

Burley's Home Care Services Ltd

Burleys Home Care Services

Inspection report

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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

This inspection took place on 9 May 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager would be available for the inspection. It also allowed us to arrange to visit people receiving a service in their own homes.

Burley's Home Care Services provides personal care to people living in Taunton, Wellington, Wiveliscombe and villages within the area. At the time of this inspection they were providing care and support for seven people, three of whom received personal care. They also provided a domestic service to people living in their own homes.

This was the first inspection of the service since they registered with the Care Quality Commission (CQC) in June 2016. No concerns were identified during the registration process.

There is a registered manager in post. 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.

People told us they felt safe with the staff who came to provide care and support. One person said "Never felt safer I know them all including the manager." One relative said, "We feel so much safer now." There were robust policies and procedures in place to minimise the risks of abuse to people and make sure staff were aware of up to date guidance and legislation. The provider's recruitment policy and procedure also protected people from harm and abuse.

People who received personal care and support from Burley's Home Care Service told us they were happy with the service provided. They said the registered manager and staff were open and approachable, cared about their personal preferences and kept them involved in decision making around their care. Documentation showed people were consulted and consented to the care plan put in place to meet their needs.

People told us they were supported by a small team of staff that they had all got to know very well. The agency was well managed and there were plans to slowly expand the service offered. The registered manager was clear that although they wished to increase the size of the agency, they did not want to lose the consistency people experienced with seeing regular staff at agreed times.

People told us the agency was flexible. The registered manager confirmed they were able to change times and days of visits to fit in with people's life styles or hospital appointments. One person had requested early morning calls but later asked for one morning to be a later call so they could have a "lie in". The registered manager confirmed they had been able to adjust their visit times to accommodate the request.

Staff monitored people's health with their consent and could refer and direct to healthcare professionals as appropriate. Support was provided for people to attend hospital and doctor appointments.

The registered manager had a clear vision for the service. They told us, "It is our aim to improve and sustain the client's independent living by achieving the best possible quality of life for them." This was supported in care plans where staff were guided to assist people with preparing their own meals and drinks rather than taking over and doing them for them.

Care was planned and delivered in a way that met people's needs and took account of their wishes and preferences. Staff encouraged and supported people to maintain their independence and confidence. People were involved in the assessment of their needs and only received care with their consent.

There were systems in place to monitor the care provided and people's views and opinions were sought through care reviews and an annual customer satisfaction survey. Suggestions for change were listened to and actions taken where possible to improve the service provided.

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.

People were protected from the risk of abuse as staff had been trained to recognise and report abuse. Staff were confident any concerns would be acted on and reported appropriately.

People were protected from being looked after by unsuitable staff because safe recruitment procedures were followed.

Risk assessments were completed to ensure people were looked after safely and staff were protected from harm in the work place.

Is the service effective?

Good 

The service was effective.

People received effective care and support because staff understood their personal needs and abilities.

Staff had the skills and knowledge to meet people's needs. The provider had a programme which included training specific to people's care needs.

Staff ensured people had given their consent before they delivered care.

Is the service caring?

Good 

The service was caring.

People received care from staff who were kind, compassionate and made sure people were respected and their likes and dislikes were taken into consideration.

People's privacy and dignity was respected and staff were conscious of the need to maintain confidentiality

People were involved in making decisions about their care and the support they received.

Is the service responsive?

Good 

The service was responsive

People received care that was responsive to their needs because staff had an excellent knowledge of the people they provided care and support for.

People were able to make choices about who supported them and build relationships with regular staff.

Arrangements were in place to deal with people's concerns and complaints. People and their relatives knew how to make a complaint if they needed to.

Is the service well-led?

Good ●

The service was well-led

The vision and values of the service were understood by the staff and these made sure people were at the heart of the service.

There were systems in place to monitor the quality of the service and to seek people's views.

There were robust contingency plans in place to deal with staff shortages and adverse weather.

Burleys Home Care Services

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 inspection took place on 9 May 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager would be available for the inspection. It also allowed us to arrange to visit people receiving a service in their own homes.

This inspection was carried out by one adult social care inspector.

This was the first inspection of the service since they registered with the Care Quality Commission (CQC) in June 2016. No concerns were identified during the registration process.

Burley's Home Care Services provides personal care to people living in Taunton, Wellington, Wiveliscombe and villages within the area. At the time of this inspection they were providing care and support for seven people, three of whom received personal care. They also provided a domestic service to people living in their own homes. We visited the three people using the service in their homes and met one relative. We also spoke with one staff member as well as the registered manager.

We looked at records which related to people's individual care and the running of the service. Records seen included three care and support plans, quality audits and action plans, three staff recruitment files and records of staff training and supervision.

Is the service safe?

