

## Burley's Home Care Services Limited

# Burley's Home Care Services

### 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 

### Overall summary

The inspection was announced and took place on the 18 February 2015.

Burley's Home Care Services provides personal care and support to people who live in their own homes. At the time of the inspection they were providing personal care to 46 people.

Burley's Home Care Services has 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 a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People using the service told us that they felt safe. Safeguarding training and procedures were in place and care workers were able to identify and recognise signs of abuse. Personalised risk assessments in people's care plans detailed actions that needed to be taken to ensure a person's safety when care was being delivered.

# Summary of findings

There were enough staff to meet people's needs and there were contingency plans in place in the event that a care worker was delayed or unable to deliver care. The service had purchased a company car for care workers to use, if required, to ensure continuity of care for people using the service.

We found that thorough staff recruitment procedures were in place so that people were protected from the employment of unsuitable staff. Interviews were conducted in order to establish a care workers professional and personal suitability for the role.

Members of staff responsible for the administration of medicines had received additional training to ensure that people's medicines were being managed correctly.

Care workers understood person centred care and were assisted by management and training to deliver this. Care workers received robust training which made them feel competent in delivering care. Staff had also received training about the Mental Capacity Act 2005 (MCA) and were able to discuss what a change in a person's capacity meant for their day to day decision making.

People's nutritional needs were met by staff with an understanding of their preferences and food was prepared to a high standard.

When people's additional health care needs were identified the registered manager engaged with other health and social care agencies and professionals to maintain people's safety and welfare.

People told us that their care was provided to a high standard. The registered manager and care workers were able to identify and discuss the importance of maintaining people's respect and privacy at all times. This included taking time to build a personal rapport with a person using the service to install confidence in their abilities.

Care plans were personalised to each individual and contained detailed information to assist care workers to provide care in a manner that respected that person's individual needs and wishes. Relatives were involved at the care planning stage and during regular reviews.

The registered manager's vision and values were communicated to care workers.

Quality assurance processes were in place to gather, capture and then respond to concerns when they were received. People told us that their feedback was welcomed and issues addressed when required.

People knew there was an on call service in an emergency. Care workers felt supported by this service especially at weekends or out of hours.

# 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.

The provider had a robust recruitment process to ensure people were cared for safely.

Care workers were able to identify the differing signs of abuse and describe the actions they would take to deal if concerns were raised.

Personalised risk assessments gave staff and people using the service confidence that the care being provided was safe whilst enabling them to maintain their independence.

Contingency plans were in place to cover unforeseen events such as sickness or adverse weather conditions.

Good



### Is the service effective?

The service was effective.

People were supported by care workers who had the necessary skills, knowledge and confidence to meet their assessed needs.

Care workers were trained in the Mental Capacity Act and understood the principles of best interest decisions.

Where nutrition needs were supported, care workers prepared food to a high standard and took steps to ensure people had enough to eat and drink.

Care workers supported people to visit and receive healthcare professional visits whenever required.

Good



### Is the service caring?

The service was caring.

Care workers were motivated to develop positive relationships with people offering physical and emotional support.

People were involved with the provider in planning and documenting their care allowing them to express their needs and preferences.

Care was given in a way that was respectful of people and their right to privacy whilst maintaining that person's safety

Good



### Is the service responsive?

The service was responsive.

Care plans focused on individual requirements and promoted people's independence as well as their support needs.

People knew who to contact in the event of registering a concern or complaint and had confidence with management that this would be dealt with appropriately resulting in a satisfactory conclusion.

Good



# Summary of findings

## Is the service well-led?

The service was well led.

The registered manager was a recognisable face to people using the service and supported by office staff who were readily available to offer advice and support where needed.

Care workers were aware of their role and felt supported by the registered manager who operated an 'open door' policy and an out of hours on call facility to be readily available to care workers and people using the service.

The registered manager regularly checked the quality of the service provided and made sure people were happy with the care they received.

