

Mr Nigel Roy Burton

Burton Home Care

Inspection report

Unit 3, Kingfisher Court
Pinhoe Trading Estate, Venny Bridge
Exeter
Devon
EX4 8JN

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Tel: 01392340222

Website: www.burtonhomecare.co.uk

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Burton Home Care is a domiciliary care service, which provides support for adults in the community, who require assistance with personal care, including those living with dementia, physical disabilities, mental health needs and sensory impairments. At the time of our inspection there were 35 people who used the service.

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

The provider had not been aware of the requirement to submit statutory notifications, which meant legal requirements had not been met.

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, however further improvements were required which had not been identified by the provider. The provider acted immediately in response to feedback given and the improvements were made.

Recruitment checks were carried out for staff before they started working at the service to ensure they were safe to work with vulnerable people. However, improvements were needed.

People's needs were assessed before they started using the service and regularly reviewed. Risk assessments and care plans were comprehensive. They provided the guidance staff needed to understand and minimise risks and meet people's needs. When people needed support with taking their medicines, this was provided safely.

People were protected from the risk of abuse and avoidable harm. Lessons learnt from accidents and incidents were used to prevent reoccurrences.

People were supported to live healthier lives, with staff supporting and contacting health care professionals when needed. Staff worked in partnership with other professionals to ensure people received the right support.

A detailed Covid 19 risk assessment was in place and reviewed monthly. Staff were tested weekly for Covid 19 and had received their vaccinations. All had completed relevant training and kept up to date with relevant guidance. They were provided with the recommended PPE, enabling them to support people safely.

Staff received a comprehensive induction, training and supervision to support them in their role, and were encouraged and supported in their professional development. They felt valued by the management team and their hard work was recognised and rewarded. People spoke highly of the knowledge and skills of staff and the quality of the support they received. Comments included, "This is the best company, I would

recommend them" and, "All the girls are lovely, just lovely. They will do anything for you."

The provider and management team led an open, transparent and person-centred service which helped people and staff feel valued and supported. They were committed to continuing to learn and improve, responding immediately to feedback given during the inspection and addressing any concerns raised.

Clear processes were in place to ensure effective monitoring and accountability. There was a quality assurance programme which was informed by feedback from people, relatives and staff.

We have made a recommendation about recruitment practices.

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)

The last rating for this service was requires improvement (published 29 August 2019) and there were multiple breaches of regulations. At this inspection enough improvement had not been sustained and the provider was still in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

We carried out an announced comprehensive inspection of this service on 09 and 12 July 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the need for consent, and governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well Led which contain those requirements. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has not changed and remains requires improvement. This is based on the findings at this inspection.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the failure to submit statutory notifications and governance.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Burton Home Care on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Is the service effective?

Good ●

The service was effective.

Is the service well-led?

Requires Improvement ●

The service was not always well-led

Burton 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 Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

The service had a manager registered with the Care Quality Commission who was also the provider. This means that they were legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period of notice of the inspection because we needed to be sure that the provider/registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke

with three members of staff including the provider/registered manager, care supervisor and care staff.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policies and quality assurance records. We spoke with two professionals who had previously worked with 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- At our last inspection we found the provider had failed to ensure risk assessments consistently and accurately provided the guidance staff needed to understand and minimise risks. At this inspection we found this was no longer the case.
- Since the last inspection the provider had reviewed and revised the risk assessment paperwork to ensure it contained accurate and detailed information. There were detailed risk assessments in place for all people supported by the service. They contained clear guidance for staff about how to minimise the risks, for example related to skin integrity, moving and handling, cognitive decline and Covid 19.
- There were effective systems to ensure information about changes to people's needs was shared on a day to day basis. Staff were kept informed and reported any changes in people's needs to the office. This meant action was taken promptly to keep people safe, for example through referrals to health and social care professionals.
- There were systems in place to ensure people would not be placed at risk if there were any problems affecting service provision, such as staff sickness or adverse weather conditions. People's level of vulnerability was assessed to ensure the most vulnerable people would be prioritised if there were any problems.

