

Burlington Care Limited

# Burlington Home Care

## Inspection report

80-88  
St. John Street  
Bridlington  
YO16 7JR

Date of inspection visit:  
16 November 2022

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10 February 2023

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

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

Burlington Home Care is a domiciliary care agency providing personal care to people in their own homes. The service provides support to younger adults, older people and people who may be living with dementia. At the time of our inspection there were 61 people using the service. 33 people received a regulated activity.

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.

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

Governance systems in place had not identified shortfalls in some records relating to the management of medicines, induction and risk management. The provider was in the process of transferring care records on to an outcome-based care planning system to support records to be more detailed and reflective of people's needs.

Medicines were managed safely, however records to support medicines administration required further detail. Care plans and risk assessments did not always contain sufficient detail.

Procedures were in place for the management of spread of infection, however these were not always followed. The registered manager started to address this during the inspection.

Recruitment checks were carried out. People received their required care and the provider had a system in place to monitor late calls and prevent missed calls. Staff received induction and supervision and felt the management team were approachable and supportive.

People received support with their nutrition when appropriate. People were positive about the support they received from staff, reminding them to keep hydrated and healthy. If people needed support with accessing health care services staff supported this.

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 practice.

People were supported by kind and caring staff, who respected their privacy and dignity.

Although care plans did not always contain sufficient person-centred information, staff knew people well and people were happy with the support they received. The provider had a complaints procedure in place. People felt confident to raise concerns and the registered manager monitored concerns and complaints.

People and staff felt engaged in the running of the service and staff felt it was a good company to work for.

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

#### Rating at last inspection

The last rating for the service at the previous premises was good, (published on 3 March 2018).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

You can see what action we have asked the provider to take at the end of this full report.

#### Recommendations

We have made recommendations in relation to the recording of peoples medicines, and record keeping at the service.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 effective.

Details are in our effective findings below.

**Good** 

### 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** 

# Burlington Home Care

## 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 Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by two inspectors 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.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 16 November 2022 and ended on 05 December 2022. We visited the location's office on 16 November 2022.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with 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

We spoke with 11 people who used the service and 2 relatives about their experience of the care provided. We spoke with 11 members of staff including the registered manager, care manager and 9 care workers. We reviewed a range of care records and medicines records. We looked at 4 staff files in relation to recruitment and staff supervision and records relating to the management of the service.



# Is the service safe?

## Our findings

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

At our last inspection at the previous registered location we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- People received appropriate support to receive their medicines. However, records relating to ensuring prescribers instructions were followed required more detail. For example, where people received time specific medicines, no time was recorded on the administration record. This meant that we could not be assured that people received these medicines as prescribed.
- Protocols for 'as and when required' medicines were not always in place to guide staff on when to administer these medicines. The registered manager started to implement these following the inspection.
- Potential risks for some medications had not been identified or recorded and supporting documentation to show medicines were administered correctly were not in place. For example, the use body maps to support application of topical medicines.
- Peoples medicine care plans were not always clear about how they like to be supported by staff to receive their medicine. However, the provider told us that people were able to inform staff of their required needs and preferences.

We recommend the provider reviews their systems and process in relation to the recording of people's medicines.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments and care plans were not always in place or did not contain sufficient information in regard of risks to people. However, staff we spoke with knew people and their risks well.
- Accidents and incidents were monitored by the registered manager.

### Preventing and controlling infection

- Staff understood their responsibilities regarding the use of personal protective equipment [PPE], and people we spoke to confirmed this.
- The provider had a stock of PPE which staff were able to access.

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

- Staff had received safeguarding training and felt confident to report any allegations of abuse.
- Systems and processes were in place to alert the appropriate authorities of safeguard concerns.

### Staffing and recruitment

- Staff had been recruited safely.
- The provider had a live system in place for monitoring late or missed calls. This ensured that people always received their planned calls.
- There was enough staff employed to meet people's care calls. People told us they always received their care calls and if staff were running late, they would let them know.