Our findings

The service was safe. Everybody we spoke with said, they or their relative felt safe with the staff that supported them. One person said, "They are all very lovely, I feel very safe when they are around." Another person said, "I never feel 'Oh no not them again.' I feel very safe and relaxed."

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work, all new staff were thoroughly checked to make sure they were suitable to work for the organisation. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. We asked staff if the appropriate checks had been carried out before they started work. They confirmed they had not started to work until their DBS check had been received.

To further minimise the risks of abuse to people staff received training in how to recognise and report abuse. Training records showed all staff had completed this training during their induction before they worked with people. There was only a small team of staff at the time of our inspection however the staff member spoken with said they felt confident they could talk with the registered manager if they had concerns about people's safety.

At the time of the inspection there were sufficient staff to meet the needs of the people they provided care and support for. The registered manager explained that they would only take more people if they had sufficient staff to cover the extra time needed. The registered manager also carried out care hours and was available to cover unexpected leave or when staff were delayed due to an emergency or traffic conditions. This meant people could be assured that a member of staff who knew them and their needs would be available to provide their care and support.

Everybody we spoke with said they did not have any problems with late or missed calls. One person said, "This is not our first agency and they are brilliant never late and they stay the correct length of time." The registered manager confirmed they would call people if there was a possibility that staff may be delayed.

Care plans contained risk assessments which established whether it was safe for the person to receive a service in their own home. An initial environmental assessment established whether it was also safe for staff to carry out the care and support required. Risk assessments were completed in relation to falls and the assistance people required moving about their homes. Care plans contained written information about how risks were reduced. For example, one person was allergic to specific strong smells which would cause them breathing problems. The care plan clearly informed staff not to wear perfume and to be aware of what they had eaten before they entered the person's house. We discussed this with the person in their home. They told us the registered manager and staff were very well informed. Since they had been receiving care from Burley's Home Care Service they had not had an incident that placed them at risk.

Staff informed the registered manager if people's abilities or needs changed so risks could be re-assessed.

An immediate visit to reassess any change in needs and risk would then be carried out. This meant people could be reassured that any risk to their safety was assessed and dealt with in a timely manner.

There was a system in place to record any accidents or incidents that occurred. No accidents or incidents had happened, but if they did occur the registered manager had a clear protocol to follow. Any accident or incident would be reported directly to the registered manager so appropriate action could be taken. The time and place of any accident would be analysed to establish any trends or patterns to identify if changes to practice needed to be made.

People's care plans also contained information on the action to take in case of fire or other emergencies. This included the position of turn off points for gas, electricity and water. This meant people could be reassured that staff were aware of how they could manage or prevent an incident. People's care plans also prompted staff to check the person had their "piper lifeline" (this is a system connected to the telephone which enables people to call for assistance from a central call centre) and any mobility aids near at hand before they left.

Some people required assistance with their medicines. Clear risk assessments and agreements were in place and recorded to show how and when assistance was required. There were clear protocols to show at what level the assistance was required, for example just prompting or reminding a person to administer prescribed medicines from a blister pack. People's care plans showed staff were prompted, when writing the daily report, to check they had followed the correct procedure and signed the medicines record chart. Records showed staff received 'managing medicines' training during their induction and the registered manager monitored their competency during spot checks.

The service's policy and procedure for the safe handling of money protected people from financial abuse. When handling people's money as part of their personal care package, staff kept a record and receipts for all monies handled. Records showed staff had followed the procedure and had obtained receipts and signatures from people when they returned their change.

People confirmed staff used personal protective clothing to ensure they were protected from infection. One person said, "They are very good they wear the right things, gloves and aprons." We observed staff used gloves and aprons appropriately and washed their hands before preparing food.

Is the service effective?

Our findings

The service was effective. People received effective care and support from staff who had the skills and knowledge to meet their needs. People said they felt all the staff were well trained and knew their needs well. One relative said, "I think they must receive good training, they all know what they are doing and do it well." One person said, "They know what and how to do things and I don't worry."

The staff member spoken with confirmed they had access to plenty of training opportunities. The registered manager confirmed staff would receive annual updates of the organisation's statutory subjects such as, manual handling, dementia awareness, medication, safeguarding vulnerable adults, infection control, health and safety, food hygiene, first aid and nutrition. We could not check this was happening as the organisation had only employed staff since December 2016. However we saw that staff had received a full induction before working with people and the registered manager had access to training which was specific to people's needs such as dementia and diabetes.

The registered manager confirmed their induction programme followed the Care Certificate which is a nationally recognised training programme. At the time of the inspection two of the three staff were completing the Care Certificate. The registered manager confirmed they were given 12 weeks to work through the books and could come into the office for support and further training. New staff worked alongside an experienced member of staff until they were competent to provide care on their own. The registered manager confirmed they asked people if they were happy for new staff to shadow their regular care worker and would ask them for feedback on how they had got on.