Systems and processes to safeguard people from the risk of abuse

- All staff had received training in safeguarding and their knowledge was checked monthly as part of the providers monthly review of the service.
- Records showed staff had been proactive in recognising and reporting safeguarding concerns and taking action to protect people.
- The service had worked effectively with the local authority and safeguarding team to raise and investigate concerns. They had taken action to protect people where necessary. Feedback from a social care professional thanked them for doing all they could to keep one person safe.

Staffing and recruitment

- The provider endeavoured to ensure new staff were recruited safely. We found some gaps in employment history, which the provider undertook to discuss with the members of staff in response to feedback given. Disclosure and Barring Service checks (DBS) were completed and references taken for new staff employed by the service. The DBS checks people's criminal history and their suitability to work with vulnerable people.

We recommend the provider seek advice and guidance from a reputable source about safe recruitment practices.

- There were enough staff to support people. People told us staff arrived on time or would call if they were running late. There were no missed visits.
- Staff told us they were given enough time to meet people's needs. Extra safety checks were carried out during lockdowns to check on people's welfare and ensure they weren't going to run out of essentials.

Using medicines safely

- People received their medicines safely and on time. Medicine administration records (MAR) were kept recording details of people's medicines and when they were given.
- In depth training in medicines administration was delivered by the provider at the office. Regular spot checks were completed to ensure staff maintained their knowledge and skills. Any concerns were followed up with staff in further spot checks and supervision, however this was not consistently documented. The provider undertook to make the necessary improvements in response to feedback given.
- There were robust quality assurance checks to ensure medicines were administered safely and as prescribed. Prompt action was taken in response to any concerns identified to minimise the risk of recurrence.

Preventing and controlling infection

- The training matrix showed all staff had completed training in infection prevention and COVID 19 specific training.
- Staff were tested weekly for COVID 19 and had received their vaccinations.
- Staff were provided with the recommended PPE and the provider ensured they were kept up to date with relevant guidance.
- Visitors to the office had their temperature checked on arrival and were provided with antibacterial hand gel. Masks were worn and social distancing observed.
- A detailed Covid 19 risk assessment was in place and reviewed monthly.

Learning lessons when things go wrong

- Accident and incident documentation was in place with detailed information, including actions taken and outcomes.
- There were systems in place to identify trends and themes and further action required, for example in relation to medication errors and accidents and incidents.
- The providers service improvement plan evidenced the provider had taken on board feedback from the previous inspections and worked hard to make the necessary improvements.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

- At our last inspection we found assessments of capacity under MCA had not always been carried out, or best interest decisions made. At this inspection this was no longer the case, although further improvements were needed.
- Assessments of capacity were not decision specific. The provider acted immediately in response to feedback given, reviewing and updating all capacity assessments and the MCA policy to ensure they were in line with the guidance.
- Capacity assessments were detailed, and person centred. They showed that people had been fully supported to understand and make a decision about the questions being asked. Their representatives and others had been appropriately involved in any best interest decisions.

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

- Records showed a comprehensive assessment of people's needs was completed prior to them being provided with a service. This ensured staff had the knowledge and skills required to deliver the requested support before the package of care was agreed.
- The agency was diligent in ensuring the information and risks identified in the commissioner's initial referral were clarified with the person using the service and incorporated into the risk assessment and care plan.
- The provider was proactive in ensuring care was delivered in line with standards, guidance and the law. For example, a Covid 19 Risk assessment was in place and reviewed at least quarterly, to ensure it reflected current government guidance.

Staff support: induction, training, skills and experience

- People told us staff were well trained and professional.

- Staff completed the providers mandatory training which was refreshed annually to ensure knowledge and skills remained current. Additional specialist training was arranged if required, to enable staff to meet people's individual needs.
- Staff confirmed they received the training and support they needed to provide safe and effective care. They told us, "This has been the best work setting for training and support. They are really very good"
- Staff were well supported through three monthly supervisions and spot checks. The Provider Information Return stated, "Field Care Supervisors, supported by the provider, work with staff during spot checks and supervisions to promote an open and empowering culture focused on staff development and positive outcomes for service users."

