

Burlington Care Limited

Burlington Homecare (Hull)

Inspection report

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26 June 2019
11 July 2019
19 July 2019

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Burlington Homecare (Hull) is a domiciliary care agency based in Willerby, Hull. Staff provide personal care and support 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 providing support for 44 people who were receiving personal care. This is the regulated activity the service is registered with us for.

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

People told us they felt safe. The registered manager and office staff understood risk management and policies were in place to keep people and staff safe. People were protected against abuse and discrimination and their rights were upheld. One person told us, "Yes I feel safe in all areas. I have got good rapport with staff."

People's needs were assessed before they began to receive a service. Staff received an induction and training and were supported. This ensured they had the knowledge, skills and confidence to perform their role effectively.

People were supported to have maximum choice and control of their lives and staff supported people in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff treated people with kindness and their dignity and privacy was respected. People spoke positively of the care they received from staff. A person told us, "They are very kind and caring."

People received responsive care which met their needs.

The service was well-led by a registered manager who was keen to ensure compassionate care was provided. Staff were happy to work for the service and the positive manner of the team showed in the care people received.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection

This service was registered with us on the 2 July 2018 and this is the first inspection.

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

Burlington Homecare (Hull)

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

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 seven days' notice of the inspection. This was because it is a small service and we needed to be sure the registered manager would be in the office to support the inspection.

Inspection activity started on 26 June 2019 and ended on 19 July 2019. We visited the office location on 11 July 2019.

What we did before the inspection

We reviewed information we held about the service since registration. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with 14 people who used the service, three of those in their own homes, and four relatives about their experience of the care provided. We spoke with ten members of staff including the registered manager, office staff and support workers.

We reviewed a range of records. This included six people's care records. We looked at five staff files in relation to recruitment and supervision, and a variety of records relating to the management of the service, including policies and procedures.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from harm and abuse.
- Staff knew how to safeguard people from the risk of abuse and the systems in place safely managed any safeguarding incidents.

Assessing risk, safety monitoring and management

- Risk assessments guided staff on the actions to take to reduce the risk of harm to people. They were regularly updated to ensure they reflected people's current needs.
- Staff monitored people's safety and reported any concerns to the office staff to act on. A member of staff told us, "We get a text if something has changed in peoples plans. It also says [in the software application] if there has been a change."
- People's home and environmental risk assessments were in place to promote the safety of both people and staff. These considered the immediate living environment of the person, pets and any equipment required.
- Staff completed accident and incident reports and were supported to reflect on the incident to help prevent further occurrence.

Staffing and recruitment

- The provider operated a safe recruitment system. Records showed all necessary pre-employment checks were completed.
- There were enough staff available to keep people safe. People said staff came on time or told them if they were going to be late and stayed for the correct amount of time. People received rotas, so they knew which staff would be supporting them.
- If staff were unavailable at short notice, systems were in place to ensure calls would be covered. An electronic system alerted office staff if care staff failed to attend a planned care call. This meant prompt action could be taken and people would not be left without care.
- The correct amount of staff were available to ensure people could use their equipment safely. This was confirmed by a person who said, "One used to come to visit me, they found it a job, and now two carers come to lift me."

Using medicines safely

- People received their medicines in a safe way.
- Staff had been trained to administer medicines and had been assessed as competent to do so safely.
- Medicine administration records were completed appropriately and actions was taken when any errors

were identified or reported to ensure people received their medicines as needed.

- Care records included information about the level of support people required with their medicines.

Preventing and controlling infection

- People were protected from the risk of infection. Staff understood infection risk and used personal protective equipment, such as aprons and gloves when providing personal care.

Learning lessons when things go wrong

- Staff understood the importance of reporting mistakes or errors so that information could be shared, and procedures changed where required.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People gave positive feedback about the effective support they received. One person told us, "They always treat me right. No problems what so ever they are effective."
- Assessments of people's support needs were completed before they received care.
- People's diverse needs were detailed in their care plans. This included information about how any specific support was to be provided to respect gender and religious needs.

Staff support: induction, training, skills and experience

- People were supported by suitably trained staff. One person said, "They are very competent and well trained."
- New staff were appropriately inducted into their role at the service. This included training and completing shadow shifts to meet and get to know the people they would be supporting.
- Staff felt the training was of good quality and helped them in their roles. One member of staff told us, "Training is fantastic, I have learnt so much more than when I was with my last company."
- Staff training, and supervision was monitored, reviewed and updated.

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

- Some people were supported with their eating and drinking needs. People chose what they wanted to eat, and staff prepared it for them.
- Staff knew people's dietary needs and preferences, which enabled them to promote a diet in line with individual tastes.
- People's care plans detailed their likes and dislikes. This guided staff to be able to meet people's preferences.

