of adopting the more detailed care plans for all their service users. This would ensure the care provided was person centred and demonstrated what the person could do for themselves and what they required assistance with.

Staff told us they were responsive to people's changing needs and if they needed to spend more time with people they would let the office know and a review would be organised. People who used the service told us the care provided was responsive. One person said, 'If they think I'm not very well, they will call the doctor and also let the office know.' The care director told us that a lot of the reviews of people's care needs had been undertaken over the telephone but they had recently appointed two seniors who would be undertaking reviews face to face. We spoke with one of the seniors who told us this was part of her role and she had commenced to undertake reviews in people's homes to check the care they were provided with was meeting their needs and requirements.

Staff told us they respected people's choices when providing care. This included supporting people with choice about what they wanted to eat and what they wanted to wear. The registered manager told us as staff stayed the full time they were allocated to meet people's needs. If for some reason they finished the tasks they were allocated, they will support the person with whatever they might need them to do. This could involve a game of dominoes or reminiscence work. The choice would be for the person they supported to make.

The registered manager told us they did not get many complaints about the service. They had a process to follow and concerns would be investigated. If the concern was about a member of staff they would hold that information on the staff record and would ensure any concerns were resolved with further training, if required. We reviewed the complaints file and could see that complaints had been acted upon.

We asked people who used the service if they had made a complaint. One relative told us "We had a 'hiccup' yesterday because one of the staff had phoned in sick but the senior person, [name] came out in their place to make sure that my [relative] still got the proper care they need. I could hear them and the regular girl checking with each other all the time that things were being done right. They make sure that all the bedding is completely smooth, that there are no wrinkles that might irritate [my relative's] skin. They are a brilliant company."' Another relative told us, "My (relative) was a bit upset with just one carer who came. They told me that the person was quite sharp with them and didn't do the things they were supposed to do – like helping their put tights on. Generally that isn't a reflection on Burgundy though. It was just the one person and since

Good

Is the service responsive?

we let them know, they haven't been since." This showed us the registered provider was acting on any concerns raised to ensure they were resolved to the satisfaction of the people using the service.

Requires improvement

Is the service well-led?

Our findings

The service had a registered manager in post since 2012. 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.

All the staff we spoke with told us how much they enjoyed working for Burgundy Care. One member of staff said. "This is the best job I've ever had. I just want to help people to be in a better position". They spoke highly of the management team and the support they offered to the staff and described the culture of the organisation as good with an emphasis on team working. There was an open door to the management team office and people, and staff had free access to discuss any relevant matters. The registered manager told us they constantly asked the staff their opinion on how they were running the service. Staff told us the training on offer by the company was excellent and they could request training if they felt they required this. This demonstrated there was an open and transparent culture at the service for staff

The care director told us about their new website which had a section for all staff to access, would be used to communicate information to staff. This aimed to improve communication, and learning and development for staff. The registered manager told us how they motivated staff to ensure they retained good staff with a bonus system which rewarded a positive approach to work and all positive comments about staff were placed on the Burgundy Care Services social media pages. Staff were encouraged to develop and increase their skills. They shared their vision of the service which was about maintaining their reputation for provided a high standard of care and a good service for the people they served at an affordable rate.

During our inspection we observed there had been a lack of management development of the processes and paperwork around risk assessment and care plans. There was nothing to indicate that staff practice was not safe and all the staff we spoke with had a good understanding of risk management and ensuring the safety of the people who used the service. However, there was a lack of specific individual risk assessments for tasks such as using bathing equipment to ensure risks were reduced to the lowest possible level. We found a similar issue with the detail in the moving and handling paperwork, which lacked detail about the method to be used. The care director told us they would adopt the local authority tool and paperwork, they had recently been sent, which would support good practice around this area. This would ensure the paperwork is developed in line with good practice.

The provider had an effective system to regularly monitoring the service that people received, but none of this information was translated into an audit to demonstrate an overview of the quality of the service they were providing. For example, they monitored calls to ensure there were no missed calls, they monitored the time staff were spending with people, and they sought and acted on feedback from people who used the service, but could not easily locate this information. This meant they had to search for information to demonstrate what they were doing to monitor the quality of the service they were providing. We also found policies and procedures lacked detail and did not reference legislation or guidance from national bodies such as the Royal Pharmaceutical Society, Handling of Medicines in Social Care and NICE (National Institute of Health and Care Excellence, so they could not evidence their policies corresponded with what is current good practice, around for example, the administration of medicines. We did discuss this aspect of the service with the registered manager who told us "We know it lets us down, but we are getting better. We focus heavily on the care and the paperwork side lets us down."

The service had not notified the CQC about a safeguarding incident although this had been reported to the local authority safeguarding team and were not up to date with the most current provider information from the CQC. This meant they were also not aware of the new inspection regime nor the requirement to send in a Provider Information Return. 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. The registered provider had not completed the PIR as they had not appreciated the email requesting this information was from the Care Quality Commission as they had received a large amount of spam email and they had deleted the request.

We reviewed evidence which showed that team meetings were held regularly. We reviewed the minutes of the latest meeting held on 02June 2015. This started with a positive

Requires improvement

Is the service well-led?

thanking of staff for their hard work, and then discussed issues around personnel, training, rotas, staffing, confidentiality, policy information and specific information about the people who used the service. Staff meetings form an important part of the registered provider's responsibility in monitoring the service and coming to an informed view as to the standard of care provided and this meeting evidenced the registered provider's responsibilities in this area.