People received their care from staff who were well supported and supervised. Staff confirmed they received regular supervisions. These were either through one to one meetings with the registered manager or spot checks. The registered manager explained they had not held a team meeting as they were a very small team and had not been working together long. A team meeting was booked for later in May. The staff member spoken with said they knew a staff meeting had been booked and they were looking forward to meeting up and discussing their role in the service.

Some people needed support to prepare a meal and ensure they had sufficient food and drink. People's care plans were very clear about the way the person preferred to be supported and how staff should ensure they had sufficient fluids through the day. One care plan was very clear about the person's need to remain independent and how staff would involve them in meal preparation. Care plans were also clear about people's likes, dislikes and any allergies. This meant people were supported to be independent and received sufficient help to maintain a healthy diet.

People only received care with their consent. Care plans contained copies of up to date consent forms which had been signed by the person receiving care, or a relative if they had the relevant authority. The registered manager confirmed they asked to see Lasting Power of Attorney certificates so they were sure the right person was giving consent on the person's behalf. Everybody spoken with confirmed staff always asked them first before they carried out any care.

The registered manager had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. 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. We checked whether the service was working within the principles of the MCA. We spoke with the registered manager about the MCA and Court of Protection. At the time of the inspection nobody lacked capacity to make an informed decision. However we found the registered manager was aware of their responsibility to safeguard the rights of people who were assessed as being unable to make their own decisions and choices.

People were supported to see health care professionals according to their individual needs if they informed the service they required assistance. Some people did not have families living close enough to provide this support. The service would provide staff to help people attend doctors' appointments and hospital outpatient follow ups if needed.

Is the service caring?

Our findings

The service was caring. People said they were supported by kind and caring staff. All of the people spoken with were happy with the service and people said staff were, "Caring, helpful and kind." One person said, "Excellent, wouldn't fault them, no problems. They are all happy people and what is so good is they include my wife, and we have a really good chat. I am happier now than ever with this agency." Another person said, "They are 100%, A1, what else can I say. I look forward to seeing them and they always have a smile and time to talk. I am very happy."

During our home visits we observed the registered manager had a very good rapport with people. The one staff member we met was very cheerful and had a very good friendly relationship with the person they were supporting. They presented themselves as very caring and compassionate when they explained their role in the person's home. We did not observe personal care being carried out, however we did observe the staff offer the person a drink and ask if there was anything they could do whilst they were there. Even when it was not a scheduled visit the registered manager offered to get people a cup of tea. The registered manager introduced us to the people we visited and asked people if they would be happy to talk to us even though they had explained we would be visiting previously. This meant people's wishes were respected and they gave consent before we entered their home.

People commented on the consistency of the staff team. One person told us it was "Refreshing to know exactly who was coming to see them." Another person said, "I know them all very well. I know as they get bigger they will have more work to do but I have my little team and they have said they will still be with me when they have more work." The registered manager confirm that as the agency grew they would employ staff for specific geographical areas so staff would have a regular route providing consistency for people.

People said the carer workers who visited them were all polite and respectful of their privacy. Everybody confirmed personal care was provided in private and in the room of their choice. People said staff treated them with respect. One person said "They are always polite and cheerful they make me feel very comfortable."

The service kept a record of all the compliments they received. If compliments were specific to an individual member of staff the person's message was shared with them. All staff would also be informed of general compliments received.

People were supported to express their views and remain involved in decisions about the care they received. People were included in all care reviews and their comments taken into account. The registered manager carried out care visits so was able to re-assess and review people's care needs personally. An initial contact was made with people by telephone following the first week of care to discuss any changes that might be needed. Further reviews of care would be carried out regularly to ensure people's changing needs were recorded. People were always involved in the reviews which included questions about how happy they were with the care and support or if there were any changes they would like made. People told us they felt they maintained control over their lives and the care and support they received.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

Is the service responsive?

Our findings

The service was responsive. People received care that was responsive to their needs and personalised to their wishes and preferences.

Staff had a good knowledge of the needs and preferences of people they cared for. The staff member spoken with was able to describe how they supported the people they visited. People said staff understood their needs and looked after them in the way they wanted to be looked after. One person said, "It is all about us, which is really good we say how we want things and they manage to get it in the care plan. The staff know what my needs are and I certainly can't complain."

The agency's initial assessment documents showed people were asked if they had a preference of care worker. The registered manager confirmed that if a person said they only wanted a female or a male care worker the agency would respect their wishes. People said they could express a preference for the care worker who supported them. One person said that this was not an issue at the moment but as the agency grew they might need to discuss this with the registered manager. They said they felt happy that anything they raised would be managed appropriately.