Good



# Burley's Home Care Services

## 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 function. The inspection checked whether the provider was 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 the 18 February 2015 and was announced. The registered manager was given 48 hours notice of the inspection as we needed to be sure that the office would be open and that staff would be available to speak with us.

The inspection was conducted by two inspectors.

Before the inspection we looked at the previous inspection reports and notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law.

The registered manager also completed a Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make.

We visited the agency's office, met with three people at their homes and spoke with the registered manager and a member of office staff. We looked at four people's care plans, daily care notes for three people, four staff recruitment files, the care workers induction and training programme, staffing rotas and policies and procedures.

We also spoke on the phone with an additional four members of staff, four more people who use the service and three relatives.

The previous inspection was carried out in October 2013 and no concerns were raised.

# Is the service safe?

## Our findings

People receiving care told us that they felt safe with the care workers who supported them, one person told us, “yes totally, they always make me feel safe”. Another person using the service said, “I’m quite confident in them, by their efficiency you automatically feel safe”.

The risks of abuse to people was minimised because care workers had a comprehensive understanding and ability to recognise signs of potential abuse. All care workers were provided with information upon induction and they received regular training regarding safeguarding and whistleblowing procedures. The provider had policies and procedures in place providing guidance to staff on their responsibilities to help protect people from abuse. The registered manager and the care workers were able to demonstrate that they would be able to raise and address any safeguarding concerns. One care worker was able to demonstrate where they had correctly identified a concern regarding abuse by a third person. This care worker then took appropriate steps to raise a concern and reported it accordingly. This care worker told us “I rang (the registered manager), happy to raise straight away”.

Risks were appropriately managed so that people were protected from harm. The registered manager and care workers provided examples of where they had identified risks to people’s safety and managed these appropriately. On one occasion care workers identified that someone was at risk as they were no longer taking their medication as prescribed. Procedures were followed involving the person using the service, their family, the care workers and management. As a result an assessment was completed and care workers took over this responsibility. This ensured that the person using the service continued to receive safe care. We spoke with this person who told us that giving this responsibility to the service had eased their mind. This action had also reassured that persons relatives as they knew that the right medication was being given at the right time. This identification and management of risk was essential to ensure that the persons desire to remain independent and the need to stay safe was respected.

There were enough staff to meet the immediate needs of people receiving care. The service only employed carers

even when those staff were principally employed for administrative purposes. This meant that they better understood the needs of both the cares and care users. The registered manager told us that that they had been advertising to recruit more care workers where short falls in staffing numbers had been identified and that this was an on-going process. Two of the care workers we spoke with felt there wasn't always enough staff as workloads were high although all personal care was still being provided. Two people told us that there had been an occasion in the last six months where they had been waiting for care which hadn't arrived on time due to care worker shortages. One person we spoke with said, “(it’s) extremely rare, one occasion in the last six months, one incident, 99% of the time I’m happy”. The other person had a relative who was able to assist their needs and this person told us, “only had one time where you have to wait for a bit which is understood”. Contingency plans were in place to use trained office staff when there was a problem and a care worker couldn't attend. The agency had also purchased a vehicle to assist care workers if they encountered any problems with their personal vehicles. These plans were in place to make sure that people receiving care continued to do so in the event of an adverse situation.

Safe recruitment procedures were followed before new care workers were appointed. The provider had an appropriate system that ensured only suitable people were employed at the service. For example, application forms with a previous employment history were present, together with employment or character references and photographic evidence of the person’s identity. An enhanced Disclosure and Barring Service (DBS) check had been completed on new care workers. The DBS ensured that people barred from working with certain groups such as vulnerable adults would be identified. People told us that the care workers employed were naturally able to show empathy towards their situations which helped them feel safe.

People were supported to take medicines by staff who had received specific training. Additional training support was also available for care workers who had expressed a wish to become more involved in medicines management.

