

Burgundy Care Services Ltd

# Burgundy Care Services Ltd

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Burgundy Care Services Ltd is a domiciliary care service providing support with personal care to people living in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection the service was supporting 23 people with the regulated activity of personal care.

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

Recruitment practices did not follow best practice which ensured people were protected from harm.

Staff had been trained and people told us they had the skills to care for them. Improvements were required in how the provider assessed staff competency. Staff told us they were supported by management although they had not received a regular appraisal of their performance.

We have made a recommendation for the provider to seek guidance in relation to performance appraisal.

People and their relatives told us they felt safe receiving this service. Staff had received safeguarding training and knew how to protect people from harm. Some risks to people had been assessed, monitored and reviewed. However, not all risks had been identified to ensure management plans were in place.

People and their relatives spoke highly about the care staff who supported them. They told us they were kind, compassionate, respectful and listened to them. Positive and supportive relationships had been developed between people, their relatives, and staff.

There had been an improvement in the quality of some of the care plans with the introduction of new paperwork and the registered manager was in the process of refining the content of care plans. The service had moved to electronic call monitoring and recording, but this was in its early days and more work was required to ensure it was used appropriately.

The provider had purchased a quality assurance system which included a comprehensive set of policies and procedures relating to all aspects of service delivery. These evidenced up to legislation and best practice. The quality assurance system contained an audit against CQC key lines of enquiry, although the provider had not yet fully utilised this. Improvements were needed in how the service assessed, monitored and used their systems to drive up quality.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement ((published 6 July 2018). This service has been

rated requires improvement for the last two consecutive inspections

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified breaches in relation to fit and proper persons employed.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 not always safe.

Details are in our safe findings below

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below

**Requires Improvement** ●

# Burgundy Care Services Ltd

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

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

#### What we did before the inspection

Before the inspection, we reviewed all the information we held about the service including information about important events which the service is required to tell us about by law. We requested and received feedback from other stakeholders. These included the local authority safeguarding team and Healthwatch Kirklees. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection site visit

We spoke with the director, the registered manager, and the care coordinator. We looked at care records for three people using the service including medicine administration records. We looked at training, recruitment and supervision records for three staff. We also looked at various policies and procedures and reviewed the quality assurance and monitoring systems of the service.

After the inspection site visit

We spoke with two people using the service and four relatives of people using the service. We spoke with four staff over the telephone to gather information about the service. We continued to seek clarification from the provider in relation to the service provided and paperwork including two further care plans.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question remained the same requires improvement. This meant some aspects of the service were not always safe.

### Staffing and recruitment

- Recruitment processes had not met the requirement of the regulation around the safe recruitment of staff.
- The provider had not kept a full record of periods of employment, showing beginning and end dates, together with an explanation of periods of non-employment. Staff had started working (albeit) on a two-person call, before all the necessary pre-employment checks had been completed, without a recorded risk assessment in place.

This demonstrated a breach in Regulation 19 (Fit and proper persons employed) of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- People told us they were supported by a team of regular care workers.

### Assessing risk, safety monitoring and management

- At our last inspection the provider was in breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Risks had not always been assessed, recorded, and reviewed to ensure mitigation and policies and procedures around the management of risk were not in line with current legislation and guidance. Some improvement had been made and the provider was no longer in breach. Improvements included the purchase of up to date policies and risk assessment documentation.
- We found areas requiring further improvement. For example, some risks had been identified and reduced but not every risk to a person had been identified to ensure risk reduction plans offered staff guidance to manage risks to people. We found no evidence people had been harmed as a result of this, and staff we spoke with had a good knowledge of how to protect people from harm.
- Moving and handling risk assessments and care plans still lacked detail. The registered manager provided us with an updated risk assessment for one person between our inspection dates which was more detailed but the care plan still required some more information. Equipment used for training staff had not been tested in line with legislative requirements.
- Environmental risk assessments were completed to protect staff from harm.
- Care plans included contingency arrangements for poor weather conditions which is good practice.

### Systems and processes to safeguard people from the risk of abuse

- The provider had up to date policies and procedures in place in relation to safeguarding and whistleblowing.
- People and their relatives told us there had been no missed calls. Staff were often late but within an

acceptable range and people told us they would receive a phone call to advise them if there was an issue with lateness.

- The provider used an electronic monitoring system that recorded the times of the calls. However, they were not analysing the results to identify areas for improvement. The system did not generate alerts if the care visits were not completed in the scheduled time, and they said they were reliant on staff or people using the service to alert them to delays.

#### Using medicines safely

- At our last inspection the provider was in breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. They had not been following best practice when administering medicines. Improvements had been made and the provider was no longer in breach.
- The provider had implemented an electronic medication system to improve the safety of the administration of medicines.
- Staff recorded each time they administered a person's medicines electronically. There were still initial problems with the system and the provider was meeting with the service provider to improve the system.
- Staff were trained in the administration of medicines and could describe how to do this safely.

