

Karen Burgin Ltd

Karen Burgin Ltd

Inspection report

1 Brook Furlong Farm
Costock Road, East Leake
Loughborough
LE12 6LY

Date of inspection visit:
26 July 2022

Date of publication:
28 September 2022

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

Karen Burgin Ltd provide specialist support and rehabilitation services to adults and children who have sustained life changing injuries. The service provides bespoke packages of care in consultation with the person, their family, and involved professionals. Karen Burgin Ltd is registered with CQC as a domiciliary care agency providing nursing and personal care to people in their own homes. At the time of the inspection 20 people were using the service.

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

People's relatives made many positive comments about the service. A relative said, "I'm very happy, everything is catered for. They are a very professional, caring, and responsive company."

The service was well-staffed with teams chosen in conjunction with people and their families. Relatives told us how well staff related to their family members and themselves. A relative said, "We feel very lucky. They [the staff team] are like family."

The needs and safety of people using the service were central to the care and support provided. Staff knew people well and followed high-quality risk assessments to protect them from harm.

The provider's multidisciplinary teams provided expert, holistic care and support to ensure people's needs were fully met. Health and social care professionals worked alongside care staff providing expert guidance and resources.

People and their relatives were involved in every aspect of care planning and delivery. Care packages were designed to meet people's individual needs and delivered flexibly, enabling people to have choice and continuity of care. A relative said, "They [staff] are very good at recognising how we as family wish to operate and tailor their approach accordingly."

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

The service was well-organised around a culture in which people were respected and valued as individuals. Good systems were in place to ensure the delivery of high-quality personalised care. The provider monitored service performance to maintain and continually improve service quality.

The provider proactively sought relatives', people's, and staff feedback. Staff were respected, supported and valued and were clear about their roles and responsibilities. Relatives and staff had a high level of confidence in the provider and their ability to run in service effectively.

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

Rating at last inspection and update

This service was registered with us on 13 January 2021 and this is the first inspection.

Why we inspected

This was the first inspection of a newly registered service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and phone calls to engage with relatives, the registered manager and staff.

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.

Karen Burgin Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post who was also the provider.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure the registered manager was available for an online meeting with us.

What we did before the inspection

We reviewed information we had received about the service. We used the information the provider sent us in

the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

This inspection was carried out without a visit to the location's office. We used technology such as phone and video calls to enable us to engage with relatives and staff, and electronic file sharing to enable us to review documentation. We spoke with the registered manager on 26 July 2022 and received all the files needed to complete the inspection on the same day. We spoke with seven relatives, the provider, a case manager and a support worker.

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 of 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

- Relatives said their family members were safe using the service. A relative told us, "[Person] feels 100% safe with their carers." Another relative said, "Person is safe and cared for and trusts the staff." □
- The provider's safeguarding policies and procedures were supplied by a national charity that provides consultation, training and research in safeguarding children and adults. The charity's newsletter kept the service up to date with legislative changes and best practice in safeguarding.
- The provider had a dedicated safeguarding lead who oversaw the management of the safeguarding process. Records showed the service worked closely with the local authority and other agencies if any safeguarding issues arose.

Assessing risk, safety monitoring and management

- Relatives said staff knew their family members well and were better able to assess and address risk because of this. A relative said, "[The staff] are all hypervigilant with [person] all of the time." Another relative told us, "[Person] can be challenging at times but [the staff] do know and understand [person]."
- Staff followed risk assessments to ensure safety and consistency when supporting people. Risk assessments included detailed instructions for staff and were written with specialist input where necessary. For example, one person's moving and handling plan was written by an occupational therapist.
- The provider carried out environmental risk assessments to ensure people and staff were safe in the premises where people were supported. If adaptations were needed the service worked with people's families, occupational therapists, and architects to ensure any changes made were safe.

Staffing

- The service was well-staffed. Relatives said staff were reliable and punctual and they, and their family members where possible, were involved in staff recruitment and deployment. A relative said, "[Person] is fully involved with the monthly rota of who will be looking after them."
- Rotas were planned to ensure experienced staff worked alongside newer staff. People and relatives supported this process by undertaking observations and providing feedback to the service on the suitability of the staff team.
- Staff were safely recruited. The provider carried out criminal records and other recruitment checks to ensure staff were suitable to work with children and adults using care services. Contingency plans were in place to provide staff cover if this was ever needed, for example if a staff member was unwell.

Using medicines safely

- People received their medicines safely and on time. Staff were trained in the safe administration of

medicines and had annual competency checks carried out by a medicine's professional commissioned by the service.

- People had different arrangements in place for their medicines. Some people had all their medicines administered by the service. Others had some or all their medicines given by their relatives. In the latter case, staff supported relatives to complete the relevant documentation and other processes required to ensure people received their medicines as prescribed.
- People's medicines care plans were clear and set out how people's medicines must be safely managed, stored and recorded. Medicines care plans were reviewed at least monthly and more often if changes were made.
- There were systems in place to ensure any medicines errors were reported and investigated, and measures put in place to prevent a reoccurrence. The provider audited medicines records to ensure they were compliant with the relevant legislation and guidance.