# Is the service effective?

## Our findings

The registered manager made sure that people's requirements were met by care workers who had the correct competencies, knowledge, qualifications, skills and experience. Care workers were also assessed at interview stage to ensure that they also had the right attitudes and behaviours. One person we spoke with said, "I don't know if they had an idea of what my (condition) was but if they didn't they picked it up very quickly, they're very relaxed and very professional".

The registered manager ensured that new care workers completed a comprehensive, documented, induction training programme which was completed over a three month period. This included essential training in areas such as first aid, food hygiene, health and safety, dementia awareness and safeguarding of adults at risk. Care workers were confident to ask for additional training when they identified that they were going to be facing a new care need. They were also motivated to develop their own knowledge. One care worker showed an in-depth understanding of how a person living with dementia perceived their living environment. They were able to provide a good example of where they would be able to identify and manage a risk in that person's home environment. We were told by the registered manager that staff were being encouraged to achieve their Qualifications and Credit Framework (QCF) in Health and Social Care and this was being arranged with Eastleigh College. The on-going training and ability of staff to request additional support ensured that people were being cared for by care workers with the most current and recent knowledge.

Supervision, appraisals and 'spot checks', were used as an opportunity to check care workers abilities. It was also a way to improve performance. One care worker told us, "we

have them quite regularly, (supervisions), we have them normally on a monthly basis or every couple of months, it gives us a chance to raise anything and a chance to see if there's anything we can be doing better".

The registered manager and the care workers had a good understanding of the Mental Capacity Act 2005 (MCA) and were able to identify when people would need assistance with their day to day decision making. Care workers were able to demonstrate how the MCA would apply to people using the service and how they would support them when needs were identified. One care worker was able to correctly identify how to offer choice to people living with dementia. This care worker told us regarding one person, "always give a choice...what are we going to wear today, then offer a choice, they smile (at their choice) so they pick". This showed that care workers had a good understanding of people's capacity to make decisions and were there to support them with their choices.

People who were supported to eat in their own homes told us that the food was prepared in a way that took into account what they wished to eat. One person we spoke with told us, "they take my preferences into consideration right down to they know I like my bacon crispy, even down to the little things like that...they'll cook me a lovely cooked breakfast when they've got so much to do and I think that's special." Another person told us that the, "food was presented beautifully". People told us that the care workers always asked that if they had enough to eat and drink prior to leaving and made sure it was readily available and within reach.

The provider engaged proactively with health and social care agencies to ensure on-going support for people's needs. One relative told us that the agency had automatically engaged with a chiropodist to ensure on-going care for a person's medical needs. They told us, "I thought was very good as it saves me worrying about it".



# Is the service caring?

## Our findings

People told us that the care workers had a very good understanding of their physical and emotional needs, one person said, “they look after all of us so well, they’re my friends”. One person told us, “they’re (the staff) are amazing, absolutely amazing, the girls actually care, they’re 100% here to help me stay at home”.

People were cared for by care workers who understood the need to provide people with support that was supporting and respectful of their needs. One relative told us “we’ve never had an issue where (person using the service) hasn’t been treated with respect”.

People we spoke with told us that they had positive and meaningful relationships with care workers which increased their confidence in their ability to remain at home, “I feel like a human being, they try to do anything to help”. There were personally knowledgeable conversations held between the registered manager and the people using the service. These showed that people had a comfortable relationship with the care workers and the registered manager. People had a number of carers who would rotate their visits however would have a core team responsible for delivering their care. This was important to the people using the service who said that they wouldn’t have to tell the care workers if they were feeling low as, “the ones that come most regularly sense that”.

People we spoke with felt that the care workers had become an extension of their family. They told us that on occasions the care workers would know something was wrong without the need for it to be spoken. When asked how the care workers would react when they were feeling low the person said, “they look after me, they’re lovely and very, very kind, they make me feel better by giving me a cuddle”. Care workers told us that, “I do understand that if we do have regular service users we can spot when they aren’t themselves”. One person we spoke with told us, “there’s a natural empathy with the girls who are employed.”