Improvements were needed in how the provider recorded competency assessments following training. Staff could not recall having their competency assessed, and we directed the provider to a more formal competency assessment to the one they used.

#### Preventing and controlling infection

- People were protected against the risk of infections. Staff had completed training in infection control.
- People told us personal protective equipment such as aprons and gloves were provided and stored in their homes for staff to use.

#### Learning lessons when things go wrong

- The registered provider has a range of reports they had purchased to support them to learn lessons when things had not gone to plan. At the time of the inspection they had not used these to their full capability.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff had not received a regular appraisal of their performance to identify any training, learning and development needs.  
We recommend the registered provider seeks evidence-based guidance in relation to appraising staff.
- Staff told us they felt supported by the management team, and their colleagues. Staff were receiving regular supervision, and records were improving to be more reflective.
- Staff had been inducted into their role and shadowed more experienced staff initially.
- People were supported by care workers who were trained to carry out their roles.
- People told us they felt confident their care workers had been properly trained to provide the support they needed.
- The director told us they had changed their training provider to ensure staff were appropriately challenged. Training was a mixture of e-learning and face to face learning. Care staff, the director and registered manager were supported to gain nationally recognised qualifications in care.

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

- Staff had a good knowledge of people's preferences and requirements. Records detailed people's preferred food choices. People were offered support with meals of their choice. The registered manager said, "We can cook from scratch."
- The registered manager told us they encouraged both staff and the people they support to eat and drink. They said, "If staff are offered a coffee take it, if you want to have lunch with the person you can."
- Staff told us they encouraged people to drink and left people with a drink following the provision of care. Where necessary staff recorded the amount people had to drink during their support visits, which was monitored by the community nursing service.

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

- Care records showed people were supported to access health and social care professionals, where required. Our discussions with the registered manager and director confirmed the service had worked with the community matron, occupational therapist, community physiotherapist and the moving and handling team.
- Staff described appropriate action they would take in the event of an emergency or if people's health deteriorated. Care workers told us they would report any concerns about people's well-being to the

registered manager.

- The provider and registered manager both told us they supported people to remain healthy, "We encourage people to go out, open windows. We take people out to dentist appointments and take people to optician appointments. We encourage people to buy seasonal appropriate foods, to make nice salads. We try to make it look presentable."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider had used evidence-based guidance to improve practice, such as around the assessment and management of oral care.
- The provider has signed up to a nationally recognised improvement agency to ensure they received up to date information about best practice.
- People told us care was provided in line with their needs and choices. People purchased their own care from this agency, therefore they had control over the length of time, staff attended their homes.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In community services that application must be made through the Court of Protection.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Some staff understood the principles of the MCA and were aware of the process they needed to follow in the event a person lacked capacity to make a decision, other staff had limited knowledge and we passed this information to the provider to provide staff additional training.
- Staff said most people had the mental capacity to consent to their care and treatment. If they didn't they would support them to make decisions.
- The provider was aware of their responsibility in terms of depriving a person of their liberty and advised they would never lock a person in their home without the means of leaving, it that was their will.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were treated with kindness and respect. One said staff were, "Kind and caring. They are always interested in how you are feeling, whether they can help."
- Staff told us they worked together as a team to ensure people were well supported. One said there was, "Good communication between staff."
- Relatives were positive about the agency and confirmed they received a positive outcome when they needed to telephone the on-call system. One relative said, "The office staff are very, very good." One relative said, "I would say with Burgundy they have a more friendly attitude. There is more emphasis trying to help the person."

Supporting people to express their views and be involved in making decisions about their care

- People told us they had been fully involved in devising a plan of care to meet their needs.
- People's views and preferences were outlined in some of the care plans we looked at but were missing in others. However, people and relatives told us staff knew them well and how they liked to be supported. One said staff check, "How you feel and what you want doing on that day."
- There was a section in each care plan to record the views of the person and a section for their relative.
- We had been contacted by a person before the inspection in relation to not knowing which staff would be visiting. We discussed this with the registered manager who said, "We do try and keep it that people have the same team." They told us there had been staffing issues, but they said the staff group was relatively stable now.

Respecting and promoting people's privacy, dignity and independence

- The provider employed a data protection officer to ensure their practice was compliant with legislation. This ensured information was maintained securely and they had the appropriate consent to share information about people.
- Staff gave us examples of how they respected people's privacy, when supporting people with personal care. People told us they felt comfortable with staff. People's records were kept securely to maintain privacy and confidentiality in the office.
- People were supported to be as independent as possible. One person told us staff supported them with the areas they needed help with whilst enabling them to manage the rest.
- Staff confirmed they encouraged people to remain independent. One said, "When you do shower calls, if I know someone can do it themselves, I encourage it. They should do as much as they can whilst they can." A relative said, "They try and get [person] to do as much as they can and help do the things they can't. They