Preventing and controlling infection

- People were protected from the spread of infection. The service had effective infection prevention and control measures to keep people safe.
- Staff followed current government guidance when using personal protective equipment (PPE). People's and relatives' preferences were taken into account when infection prevention and control risk assessments and management plans were created.
- The provider's policies and procedures helped keep people and staff safe from the risks associated with the COVID-19 pandemic.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed, and the provider put measures in place to reduce the risk of reoccurrence.
- The provider took follow-up action where necessary if there was a series of incidents. For example, one person was expressive in their behaviour on occasions. In response the provider commissioned a psychologist to provide further staff training and develop strategies to keep the person and staff safe.

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.

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

- People's needs were comprehensively assessed prior to them using the service. Assessments included information from those involved in the person's care including relatives, health and social care staff, and special educational needs teachers.
- Care records showed people's needs and choices were continually reviewed. This ensured their care and support was provided in line with the principles of best practice and promoting independence.
- Relatives said their family members received support that met their needs and respected their choices. A relative said, "They [staff] understand [person's] needs, they are very sensitive to what [person] needs."

Staff support: induction, training, skills and experience

- Staff had the training they needed to deliver high quality support. New staff completed a comprehensive induction which combined the Care Certificate (a nationally recognised health and social care qualification) with the service's own, bespoke induction.
- Once their mandatory introductory training was completed, staff were trained to meet the needs of the specific people they were supporting. For example, they might take courses in epilepsy awareness, supporting a client with ABI (acquired brain injury), and dysphagia (swallowing difficulties).
- Case managers carried out competency checks to ensure staff understood their training and were able to put it into practice. If people's needs changed additional staff training was provided.
- On occasions, and on request, the service trained relatives to take part in their family member's care and support. For example, a relative was trained in moving and handling and aspects of personal care. This enabled them to play an active role in meeting their family member's needs.

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

- Some people using the service needed support with their nutrition and hydration. To ensure they received effective support, staff worked with speech and language therapists (SALT) to design suitable eating and drinking plans. These considered any risk factors present so staff were aware of these.
- Staff were trained in food safety and hygiene and had additional training in dysphagia, diabetes, and eating disorders if required. This helped to ensure they had the skills and knowledge they needed to support people with their nutrition.
- People's eating and drinking plans were detailed and personalised. They explained how food and drink should be prepared and presented, how people liked to eat their food using the utensils of their choice, and the amount of staff support needed at meal and snack times.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People using the service were supported by the service's multidisciplinary teams (MDTs). These comprised of health and social care professionals from a variety of disciplines including care workers, occupational therapists (OTs), physiotherapists, nurses and other specialists. MDT meetings were held approximately every three months.
- MDTs, in collaboration with people and their relatives, set goals to enable people to progress and improve their quality of life. Specialists on the MDTs provided expert guidance and resources. For example, a sensory OT supported a person to use an eye-driven communication device.
- The service also worked with the NHS including GPs, district nurses, and speech and language therapists (SALT) to ensure people's health care needs were met. For example, a nurse specialist in percutaneous endoscopic gastrostomy (PEG) feeding, trained staff when this procedure was required for a person.

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 MCA 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.

- Supporting people to make their own decisions and increase in independence were central to the ethos of the service. People's decision-making abilities were assessed when they began using the service and re-assessed as necessary.
- All staff had MCA training. They were knowledgeable about the MCA and understood the importance of gaining consent from the people they supported.
- Records showed appropriate 'best interests' decisions were made for people, for example regarding consent to care, sharing information and administration of medication.

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

- Relatives told us people were always treated with kindness and compassion and staff were like family members to them. A relative said, "[Person] has individual relationships with each of the team. It is as near to a family as you can get." Another relative told us staff were like 'sisters' to their family member.
- Staff knew what interested people and what mattered to them. A relative said, "They [staff] think of things [person] enjoys and bring brochures if they think [person] will like something. The way they treat [person], who is non-verbal, is lovely." A staff member shared ownership of their pet with a person who was unable to have one for practical reasons. This brought happiness to the person.
- Staff met people's equality and diversity needs. These were identified in people's support plans, so it was clear to staff how to respect people's preferences. A relative said, "We put together a team of choice, multi age and multi ethnic [to ensure person's cultural needs were met]."

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

- Staff took the time to listen to people and understand their needs and how they communicated. They were patient and caring. A relative said, "They are very understanding, they know [person's] ways, their mannerisms, and how to talk to them."
- A staff member said that watching a person's body language enabled them to understand what the person wanted. They said, "Understanding what [person] wants is about getting to know them well. We have time and the opportunity to do that."
- Staff encouraged people to be involved in their care and support and to increase in independence. A relative said, "[Person] is at a transition stage where they are trying to be more independent and will message the care staff independently." Another relative said staff supported their family member in the way they wanted. They told us, "So, for example, with [person's] clothing, they make sure it matches. [Person] loves that, the staff do it all the time!"