We were also given examples from people where the care they had received they felt had gone over and above what was expected of the care workers. We observed in one person’s care plan that instructions had been given to care workers regarding caring for that person’s two dogs who were very important to that individual. Another person told

us, “I had a little dog and they always put her out when I came and then they’d feed and talk to her and let her out that was nice, they weren’t paid to look after the dog but they were always very good with her.”

People valued their relationships with the care workers and spoke of them in positive terms highlighting areas where they had supported them. For one person a night time routine had been difficult until care workers introduced remote control units for the lights. This had made moving around and preparing for bed much safer and easier for them. The care workers had also worked additional hours to ensure that this person was able to meet their healthcare needs. This was to encourage and accompany this person to attend appointments when they had been become reluctant to leave their home.

Care workers knew the importance of establishing and maintaining meaningful relationships. This enabled people to be confident in actively involved in making decisions about their care. Care workers told us that that they offered choice to people when assisting people with their daily decisions such as dressing routine or what they would like to eat during the day. For those people living with dementia the choices were offered in a way that was easily identifiable and understood. People told us “I’m spoilt really, they’re a nice bunch of girls, I’m ok here in my own home, this is where I want to be.”

Care workers were able to demonstrate that they took the time to build relationships with people and never delivered personal care to people without their permission. This meant that care was being delivered in a way that maintained people’s dignity. People told us, “they ask, they ask all the time”. When discussing delivering care to a new person using the service one care worker told us that they had, “built on that relationship as it makes them feel that they’re in control”. One care worker told us, “without giving privacy, dignity and respect you don’t have the relationship”. They continued, “we’re not out there to build a business, I want to know what I can do”. Care workers were able to give examples where they had supported people in a way that respected their privacy and dignity but ensured that persons independence and safety.

The feedback from all the people we spoke with was extremely positive, we were told “I’m one of the lucky ones to be with Burleys”, “I’m very lucky they’re a lovely team”, “on a personal basis you get quite fond of the girls and they give you the impression that you think when they’re gone



## Is the service caring?

that they think you're alright as they're always happy to see me", "they're (care workers) are very relaxed and

professional and it's just a case that you know they will try and make you feel better about the situation" and "they (care workers) help me to do lots of things, it's like having friends to come to visit you".

# Is the service responsive?

## Our findings

People were involved in identifying the care they wished to receive. Care plans incorporated person's likes, needs, wants and preferences. One person told us that in regards to being involved in the writing process, "oh yes definitely, I had the majority in the input". Care plans were unique to each person and included information such as the name they wished to be called and details of their life history. The registered manager told us that during the initial assessment process a relative, if available, would be invited and they would work together with the person using the service. Care workers discussed with people their daily routine and looked at where support could be provided and details of other people they would like involved in their care. The registered manager told us, "we give them the opportunity to speak and tell us what they want". Relatives told us that they were involved in this process, one told us, "we worked on it together, they were receptive to us having an input". Another relative said, "we were involved in the process of writing the care plan, as was (the person using the service)". This meant that the agency was responsive to people's needs and staff were able to provide care in a personalised way.

Feedback on the ever changing needs of people was obtained by means of regular reviews of the care plans. Changes were also made when the office staff or care workers identified that there had been an increase, or decrease, in the level of support required. A care worker was able to provide an example where a person using the service had encountered new physical difficulties. The care worker had introduced a new system to assist in the person using the service being able to communicate how they were feeling. This information was then used to identify times where more support would be required. One relative told us that when any additional need was requested it was readily available, "I just get in touch with (the registered manager) and we work it out between us".

People did have some choice regarding the care staff who provided their care and policies were in place to identify when people using the service, and care workers, were unable to form a rapport. This meant that people had a team of people who were in a position to provide care but a small number of "core" care workers were available to people using the service. It was encouraged that should a care worker and a person using the service be incompatible for any reason that they should liaise with management. When an incompatibility had been identified then this information was entered into a 'bad matching' system on the office computer. This computer system automatically limited the number of occasions where that care worker would be used to provide care to that person. This system was in use and one person told us, "might be the odd person who's not been too brilliant, I usually give feedback, which they respond to". One care worker told us, "that's with the service user as well so they can say that we provide the best care rather than that's all we've got (care workers)".