can't get themselves dressed."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Since our last inspection there has been an improvement in records relating to people's personal histories. Information about people's past lives, interests and hobbies were recorded.
- Staff were using a mixture of paper records and electronic systems to record the care they provided. The registered manager said, "They log in with a mobile and it comes up with a list of tasks and a list of medication and they tick what they have done. They can speak or can type it." We identified some issues with log ins which meant it was possible for staff to use other staff log ins, which we raised as a concern to the director to rectify, to ensure records were accurate.
- The registered manager was in the process of updating all the care plans. They had purchased a new system which had a comprehensive system of records. Some information in records needed to improve particularly around guidance for staff to mitigate risks of harm. All the feedback we received from people was positive and indicated care was person centred.
- At the last inspection we found staff recorded tasks completed, and not personalised information. The new electronic system was task based and required staff to tick when they completed tasks identified as needed. We discussed with the manager, ways to capture personalised care people told us they were receiving.
- The registered manager and director had used the internet and social media to support people with specific medical conditions, to ensure their care planning met people's long-term health needs.
- Oral health care assessments were included in care plans which showed the provider was considering the importance of oral health in order to provide responsive care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed. Care records included information about supporting people with their communication needs.
- The registered manager said they met the AIS, "We have in the past done big print, and flashcards if needed. We do use our mobile phones for shopping to show things to people. One service user likes us to use text messages as they can't hear. We made plans specific to that service user."

Supporting people to develop and maintain relationships to avoid social isolation

- Staff supported people to take part in activities to avoid social isolation where this was part of their

package of care.

Improving care quality in response to complaints or concerns

- People told us they had no concerns about the service. They said they would talk with the registered manager if they were unhappy about anything.
- People were confident any issues they raised would be acted on.
- Complaints information was not reviewed in a way to identify themes and trend, to show how this was used to drive improvements.

End of life care and support

- The service was not supporting anyone with end of life care at the time of the inspection. They told us they would work with community professionals who take the lead in this area, if end of life support was required.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

### Continuous learning and improving care

- At the last inspection the service had breached Regulation 17 (Good governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014. Systems and processes had not been robust in identifying gaps in service provision and improving practice. Some improvements had been made. For example, the service was using technology to improve their service, the director had signed up to a nationally recognised advisory body for advice and guidance and they had purchased a new quality assurance system.
- Further improvements were still required. Technology was relatively new and they were still working out the best ways to use the systems to ensure compliance with the regulations. Audit information was not readily available and these had to be compiled for us. The registered manager and director told us they constantly evaluated what they were doing but didn't record this stating, "It's all held in our heads. We are doing it."
- Complaints were logged and acted upon, but the overview was lacking and the information to show how they were resolved had to be compiled. We discussed with the registered manager and director the importance of thematically reviewing complaints and showing how this has driven up improvements at the service.
- The registered manager and director were committed to improve the quality of the service people received. Improvements were still required to evidence they were auditing their service.
- The service had improved their policies and procedures since our last inspection. Up to date nationally recognised guidance had been embedded in policies and the registered provider and nominated individual had commissioned an external provider to ensure these were kept up to date.
- The registered manager had not attended the local authority run good practice events but had signed up to a nationally recognised improvement organisation.

### Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Since the last inspection the provider had invested in technology. This included a system for managing medicines electronically, and a system for staff to record care interventions. The system was still in its early days, and further work was needed to ensure it reached its full potential. They said, "It is safer for them and it gives us a better picture."
- The provider had also purchased an electronic care management system. This included tools to support the provider to monitor the quality of their service. The inbuilt audits had not been used to their full capability, and there was lack of completed audits.

- The information from the report on late calls, had not been used as a measure to check whether improvements could be made with call times or their impact.
- The director and registered manager had been unclear initially how many people received a regulated activity as they had not fully understood the scope of registration. We directed them to the relevant guidance.

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

- Staff told us they were supported by the manager, and they worked well together as a team.
- Staff told us they were happy working for the service and they loved their jobs. One member of staff said, "People don't see it as a vocation but I love it." Another told us the vision and values of the service were to be, "Best that you can and promoting good care in the community."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- At the last inspection satisfaction surveys were not completed to demonstrate how management were acting on the views of people using the service. At this inspection, people had been asked for their feedback in an annual survey. Very few had been returned and we discussed with the manager to seek alternate ways of capturing information about the service they provided.
- Management recorded compliments from people and their relatives and shared this with staff accordingly.
- Regular senior staff meetings were held to ensure staff were kept up to date and fully informed to ensure people's needs were met. One member of staff said they had, "Senior meetings, every Thursday in the office on an afternoon." Other staff told us they attended meetings every other month.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their requirements to notify CQC of all incidents of concern, including serious injuries, deaths and safeguarding alerts. This is to ensure providers and registered managers are open and transparent with people who use services.

Working in partnership with others

- The service worked in partnership with other organisations and with the local community. The director had linked up with another service provider in the area and was planning to look to auditing each other's service as "a fresh pair of eyes."



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Recruitment practices did not meet the requirements of the regulation.