# 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 our last inspection at the previous registered location we rated this key question good. At this inspection the rating has stayed the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received induction when they started working at the service. For some staff induction records had not always been completed.
- Staff received shadowing as part of the induction.
- Staff received training and spot checks in relation to medicines management. Moving and handling training was completed every two years in line with the providers policy and competency was checked as part of this training.
- Staff received supervision and appraisals and felt well supported by the management team.

Assessing people's needs and choices, delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support;

- Assessments were carried out prior to people receiving their care. One person told us, "Yes we had a pre assessment, someone come around and asked what we needed."
- Where appropriate, people were supported with access to their health care. One person told us, "Yes if I need a doctor, they will ring for me"
- People told us staff tried to be accommodating of any health visits such as district nurses, to be there to support them.

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

- Where appropriate staff supported people with their nutritional intake. People were happy with the support they received with their food and drink. They told us staff often reminded them to drink to keep healthy.

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.

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

- People told us staff gained consent prior to providing them with care and support.
- People's capacity was taken into consideration when care planning and recorded when people had been nominated to make decisions on their behalf.

# 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 our last inspection at the previous registered location we rated this key question good. At this inspection the rating has stayed 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 were supported by staff who were kind and caring. Feedback included, "Sometimes I feel down and then once they come, I'm laughing my head off" and "They're very courteous and well-mannered towards me."
- People were supported by a consistent staff team who they had developed positive relationships with. One person told us, "I have mostly the same 3 staff that I quite like."
- If people had any diverse needs or wishes these were respected by staff.

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

- People were fully involved in their care planning and were supported to express their views.
- Staff engaged people in their care and people felt able to make their decisions. People told us, "Yes they do, we talk about lots of things and if I'm having any difficulty" and "Yes I feel I'm in charge of my care."

Respecting and promoting people's privacy, dignity and independence

- People told us they received the right level of privacy and felt comfortable receiving care.
- People received dignified care and support from staff who knew them well.
- Where possible staff supported people to maintain their independence by offering verbal support and encouragement.

# Is the service responsive?

## Our findings

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

At our last inspection at the previous registered location we rated this key question good. At this inspection the rating has stayed the same. 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

- People told us they received a person-centred service and were supported to have choice and control over their daily lives. Feedback included, "If we ask them to do things they do them" and "Yes, they have to deal with a lot as my mental health varies and I don't know what the day will be like and they always know what to do."
- People were supported by staff who knew them well and they had positive relationships with. The provider was in the process of implementing a new care planning template to better support the recording of outcomes and person centred information.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were discussed and recorded in their care plan.
- The provider had an accessible information policy and would provide records in alternative formats if required.

Improving care quality in response to complaints or concerns

- People were confident to raise any concerns and felt these would be dealt with appropriately. One person told us, "Oh yes I would know how to complain, but I have nothing bad to say."
- The registered manager addressed and monitored any concerns or complaints.

End of life care and support

- Nobody was receiving end of life care at the time of inspection.
- If people had expressed their wishes at end of life, this was recorded in their care plans.

# 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 our last inspection at the previous registered location we rated this key question good. At this inspection the rating has changed to requires improvement. 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

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

- Systems were in place to monitor the service. However, they had not always identified issues found regarding records relating to medicines and management of risks to people.
- People did not always have accurate and contemporaneous records. Care plans and risk assessments were not always robust.
- Records were not always in place or suitability robust in line with their own procedures. For example, recruitment records had not always been scored and induction records were not always completed.
- The management team were open and honest during the inspection. They were responsive to feedback given and were aware of the improvements required.

We recommend the provider considers best practice guidance for record keeping and take action to update their practice according.

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

- People were happy with the support they received.
- Staff felt well supported which lead to a high staff morale. One staff member told us, "It's just a fantastic company to work for I really enjoy working here."
- The registered manager was aware of their responsibilities to inform people when things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff were engaged in the service. This included through staff meetings and regular communication.
- People and their relatives felt engaged in the service. They told us they were asked for feedback through regular communication, reviews and surveys.
- People were positive about the communication from the office and felt confident to ring with any concerns or support they required.
- The service worked in partnership with health and social care professionals.