

Burlington Care Limited

# Burlington Home Care

## Inspection report

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Date of inspection visit:

14 December 2017

19 December 2017

Date of publication:

02 March 2018

## 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

Burlington Home Care provides personal care and support for 140 people in their own homes. We last inspected the service in November 2015 and rated the service as 'Good.' At this inspection we found the service remained 'Good' and met all the fundamental standards we inspected against.

There were safeguarding procedures in place. Staff were knowledgeable about what action they should take if abuse was suspected. Safeguarding matters had been managed in line with local area policies and procedures.

Checks of people's homes had been carried out to ensure that the premises were safe. Medicines were managed safely.

Recruitment checks were carried out to ensure that staff were suitable to work with vulnerable people. There were sufficient numbers of staff deployed to meet people's needs. Records confirmed that training was available to ensure staff were suitably skilled. Staff were supported through an appraisal and supervision system.

People's nutritional needs were met and they were supported to access healthcare services when required.

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

We observed positive interactions between staff and people who used the service. Staff promoted people's privacy and dignity. There were systems in place to ensure people were involved in their care and support planning.

Care plans were in place which detailed the individual care and support to be provided for people.

There was a complaints procedure in place and complaints were dealt with in line with company policy.

Audits and checks were carried out to monitor all aspects of the service. Action plans were developed to highlight any areas which required improvement; these needed checking to ensure actions had been completed in all cases. Staff were very positive about working for the provider and the registered manager. They said they enjoyed working at the service. We observed that they applied this positivity in their roles when supporting people.

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Burlington Home Care

## **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.

This comprehensive inspection took place on 14 and 19 December 2017 and was unannounced.

We gave the service 5 days notice of the inspection visit because the location provides a domiciliary care service and we wanted to arrange meetings with people who used the service. We needed to be sure that we gave sufficient notice in order to plan a focus group with people who used the service and visit people at home where we felt it was appropriate. We requested some documents such as policies and procedures prior to the inspection as part of our planning.

The inspection team was made up of two adult social care inspectors, one bank inspector and two experts by experience who made telephone calls. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. They had experience of community based services.

Prior to the inspection we contacted East Yorkshire council monitoring team who had recently conducted a visit at the service. had recently carried out a visit to the service and did not raise any concerns but advised that their report had not been completed.

On day one of the inspection we visited five people who used the service in their homes and two people came to speak with us in the offices of Burlington Homecare. We spoke with six care workers and two relatives. On the same day we made telephone calls to twenty people and two relatives to gather their feedback about the service. During our visits to people's homes we reviewed three care files and medicine administration records and storage arrangements for two people.

On day two of the inspection we were based at the offices of Burlington Homecare. We reviewed the care records of seven people, recruitment files for seven staff, rotas and other documents relating to the running

of the service. We spoke with the registered manager, a senior care worker and care worker.

# Is the service safe?

## Our findings

Everyone we spoke with told us they felt safe. This was confirmed by relatives. Comments from people included, "I feel very safe with these carers"; "I feel very safe with them; they look after me very well" ; "I do feel safe; they are very reliable" and, "I transferred from another agency and I feel much safer with this one." Relatives told us, "We have not had problems at all with them" and, "A care manager met us before [Relative] had used the service."

When care workers arrived at people's homes we saw that they used a mobile phone app to log in and log out as they left each person's home. This meant the registered manager could track and audit the time care workers arrived, spent with people and left them ensuring calls were carried out as planned.

Some people had key safes so that care workers could enter their home. The codes for key safes were known only to staff who needed to know. Care workers told us they kept people safe and secure by ensuring windows and doors were secured and the cooker switched off before they left the person.

There were safeguarding procedures in place and staff were knowledgeable about what action they should take if abuse was suspected. The registered manager had alerted us about ten safeguarding incidents in the last twelve months. Only two of these related to actions by staff at the service; the others related to incidents involving third parties. The local authority safeguarding team had been informed of the incidents by the registered manager following their local policies and procedures.

Recruitment checks were not always carried out in line with Burlington Home care policy. Some people had started work prior to full Disclosure and Barring service checks being received. The registered manager assured us that these people had been carrying out their induction and had been supervised at all times to ensure people's safety and reduce any risk. Following our inspection the registered manager told us they would be reviewing their procedures to ensure a full DBS was in place prior to people starting work.