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

- The staff team worked effectively with other health and social care services to ensure people's health needs were met.
- Staff were knowledgeable about the health needs of the people they cared for and contacted relevant professionals as needed.

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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The provider met the requirements of the legislation.
- Staff received MCA training and understood the importance of seeking a person's consent prior to supporting them. A person said, "They listen to me and ask my permission before doing anything." Another told us, "The carers always ask me before they start to do anything, they respect what I want."

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 and their relatives told us that staff were kind and caring. Comments included, "The staff are very caring. I am treated with respect and dignity" and "My [relative] has a fabulous relationship with the carers. They love them. They are friends."
- Staff understood the importance of their role when providing people with compassionate care and support. They were familiar about people's backgrounds and personalities and spoke about them with affection. One member of staff told us, "I love working here. I enjoy everything from meeting new people and seeing regular clients. It's good to see people smiling."
- People's religious and cultural needs had been considered as part of their care planning. The registered manager had a good understanding of their responsibility to ensure appropriate support measures were in place for people's diverse needs.

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

- Care plans were written involving the person and where people requested, their relative or representative. One person told us, "I was involved in writing my care plan. My social worker was also involved." Another said, "I was fully responsible in having my say when the plan was put together. I said what I wanted, and I get it."
- People were involved in making decisions about their care and told us staff listened to them. Comments included, "I am fully involved in how my care is given to me" and "They listen to me before they do things, they do what I want them to do."
- People and their relatives were involved in regular reviews of people's needs. This helped to ensure the care and support they received was meeting their preferences.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One person said, "They treat me with dignity as I would fully expect."
- Staff understood the importance of maintaining people's privacy.
- People's care plans contained guidance for staff to promote independence. One read, "I am able to dress independently and like to choose my own clothes on a daily basis."
- Staff promoted people's independence. A person told us, "I have just been brought back from doing my shopping. [Name] has just put my shopping away for me. It keeps me independent. I can go to whatever shops I want to in Beverley."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- The service promoted person-centred, good-quality care. Compliments received showed this was evident and valued by people and their relatives. They included, "[Name] felt their care was absolutely perfect" and "[Name and Name] go above and beyond. They are exceptional, and I wouldn't change them for the world."
- People received person-centred care which was responsive to their needs. One person told us, "They are very responsive to my needs which keeps me independent."
- People's individual care and support needs had been identified and plans of care had been developed. People had regular reviews of their packages of care. This helped to make sure the care and support continued to meet their needs.
- Staff had access to up to date information. Electronic devices provided information about people's call times and tasks to be completed at each visit.

Meeting people's communication needs From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were considered. Care plans identified and recorded any communication needs, such as poor eye sight or hearing loss.
- The provider made sure people had accessible information, for example, about how to complain about the service.
- Staff ensured they communicated with people in a way they could understand. They gave us examples where people had been supported with information in a format that supported their needs.

Improving care quality in response to complaints or concerns

- The provider effectively responded to people's complaints in line with their company's policy.
- People felt confident to raise any issues and knew how to complain. One person said, "I have never needed to complain they usually are excellent. If there was a problem I would let the office know."

End of life care and support

- There were systems in place to record people's wishes at the end of their lives. These included where the person wished to be cared for and people's choices regarding resuscitation in the event of a cardiac arrest.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives told us the service was well-led. One person said, "The managers name is in the book. The office is wonderful if I ever need to have a chat with them, which is very rare. They do what they say they will do." A relative told us, "I am very satisfied with the care [Name] receives no problems at all."
- Staff told us the service was well managed and the registered manager made themselves available to support if needed. A member of staff told us, "[Name of registered manager's] ethos is good as they are not a boss, they are a leader who will go out there with you."
- The registered manager encouraged feedback on peoples experience of the service through regular visits to people. A relative told us, "[Name of staff] comes every two to three months to see [relative]."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service was led by an experienced registered manager who staff described as, "Always there" and, "Brilliant and helpful."
- Staff were clear about their responsibilities; these were discussed in supervisions and team meetings. One staff member said, "We talk about the logging in and out system, and we are reminded about medicine practices. Just this morning I had a competency check for medicines."
- Various quality audits were made on service delivery to ensure this was safe and to drive improvement. Audit findings were analysed to identify any patterns or areas where improvements may be required.
- The registered manager was aware of the requirement to notify CQC of certain incidents and events.

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 was open and transparent in dealing with issues and concerns. They understood their responsibility to apologise when mistakes were made and to give feedback to people.
- The management team was well organised and had oversight of the service delivery. They met weekly to discuss the quality of the service provided.

Working in partnership with others

- The staff team worked alongside other health and social care professionals such as GP's, nurses and social workers, to maintain the health and wellbeing of the people they supported.

- The registered manager worked in partnership with two local authority's. They attended meetings and training sessions to share and learn from other providers experiences.