People's care needs were assessed on their first meeting with the registered manager. All needs were discussed and the initial package agreed with the person or a relevant person if they were unable to take part. The registered manager confirmed they would discuss with the person the support they were able to provide. If they felt the service could not meet the person's needs they would signpost them to another service who may be able to provide a package of care. This was to make sure the service could meet the person's needs and expectations. People were able to make choices about how the service supported aspects of their day to day lives. They were able to choose how much support they required and when it was delivered.

The registered manager explained how they would be honest with people about the times they could provide care and support at the assessment stage. Following the initial visit, care plans were developed outlining how their needs were to be met. One person said they had discussed their care plan with the manager and it had been agreed and signed by them.

All the care plans we looked at gave clear information about the support people required to meet both their physical and emotional needs, and had information about what was important to the person. They were person centred and included what people liked and disliked. There was a clear life history which helped staff to understand the person and topics they could talk about. For example, during one home visit we met a person who received personal care and a sitting service. During our visit we noted the care worker was playing a board game with the person. The person told us they enjoyed a board game and was going to "win a game of dominoes later." The care worker said they felt it was important to keep the person engaged during their visit. The registered manager explained that the relative had specifically requested the visits were structured. This was clearly recorded in the care plan and daily records showed staff were following the care plan.

The service was responsive to people's changing needs. Staff would inform the registered manager of changes in people's health and mobility. The registered manager confirmed they would visit the person to assess the changes and discuss the need for any additional support or equipment. They said if the person required new equipment they would arrange training for staff in its correct and safe use.

The agency had a clear policy and procedure on managing concerns and complaints. The policy included a flowchart to follow with actions and timescales. No Complaints had been received at the time of the inspection. People said they felt they could complain if they needed to, they were sure the service would respond to their concerns. One person said, "I haven't had to complain but I would ring the office if I needed to, but I see the manager regularly to talk to." Another person said, "I have been with other agencies, but this one really shows they care about what I think and want. I am not backwards in coming forwards, so say it as I see it and they listen and I can honestly say I have not had a problem once."

Is the service well-led?

Our findings

The service was well led. People described the service as being well run. One person said "It's the best I have experienced and I know a few. [The registered manager] is really on the ball they listen to us and their staff, and they are not afraid of coming out and doing care work themselves." The registered manager was appropriately qualified and experienced to manage the agency. They had completed training and held qualifications in health and social care and leadership and management. They kept their skills and knowledge up to date by reading and attending further training.

People told us the registered manager was open and approachable, they confirmed they knew how to contact them both during and outside office hours, One person said, "Nothing is too much; the manager is there to talk with and I see them regularly as well."

The registered provider had a vision for the agency which was clearly stated in their statement of purpose, (this is a document services must make available for people). It read, "Burley's Home Care Services believes that an individual's future should be planned by the individual them self as they hold the key to what their expectations and aspirations are." We saw this demonstrated throughout our inspection, people all confirmed they were at the centre of the planning and on-going support they received. The registered manager explained, "It is our aim to improve and sustain the client's independent living by achieving the best possible quality of life for them." This was supported in care plans where staff were guided to assist people with preparing their own meals and drinks rather than taking over and doing them for them.

There was a business plan in place to enable the agency to expand at a steady rate. All documentation in use was robust enough to support a larger agency. For example care plans were very comprehensive and provided clear details for staff to follow. The recruitment process was robust and minimised risks to people. The registered manager told us they wanted to expand the business slowly without it having an adverse impacting on people's care. They explained they would only take more people when they had sufficient staff to cover the care hours required. A recruitment programme was on-going and prospective staff were being assessed for their suitability to provide care for vulnerable people.

People benefitted from an agency which monitored the quality of the care provided and had a commitment to on-going improvement. There were quality assurance systems which included announced and unannounced spot checks on staff working with people in their own homes. There were satisfaction surveys to gauge people's views and seek suggestions for any improvements which could be made. The registered manager explained that they had not been running long enough to carry out a full customer satisfaction survey. However documentation showed they had sought people's feedback during care plan reviews and spot checks on staff. The comments they had received showed people were satisfied with the standard of care and support provided. One person who had completed a survey said, "Absolutely delighted with Burley's. It's been completely trouble free." The registered manager also confirmed they had been in conversation with the provider about them carrying out an unannounced spot check on the agency now they were up and running.

The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The service had a contingency plan in place to make sure people in need continued to receive a service if adverse weather was experienced during the winter. Each person had an assessment of how essential their visit would be in bad weather conditions. It included information about who could provide the care if staff were not able to reach them. From these assessments staff would be able to prioritise their workload. An appropriate four wheel drive vehicle was also available within the organisation if they were needed.

The registered manager was aware of the legal responsibilities of being a registered person and although they had not needed to notify the Care Quality Commission of any significant events they were aware of their legal duty.