Burbage Home Care Limited

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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?	Requires improvement
Is the service well-led?	Good

Overall summary

We carried out our inspection on 23 February and 2 March 2015. The inspection was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and staff are often out of the office providing care. We needed to be sure that they would be in. Our inspection was planned at short notice because of concerns we received that people using the service were not receiving home visits at times they expected or required.

Burbage Home Care provides domiciliary care for in the region of 130 people. The service provides for home care visits for older people.

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

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

When we inspected the service in April 2014 we found that an aspect of the provider's procedures for monitoring the quality of the service required improvement. This related to the checking of care worker's daily records for evidence that peoples care needs were met. The provider implemented improvements and we saw this process was now effective.

Staff understood and put into practice the provider's procedures for safeguarding people from abuse and avoidable harm. They advised people using the service about how to keep safe and how to raise concerns. The provider had enough suitably skilled staff to be able to meet the needs of people using the service but had experienced high turnover of staff. A recruitment exercise was underway at the time of our inspection. Staff prompted people to take their own medicines and acted appropriately if people decided not to take their medicines.

People using the service were supported by staff who had received relevant and appropriate training. Staff were supported through effective supervision. They understood the relevance to their work of the Mental Capacity Act 2005 and knew how to seek people's consent before they provided care and support.

Staff supported people with their nutritional needs. They supported people who required help to prepare meals. People were supported to access relevant health services when they needed to.

People using the service and relatives told us that staff were considerate and caring. However, people told us that they often did not know which care workers would be visiting them. They also told us that care workers often came late. Some people required two care workers to support them but there had been occasions when only one care worker came or a second care worker arrived later than the first.

People were involved in the assessments of their needs and in reviews of their plan of care. They were provided with information about their care and support options and were involved in decisions about their care and support. However, their preferences about times of home care visits had not always been met. Care worker's respected people's privacy and dignity.

People knew how to raise concerns with the provider if they needed to, either through the provider's complaints procedure or contacting the office.

Changes to the way the service was managed and organised were underway at the time of our inspection. The provider was seeking to improve the way home visits were planned and organised. They were engaging with people who used the service and their relatives as part of that process. Changes were also being introduced to the way the provider monitored the quality of the service.

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 knew how to help people to be safe and protect them from avoidable harm. The provider deployed enough staff to ensure that people's needs were met and was improving the deployment of staff. People were supported to take their medicines.

Good

Is the service effective?
The service was effective.

Most staff had received relevant training and development to be able to meet the needs of people using the service. People were mainly satisfied with the quality of care they received.

Good

Is the service caring?
The service was caring.

We received positive feedback about how staff cared for and supported people. People were encouraged to express their views and be involved in the planning and delivery of their care.

Good

Is the service responsive?
The service was not consistently responsive.

People received care and support that met their individual care needs. However, the provider had not always met people's preferences about the times of home care visits.

Requires improvement

Is the service well-led?
The service was well led.

People's views and experience were used to improve the service and staff were involved in developing the service. New systems for monitoring the effectiveness of planning and scheduling visits had been introduced.

Good

Burbage Homecare Limited

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 23 February and 2 March 2015. The inspection was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office. The inspection was planned at short notice because of concerns we received about the planning of home care visits.

The inspection team consisted of one inspector.

Before the inspection, we looked at information we held about the service and contacted the local authority that funded care packages provided by Burbage Home Care.

We spoke with four people who used the service and five relatives of other people who used the service. We also spoke with the registered manager, office manager, two care co-ordinators, training officer and three care workers who visited people in their homes. We looked at five people's plans of care; information about training that staff had attended and documentation from the provider's quality monitoring processes.

Good

Is the service safe?

Our findings

All of the people we spoke with told us they felt safe whilst receiving care and support in their home. They told us they were satisfied with the quality of care they received. A person told us, "I'm never worried when the carers are here." People told us they had been given information about how to raise concerns and some had contacted the provider's office on occasion. Relatives told us they had no concerns about the safety of people using the service.

Staff had received relevant and appropriate training about safeguarding people and protecting them from harm. Staff we spoke with had an understanding and awareness of abuse which meant they were able to recognise signs of abuse or potential abuse. Staff we spoke with told us that when they visited people to provide care and support they were alert to signs of abuse such as unexplained bruising or changes in people's demeanour or eating routines. Staff understood and effectively operated the provider's safeguarding procedures. Staff told us that they were confident about raising concerns about people's safety because when they had raised concerns in the past they knew they had been acted upon. They knew they could raise concerns directly with the local authority adult safeguarding team and Care Quality Commission if they felt they needed to.