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

- Where required people were supported, as part of their care package, to maintain their nutrition and hydration.
- Care plans gave clear guidance to staff about people's dietary needs and preferences. For example, "I will normally have porridge made with milk and a tiny amount of sugar to sweeten, or I may like cereal, please offer me a choice."
- Risk assessments had been completed when people were at risk of malnutrition, dehydration or choking, with measures in place to mitigate the risks. For example, "carers to use a fork or spoon to feed X. Carers to give small mouthfuls to enable X to digest it safely." Food and fluid charts were completed on each visit and any concerns referred to external health and social care professionals as required.

Staff working with other agencies to provide consistent, effective, timely care

- The Provider Information Return stated, "Burton Home Care actively looks to seek involvement from specialist services when the needs of the service user are beyond what we are able to provide. For example, requesting support from diabetes nurses, occupational therapists and dieticians when changes such as weight increase or change in mobility have been reported by the carers or service user."
- Records confirmed staff worked effectively with a range of health and social care professionals to ensure people's needs were met.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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. 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

- Legal requirements were not always understood or met. Statutory notifications had not been submitted. The provider had not been aware of the requirement to do so.

The failure to submit statutory notifications is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- The provider had failed to effectively monitor the quality and safety of the service.
- Governance systems had not identified that statutory notifications had not been made, or that a full employment history had not been obtained for all staff to ensure they were recruited safely.
- At our previous two inspections we found mental capacity assessments had not been completed in line with the Mental Capacity Act 2005. On both occasions the provider advised they had taken the action required to ensure people's rights were fully protected. At this inspection we found although significant improvements had been made, further improvements were still needed.

The continued failure to operate effective systems to ensure compliance with Regulations is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider welcomed the feedback given and took immediate action to address the concerns raised.
- There was an experienced and well qualified management team in place. They had clearly defined roles and responsibilities, promoting safe and effective service delivery.
- The provider had worked with the local authority quality assurance and improvement team (QAIT) to develop and improve quality monitoring systems. Monthly audits looked at all aspects of service provision, including care plans; supervision and training; infection control; medication; accidents and incidents and safeguarding. Any action required was added to the service improvement plan, with clear timescales and responsibilities.
- Staff practice was monitored through spot checks, supervision, and feedback from staff and people using the service. Any concerns were addressed.

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

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

- People spoke highly of the service and the support provided. Comments included, "This is the best company, I would recommend them" and, "All the girls are lovely, just lovely. They will do anything for you."
- People's views about the service were sought via a satisfaction survey. The findings were analysed, along with complaints, compliments and concerns to identify any themes an action required.
- The Provider Information Return (PIR) emphasised the importance of staff understanding people's communication needs, to enable them to express their views of the care being provided.
- Staff told us they were well supported, and staff morale was really good. They told us, "This is one of the best companies I have worked for," and they felt valued and listened to.
- The provider was aware of the impact of the pandemic on the staff team. They told us, "The staff have been amazing. They are absolute heroes, not one has let us down. We've been one big family and got through this together." Care staff had been given certificates in recognition of their dedication, and 'carer of the month' was celebrated.

Continuous learning and improving care

- The provider was committed to their own professional development and that of the staff team. They reviewed and adapted their training programme to ensure it met the learning needs of staff and promoted best practice. For example, they told us the existing MCA training was not sufficiently thorough, stating "so I have now added a specific MCA training video with workbooks and a questionnaire. This was trialled with a couple of staff in December 2020 during lockdown. I have now added it as a mandatory training being given to all staff this year."
- Staff were supported with their continued professional development, undertaking relevant vocational qualifications.

Working in partnership with others

- The service worked in partnership with a range of external health and social care professionals to meet people's needs, including GP's, district nurses and the local authority. Records showed they had attended and contributed to multi-disciplinary team meetings where people's support needs were discussed.
- The provider participated in local authority provider forums to inform themselves about developments in their sector and share best practice.
- The provider played an active role in the community, sponsoring the Pride of Devon Awards and local 'wellbeing' clubs for men and women.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents Statutory notifications had not been submitted. The provider had not been aware of the requirement to do so.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to operate effective systems to ensure compliance with Regulations.