Risk assessments were in place which had been identified through the assessment and support planning process. We noted that risk assessments had been completed for a range of areas such as moving and handling, falls, malnutrition and pressure ulcers. This meant that risks were minimised and action was taken to help keep people safe. Accidents and incidents were monitored and analysed. Action was taken if concerns were identified. People's money was managed safely and recorded appropriately with all receipts kept.

An environmental check of people's homes was carried out when people started to use the service. There was a safe system in place for the management of medicines in people's homes. Where risks had been identified medicines were kept locked away. Medicines administration records were completed accurately. Where care workers were responsible for collection of prescriptions this was highlighted in the person's care plan.

## Is the service effective?

### Our findings

People and relatives told us that staff effectively met people's needs. They said staff were knowledgeable and knew what they were doing. One person told us, "They are well trained; all of them; very professional ladies" and another said, "I have a male carer and he is great; he looks after me very well." A third person told us, "I think they have the basic training and then the main learning is doing the job."

Care workers told us that they felt equipped to carry out their roles and said there was sufficient training available. They told us they had an induction and had shadowed another experienced care worker when they first started working for the service. They had annual updates including infection prevention and control, manual handling, medication administration, safeguarding, mental capacity and deprivation of liberty safeguards. All staff received support to understand their roles and responsibilities through supervision, observation of practice and an annual appraisal. All the care workers we spoke with told us they received supervision two or three times a year either and their practice was observed in people's homes.

The 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. We checked the provider and registered manager were working within the principles of the MCA and found that they were. We observed that care workers sought consent before carrying out any activity for people.

People were supported to receive a healthy and nutritious diet. The care workers we spoke with had completed food hygiene training and we saw they washed their hands and wore protective gloves and aprons when preparing food for people. Carers said this personal protective equipment was supplied by the service. They prepared food for all the people we visited. One person had previously been supported to order a weekly delivery of ready-made meals which they had microwaved but the person had said they wanted, "Proper food." and now care workers helped the person to choose food they liked which was bought by a relative and cooked by them each day. We saw records which showed the person had a varied diet, choosing different breakfasts and other food each day. The person was supported to eat and drink by a care worker.

People told us and records confirmed that staff supported people to access healthcare services where appropriate. One person took a medicine which required a regular blood test. The registered manager worked with the GP to ensure that all people and staff were aware of those results and any changes to doses of medicine.

People had been provided with any equipment they required such as hoists or slide sheets for moving people.

# Is the service caring?

## Our findings

People and relatives told us that staff were caring. Comments included, "They [staff] are all very kind and do what I need"; "I do feel they are very kind and caring people. I am looked after very well"; "They are all very respectful but caring as well" and, "They do care; they are all good lasses. Yes, my care is all about me." One person said, "They are my family. I love them. They take me out and about and another person said, "They are very good. [Name of care worker] is interested in my life because things are very different for this generation."

A relative told us, "The staff are great, it's working out very well." They told us they had cancelled a visit on one occasion but the care worker had, "Popped in anyway just to check the office had got it right and [relative] was alright." They said this had, "Impressed them a great deal" and they told us they felt it showed how caring staff were.

Care workers spoke with us about people and demonstrated they knew people well and understood their role in caring and supporting them. They displayed warmth when interacting with people. We observed them interact with people in a kind and pleasant way, using humour when appropriate. People told us they trusted the care workers and got on well with them. One care worker said, "We (the care workers) all know each other, we talk to each other and make sure things are done properly. We care about the people we look after."

We found the care planning process centred on individuals and their views and preferences. Staff had developed a quick view care plan as well as more detailed plans. The quick view care plan gave an overview of people's preferences. One person's care plan stated, "At lunchtime please warm me my prepared meal from the fridge and bring to the lounge."

Staff treated people with dignity and respect. They spoke with people in a respectful manner. The majority of care staff were female. But there were some male care workers giving people an option to choose the gender of their care worker if they wished. The people we spoke with did not have a preference except for one person who had requested that a male care worker no longer visited. This was being addressed by the registered manager. Another person told us, "I prefer the older ladies when they are helping me have a wash, I feel more comfortable with them. I don't feel as comfortable with the [younger members of staff]. They are very good though. I just ring them and tell them I want an older carer."