The provider had effective arrangements for investigating concerns raised by staff. Those concerns were investigated by the office manager and actions were taken to improve those aspects of the service that staff had commented on.

People's plans of care included risk assessments associated with how people received personal care and other support. The risk assessments included information for care workers about how they should carry out care and support safely and in a way that protected people from harm. Staff had practical training about how to support people safely when the used equipment such as hoists to lift people. This reduced the risk of people being harmed when equipment was used.

People told us that thy felt safe when care workers supported them. A person told us, "I get good support. The staff are brilliant." Risk assessments also included information about potential environmental hazards in people's homes. Those assessments protected people using the service and care workers who supported them. They were reviewed every six months or sooner if a person's circumstances changed.

The provider employed enough care workers to be cover all scheduled calls. However, systems used to plan home care visits had not always been reliable which meant that a very small number of calls were missed or care workers arrived later than people expected or needed. This meant that some people had received care or received it later than they expected. While these delays were occurring there may be a risk that people's needs might not be met or that they may not be as safe as they should be. During the week of our inspection the provider had installed a new system for scheduling calls that was more efficient at ensuring punctuality of home care visits.

The provider had robust recruitment procedures that ensured as far as possible that only people suited to work as home care workers were recruited. The provider was undertaking a recruitment exercise at the time of our inspection to create a larger pool of care workers.

Care workers had received training in helping people to manage their medicines. Care workers reminded and prompted people to take their medicines and maintained accurate records of whether people had taken them.

Good

Is the service effective?

Our findings

All of the people we spoke with told us they believed the care staff supporting them had the appropriate skills and knowledge. A person who used the service told us, "The [care workers] are very good. They appear to be well trained."

Care workers we spoke with felt that they had received good training. A care worker told us, "The training has been good. It's prepared me for my role." Care workers told us they felt they had been supported by the management team. They told us about support they had during one to one supervision meetings and every day dialogue with senior staff and colleagues. A care worker told us, "I get good support. I can talk about any issues with [registered manager] and they help. I always feel better after talking with them." Another care worker told us, "The management have been very good and understanding."

Care workers received induction training that was based on what are known as `common induction standards' (CIS) which are nationally recognised standards for people working in adult social care. Staff had information packs that referred them to important policies and procedures and which set out their responsibilities as care workers. They were also provided with laminated checklists they used as prompts to remind them of good and safe practice.

The Mental Capacity Act (MCA) 2005 is legislation that protects people who lack the ability to make certain decisions. A very small number of people using the service had been assessed as lacking mental capacity. The provider relied on mental capacity assessments that had been carried out by people's social workers before they began to use the service. No Burbage Home Care staff had been trained to carry out mental capacity assessments. We referred the provider to the MCA Code of Practice from which they could develop training for staff. Care workers we spoke with were aware of the MCA and understood that they could not provide care and support without a person's consent. They described how they sought a person's consent, for example informing a person about care they wanted to provide and awaiting a verbal agreement or gesture that a person wanted to receive care and support proposed.

No person using the service had complex nutritional or dietary needs. Some people required help with making meals or needed meals prepared for them. Care workers provided those people with the required support. Only care workers who had been trained about nutrition, food preparation and food hygiene supported people who required that level of support. Where people had dietary or nutritional needs care workers advised people about healthy diets. Care workers maintained records at each visit about what people had to eat and drink. This meant staff making subsequent visits could check that people had enough to each and drink each day.

Care workers monitored people's health when they visited them. The provider had procedures for ensuring that referrals to relevant health services could be made quickly if the need arose.

Good

Is the service caring?

Our findings

All of the people we spoke with told us the care staff were kind and caring. A person told us, “They [care workers] have been fantastic.” Another said, “The carers are very nice, pleasant and hard-working.” A relative told us, “We are very happy with the quality of care.”

Nearly every person using the service and relatives we spoke with told us that it was important to them that they received support from care workers who visited them regularly. They told us that most visits they had were from care workers they knew. They explained it was important because they were able to develop a relationship with care workers who visited them regularly. An important aspect of that was that regular care workers understood their needs. Care workers told us that they mostly visited the same people which meant that they learnt more about those people’s preferences and grew to know them as individuals. A person told us that irrespective of whether a care worker was a regular or one they had not seen before, they were caring, polite and courteous.