The service obtained feedback from people and their relatives through a questionnaire which had last been sent in January 2015. We looked at 23 questionnaires and found that comments throughout were positive. People responded saying that the care workers were supportive, professional and friendly. One person said that their usual carer was "exceptional" and that they felt listened to.

People's relatives felt able to complain or raise issues within the service. The service had a complaints procedure which was available to all. Relatives told us that they knew how to make a complaint if they needed to and would contact the management of the service if required. When there had been the occasion for feedback to be given people's relatives told us that the service responded positively and felt that things had been done to meet their concerns. People told us that when they had raised concerns these had been rectified by the service. The complaint log showed that no formal complaints had been received since our last inspection in October 2013.

# Is the service well-led?

## Our findings

The provider promoted a positive culture of encouraging feedback from care workers, people using the service and their relatives. This was done through regular care plan reviews, quality questionnaires and care worker meetings. One person told us “I’d talk to X if there was a problem, I can get them on the phone if I need them, X’s been in on a couple of occasions to see how I’m getting on and see how they can help”. A relative told us they had total confidence in the management’s ability to change things if needed, “absolutely, 100% they’re easy to speak to, I rate them very high indeed”.

The registered manager was involved in community activities, which brought people together and allowed supportive friendships to develop. The events were well received by people we spoke with, “enjoyed meeting everyone at the meetings”.

The registered manager and care workers were clear about their responsibilities and care workers felt supported in their individual roles. Care workers told us they felt valued, “yes, I do yes, whenever I’ve spoken to X and X they’ve been really understanding and sympathetic.” A care worker told us, “I think they (management) show empathy and care, really care, I wouldn’t hesitate in approaching them, they do quite a lot and the clients say that they are lovely, they’re not people sat behind desks, they’re part of the team as well”. Another care worker told us, “they communicate really well and they solve problems, I think I’m really lucky to work for them and I wouldn’t change anything”.

The service had an on call system which was for both people using the service and care workers. This operated outside of normal working hours and was available 24 hours a day, every day. Care workers were appreciative of this available assistance and felt supported by management as a result.

The registered manager demonstrated there were arrangements in place to regularly assess and monitor the quality of the service provided. These included seeking the

views of people who used the service through satisfaction questionnaire’s and conducting face to face reviews with people. The last satisfaction questionnaires were viewed and hardly any areas for improvement were identified. One person identified that “timesheets” were not always received on time in the post. In response the service investigated alternative methods of sending information to residents including the use of a Franking machine and calling residents on Fridays to inform them who’ll be attending the following week. One person we spoke with said, “I can’t think of anything (they could do better) they do anything you ask them to”. A relative told us “I can’t find any fault, they do all that I want them to do and more when I ask them”. People told us that they were happy to call the office and speak to the registered manager and the office team whenever they wanted.

Regular care worker assessments were in place and seen as a necessary way to ensure continued performance. Supervisory meetings were currently being held four to six times a year to allow a correspondence between management and care workers to issues they’re facing and what can be done to improve the care being provided.

Auditing processes were in place to identify, manage and rectify risks which may have an impact on those using the service. During this auditing process it was identified by the service that medication errors were occurring. Analysis by the registered manager and office staff showed that the majority of these errors were recording errors. This was where care workers had given or seen people take their medication and documented this accordingly within the care notes but failed to record the same information on the legally required Medication Administration Records (MARs). The auditing of these documents identified areas where compliance was lacking and led to immediate communication between management and care workers to address. The implementation of additional training and new documentation was understood by care workers to be an important and significant way to increase compliance with legislation. They understood that the regular audits were necessary to minimise the risk for any people using the service and to the care workers themselves.