Care workers were allowed sufficient time with people to meet their assessed needs. In addition, they told us they were allowed sufficient time to travel between calls. As this service served a rural population in some areas this was particularly important. We reviewed the call sheets with the registered manager and could see that time had been allocated for travel.

People and relatives told us that they were involved in decisions about people's care. People had signed their care records, where able to do so, to indicate that they agreed with their plan of care. One person told us, "I was involved in the planning and my care plan has been reviewed." A copy of the care plan and other



relevant documents were kept at the person's home and a second copy was kept in the main office. Records kept in the office were locked away securely or where electronic records were kept they were password protected.

## Is the service responsive?

### Our findings

People and relatives told us that staff were responsive to people's needs. One person said, "All my care needs are met." Relatives of one person told us they had liaised closely with a manager and the person's care plan had been reviewed and changed in response to the person's changing needs. They said, "They are quick to respond."

We read people's care plans and noted these were person-centred. This is when treatment or care takes into account people's individual needs and preferences. Each person had a care plan for every aspect of their lives including their personal care, social needs and physical health. These gave staff specific information about how people's needs were to be met. However, we saw that where people had particular conditions there was only basic information. For example there was very little information about how staff should manage any changes to the health of a person with diabetes. Staff would benefit from more detailed information in order to help them know what to do in particular situations.

Reviews of care plans had been completed and people had been involved in those reviews. This meant there was a system in place to review people's care to ensure that care and treatment continued to meet people's needs.

A care worker explained how changes to people's care needs were incorporated into new care plans. They said they would talk to a care manager who would check and confirm changes with the person receiving the service and then write a new care plan. For example, one person had decided to change the support they had in the evening. Care workers had been supporting them to go to bed but they had decided to stay up later and a relative now helped them go upstairs to bed. A care worker said they had told their manager who checked with the person and had rewritten the care plan for the evening visit. This showed us that care plans changed in response to people's changing needs.

Staff worked in teams so that people received support from the same group of care workers which provided continuity for people. One person told us, "We have a small team who are usually the same. We haven't had a new one for quite a while" and another said, "They have been a little bit up and down lately, probably because of holidays. They do try very hard to send the same ones which I like."

People told us they were sometimes supported to access the local community. One person told us, "Once a week I am taken shopping" and another said, "We go out for a coffee sometimes and shopping." Social activities were supported in accordance with people's assessed needs. Care workers used their own car to take people out and we saw they were required to have the appropriate insurance to do so. They provided a copy of their insurance and driving licence to the registered manager.

There was a complaints procedure in place and details of the procedure were in people's files kept in their home. Everyone we spoke with knew how to complain and one person told us, "We have never had any reason to complain, but would ring the manager if we had." Two complaints had been received since our last inspection and had been dealt with in line with the company policy.

## Is the service well-led?

### Our findings

There was a registered manager employed at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

They had a clear vision for the service and a strategy for developing the service. They used a particular method to develop the service which meant that the growth of the business was always in line with correct levels of recruitment, training and was managed well. The business had doubled in size over the last twelve months.

There were clear lines of accountability within the company and the registered manager was supported by a regional manager and operations director. They told us they had regular contact with the directors and could seek their advice and support at any time. There was an on call rota to support staff and the person on call was provided with all the information required to deal with any emergency related to people's care or unexpected occurrences that would affect people.

The registered manager understood the requirements of their registration and had made appropriate notifications to CQC.

In order to maintain the quality of the service the registered manager followed an audit schedule and made regular checks of staff competency. Actions for improvement had been identified but it was important that the registered manager checked that all actions had been carried out on time to ensure the process was completed.

Feedback had been gathered from people who used services in July 2017. Out of 130 surveys 71 had been returned. 98% of people said that staff listened to what they want and 98% of responses said that staff upheld people's privacy and dignity. 87% said they were involved in planning their care. This was a positive response and showed satisfaction with the service.

Staff meetings had been held and staff told us they could speak to the senior or registered manager at any time. A newsletter was sent out periodically with items such as reminders about cold weather and staff received regular updates through their mobile device. These included reminders about core values of compassion, been approachable, respectful and enabling.

The service had just received an online award for been one of the top ten homecare providers in Yorkshire and Humberside from [www.homecare.co.uk](http://www.homecare.co.uk).