The provider regularly sought people’s views and involved them in decisions about their care and support. This was through regular contact by telephone and `courtesy’ visits from a person holding the position of field supervisor. Most people we spoke with recalled having discussions with the field supervisor. Each person received up to six visits per year. At those visits people were invited to express their views about things that mattered to them and things that could be improved. We saw that the provider took note of people’s views and changes to their care package had been made to accommodate them.

The provider promoted people’s dignity, respect and privacy through staff training and support, policies and procedures and a staff handbook. Care workers we spoke with told us about training they had about treating people with dignity and respect. They told us they referred to people by their preferred name when they visited them and protected people’s privacy and dignity when they provided personal care. For example, care workers drew curtains and closed doors in rooms where they provided personal care. If a person using the service had visitors or people present, care workers asked them to go to another room. We saw from feedback people gave to the field care supervisor that they felt they were treated with dignity and respect. This confirmed what people told us when we spoke with them.

The provider monitored whether care workers treated people with dignity and respect through unannounced spot checks they made of care worker’s practice. On occasions were a care worker had not acted to the standards expected, they received guidance on how to put the provider’s expectations about that into practice.

Requires improvement

Is the service responsive?

Our findings

People we spoke with told us the provider regularly reviewed their care with them. Some people told us that any changes they wanted were implemented in a timely way. One person told us, "They [Burbage Home Care] are good at making changes to accommodate my needs, for example when I have a hospital appointment they will move the time of the visit."

Every person we spoke with told us they were satisfied with the quality of care they received. This was also reflected in responses people had made in the last survey the provider had carried out. Additionally, similar comments by people using the service had been made to the field supervisor when they visited.

People we spoke with were satisfied with the quality of care and support they received from care workers who visited them regularly. A person told us, "The regular carers are very good. They know what to do." People told us that care workers usually looked at plans of care and the notes a care worker had made at an earlier visit. Care workers told us they looked at those records to remind themselves about how they needed to support a person. People told us that care workers they had not seen before usually looked at plans of care and care worker's notes. However, people also told us that they often had to tell a care worker what to do. A person told us, "New carers sometimes didn't know what to do. Some looked at my care plan but I had to explain what they had to do." Another person told us, "They [care workers] don't always do what they should do." A relative told us that on occasion a care worker arrived who they had not seen before. It was the provider's practice for new care workers that they `shadow' an experienced care worker before supporting people. This had not, according to what people told us, always happened. People emphasised to us that they had no concerns about the quality of care they received, but they were concerned about how care workers had been allocated and home visits had been organised by the office.

A person told us, "The carers are brilliant and do their job really well. My issues are about how visits are organised." That person required two care workers to support them. They and other people with the same need told us that on occasions the two care workers arrived as much as 20 minutes apart. Data we looked at covering a three month period showed that a person who required two care workers had experienced 15 occasions when a second care worker had arrived more than 10 minutes after the first care worker. That meant there were things the first care worker could not do, for example lift a person or assist them with personal care.

Whilst people felt their care needs had been met, they were not as satisfied that their preferences about the times of visits and other aspects of how the way home visits had been organised were always met. For example, people told us that care workers had not always arrived at times they expected or preferred. A person told us, "Punctuality is a thorny issue. We want calls between 9am and 10am. To a degree that has been forthcoming but we don't really know when to expect visits." Another person said, "I don't mind when the carers are 15 or so minutes late, but I do when it's longer." A relative of a person using the service told us, "The carers are not punctual; they can come at any time. We just don't know when they are coming." Those comments were representative of what other people told us. However, people also told us that whilst punctuality had been an issue, especially in the latter part of 2014 and early 2015, it was improving. A person told us, "It got better after I spoke to the office about it."

We discussed the organisation of home visits with the registered manager and office manager. They acknowledged there were issues and challenges to overcome before they could ensure a wholly effective system for planning home visits. A new computerised system had been installed in the week of our inspection and it was operating from 25 February 2015. Home visit co-ordinators had been trained to use the system. The managers and co-ordinators were confident that improvements would be made. This was shared by the local authority that funded care packages provided by Burbage Home Care.

The provider fully appreciated that they needed to be responsive to people's preferences about the times of home visits. Actions to improve punctuality and meet people's preferences had been taken and were continuing at the time of our inspection. This included a new system for planning calls, recruitment of more care workers and a reorganisation of the office. The provider had also invited relatives of people using the service to be make suggestions about how this aspect of the service could be continually improved.

Requires improvement

Is the service responsive?