Respecting and promoting people's privacy, dignity and independence

- Relatives said staff were respectful of people's privacy and dignity. A relative told us this was 'always' the case and meant their family member was happy for them to be there.
- People and their relatives could state a preference for the gender of their support worker, particularly where direct personal care was required. The service was sensitive to the cultural aspects of staff of different genders entering people's family homes.
- Staff respected people's living spaces and followed any 'house rules' regarding behaviours and use of facilities at the property when they were on duty.

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

- The service used 'co-production' to ensure people and their families were involved in the planning and delivery of personalised care and support. A relative said, "[Person] drives their own therapy, so it is a very responsive service."
- Relatives and staff told us support plans covered people's physical, mental, emotional and social needs and were continually updated. A relative told us, "Staff have and use all the documentation." A staff member said, "Support plans are excellent to refer to. Everything we need to know is in them. And if anything changes, they are re-done straight away."
- Support plans included people's personal histories, individual preferences, and aspirations. They set out how staff must ensure people had as much choice and control as possible.
- Staff encouraged people to follow their interests and take part in activities. For example, a staff member told us how they supported an active person to get out and about visiting the countryside and nature centres.

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.

- Relatives said staff were skilled at communicating with their family members. A relative told us, "They are very understanding, they know [person's] ways and mannerisms, and how to talk to [person]."
- Staff observed people closely to understand what they were communicating. For example, one person expressed a new (for them) emotion. Staff knew this was important and involved a psychologist so they could better understand what the person was trying to tell them.
- Staff used the expertise of the service's sensory occupational therapists to understand and meet people's needs. They supported people to use a range of communication aids including eye-driven communication devices, touchscreen tablets, and smartphones.

Improving care quality in response to complaints or concerns

- Relatives were confident to raise any concerns they might have with the service. A relative said, "If I have any issues, I go to the case manager, I know they will do everything they can." Another relative told us, "You go to the case manager, there are procedures on the website."
- Records showed the provider managed complaints in an open and transparent way. Complainants were regularly updated and given a formal response. Where appropriate, learning was identified as part of the process so the service could continue to improve.

End of life care and support

- The service provided end of life care if this was required. Staff were trained in end of life care and understood the importance of exploring people's and relatives' preferences and choices in relation to this. These included preferences relating to people's protected characteristics, culture and spiritual needs.

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

- Relatives made many positive comments about the quality of the service provided. A relative said, "I couldn't be happier, we have a great care team, and a case manager who has worked with us a long time." Relatives praised all aspects of the service which they said was 'proactive', 'consistent' and 'caring'.
- People progressed using the service and staff were enthusiastic about this and gave us many examples of people's numerous achievements and successes. A staff member said, "This is a great service to work for because we get to see people make considerable progress. It is amazing to see how much they can achieve with the right support."
- Staff said the provider was an excellent leader and mentor. A staff member told us, "[Provider] is an inspirational leader. They have this wish, which we all share, to provide the best service. It's not about the business, it's about the client, and we never lose sight of that."

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

- The service's audit schedule ensured all areas of the service, including call times, were monitored at both a local and organisational level. Any shortfalls were immediately addressed.
- Support plans were regularly audited and records showed they were continually updated as people's needs changed. The level of detail demonstrated the attention given to meeting every aspect of each person's care and support needs.
- The provider's senior team, comprising four case managers, had lead roles in key areas of the service including safeguarding and policies and procedures. This enabled them to develop and improve these aspects of the service.

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 provider understood their responsibility to be open and honest with people when things went wrong.
- The provider submitted notifications to CQC as and when required. Notifications are changes, events and incidents that affect their service or the people who use it.

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

- Case managers met regularly with families to discuss people's care and support. A relative said, "We have

monthly meetings to sort anything out and clear the air, if there's anything we don't understand, we sit and talk."

- Relatives told us all the staff were friendly and approachable and happy to discuss their family member's needs and listen to suggestions for improvement.
- The service sent out quality assurance surveys to give people and relatives the opportunity to comment on the service. A relative said, "We have had surveys throughout and care staff have asked for feedback."
- Staff were well-trained and supervised. A staff member said, "[The provider] keeps us up to date with everything, we have great training and regular 'alerts' telling us what is happening." Staff said the provider and senior staff cared about their well-being and enabled them to achieve a good work/life balance with flexible working opportunities.

Continuous learning and improving care

- The service was registered with a number of professional bodies including the National Institute for Health and Care Excellence (NICE), the Royal College of Nursing (RCN), and the Social Care Institute for Excellence (SCIE). Information from these bodies was used to keep the service up to date, sustain good practice, and educate and inform staff.
- The service made resources and support available to develop staff and teams, and drive improvement. For example, nine team leaders were funded to complete a leadership course to enhance and improve their staff management skills.

Working in partnership with others

- The service collaborated with key organisations including people's legal representatives, the local authority, safeguarding teams, and clinical commissioning groups, to ensure people had the services and resources they were entitled to.
- The service also worked with community organisations people used to check they were accessible and welcoming. For example, a person planned a holiday and staff worked with the holiday provider to ensure they had the right aids and adaptations for the person to access the holiday facilities.