People who used the service and their relatives told us that they had other preferences that had not always been met. They told us they wanted to know which care workers would visit them. Some people wanted a schedule of their home care visits. Others wanted to be informed if care workers were delayed or if there were changes in care workers. People told us the provider had met their wishes and preferences about those things before but that this had become intermittent before showing recent signs of improvement. A person told us, "It was fantastic before. I've been asked for my views and they have listened. It's improving." Some people wanted to be supported by regular care workers, but that had not always been possible because of staff leaving the service. One person told us they liked being visited by different care workers; they told us, "I like getting different people."

There were operational reasons why aspects of the service had not always met people's individual preferences. These were due to a period when there had been a high turnover of staff which had an impact on how effectively co-ordinators in the office were able to schedule home visits. The provider had begun to address these issues shortly before our inspection including the introduction of a new system for scheduling home visits. The provider had plans to consolidate and build upon those improvements.

People's needs were assessed before they began to use the service and were then reviewed at regular intervals. During the assessment people were able to choose the gender of care workers who supported them. People we spoke with told us they had participated in reviews of their plans of care. People's plans of care included detailed information about their needs and the outcomes they wanted from their care and support. Records of visits made by care workers provided assurance that people had been supported in line with their plans of care. People told us that they were satisfied with the care they received.

People using the service and their relatives knew how to make complaints or raise concerns using the provider's complaints procedure. Complaints were thoroughly investigated by the office manager and actions had been taken to improve the service as a result of complaints. Most complaints were about how home care visits had been organised. People told us that they saw signs of gradual improvement.

People knew they could contact the provider's office to raise concerns if they needed to. The provider operated an on-call system outside of office hours and at weekends.

Good

Is the service well-led?

Our findings

When we inspected the service in April 2014, we found that not all aspects of the provider's quality assurance systems were operating. In particular, care worker's daily records of their home care visits had not been checked. We considered that had a minor impact on people using the service and we asked the provider to make improvements. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which is now replaced by Regulation 17 of the 2014 Regulations. The provider sent us an action plan of what they were going to do. We found at his inspection that the provider had taken appropriate action and records of care worker's daily records were routinely checked.

People and their relatives were involved in developing the service and had a say in how they wanted their care and support to be delivered. This had been achieved through regular contact between senior staff and people using the service. People we spoke with told us the provider sought their views about the service. The provider sought people's views about improvements they wanted to see and actions were taken to achieve those improvements. Most of these were concerned with punctuality of home care visits and ensuring as far as possible that people were visited by the same care workers. Other improvements were concerned with keeping people informed if care workers were delayed and providing people with schedules of home care visits so that they knew who to expect.

Staff we spoke with told us that they had been involved in decisions about the running and development of the service. A member of staff told us they had made suggestions about how the delivery of a person's care could be improved and their suggestions had been adopted.

Staff could raise concerns at any time with senior staff. Staff we spoke with told us they had not felt the need to raise concerns but felt confident and comfortable about doing so if the need arose. Staff knew they could use the provider's whistleblowing policy to raise concerns. The provider had effective procedures in place for reporting and investigating incidents that affected people using the service. The procedure ensured that incidents were thoroughly investigated and that outcomes of investigations were shared with relevant staff. This meant the provider promoted a culture that was open and transparent.

The management team had a clear understanding of the challenges facing the service. Information about the service's performance was shared with staff at staff meetings and through written communications. Staff we spoke with told us they felt well supported and motivated by colleagues and management. Staff had access to policies and procedures and staff we spoke with confirmed that to be the case. That meant that staff were clear about the aims of the service, how the service was organised and people's responsibilities and accountabilities.

The provider had procedures for monitoring and assessing the quality of service. A key component of the provider's quality assurance systems was feedback from people using the service, their relatives and staff. People who used the service and relatives told us they had been asked for their views. They told us their views had been acted upon through adjustments and changes to planning of care.

Other methods of quality assurance included observations of care worker's practice, reviews of records of home care visits and, reviews of plans of care. The provider had procedures for monitoring aspects of support that were important to people using the service and their relatives. For example, the provider monitored punctuality of home visits, whether people were supported by regular care workers and whether care workers stayed the duration of a scheduled visit. However, the monitoring system in place before our inspection was outdated and did not provide the most up to date information. The provider could only estimate levels of performance. The provider had implemented a new system that was operational two days after our first visit. This is a system that will, if used to its potential, produce accurate and timely information about how a service is performing in terms organisation of planning and delivery of home care visits.

The provider was in the process of introducing what are known as key performance indicators as part of their quality assurance processes. For example, the provider would have clear targets to achieve in terms of delivery of care and other activities within the organisation.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.