

Burn Brae Care Limited

# Burn Brae Care Limited

## 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

### About the service

Burn Brae Care Limited is a domiciliary care service providing personal care to 160 people, with a range of needs, at the time of the inspection.

Burn Brae Care Limited also provides a responder to service to people living in extra care housing. 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

People and their family members told us they felt safe being supported by the care staff, who were kind, caring and compassionate. Staff had been trained in safeguarding vulnerable adults and children and knew how to report concerns and minimise risk.

Improvements had been made to the way medicines were managed since the last inspection. Safe recruitment practises were followed. People said they were supported by regular staff who arrived on time, knew them well and stayed for the required time frame.

People's needs and preferences for care and support were assessed on a regular basis and changes made to care plans as needed. People thought the staff were competent and professional. Staff said they were well trained and well supported by the management team who were always on hand if needed.

Staff worked in partnership with other care professionals such as speech and language therapy, physiotherapists and district nurses to make sure people received the care and support they needed. People said they were supported to attend medical appointments if needed.

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. Staff supported people in the way they requested and were respectful of people's dignity, encouraging people to maintain their independence.

No one had any concerns or complaints about the service and said they thought everything was well managed. Various systems and processes were used to make sure people's care was of a good quality. People were encouraged to share feedback on the service and the staff by way of regular visits from management and coordinators and also through an annual survey.

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

### Rating at last inspection

The last rating for this service was good (report published 18 August 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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?

The service was safe.

Details are in our safe findings below.

Good ●

### 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 well-led.

Details are in our well-led findings below.

Good ●

# Burn Brae Care Limited

## 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 completed by one inspector.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 26 February 2020 and ended on 5 March 2020. We visited the office location on 2 and 5 March 2020 and on other dates spoke with people, family members and staff.

#### 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 who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection this

We spoke with six people who used the service and five relatives about their experience of the care provided.

We spoke with ten members of staff including the registered manager who was also the nominated individual and provider of the service. The nominated individual is responsible for supervising the management of the service. We also spoke with the assistant manager, coordinator, care workers and administrative staff.

We reviewed a range of records. This included three people's care records and multiple medicine records. We looked at a variety of records and policies 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Process were in place to minimise the risk of abuse and keep people safe.
- Staff had attended training and knew the steps to follow if they had any concerns.
- People's comments included, "I feel very safe with the girls, they are all very good."

Assessing risk, safety monitoring and management

- Overall, risks were assessed and minimised. Some records lacked detail in relation to how risks were managed. Staff were able to discuss this with us and it was evident they knew how to minimise risks.
- An electronic monitoring system was used which minimised risks associated with lone working in the community and kept staff up to date with any urgent or immediate changes.

Staffing and recruitment

- Safe recruitment procedures were followed.
- There were enough staff to meet people's needs.
- People said they had a regular team of staff who visited them, which provided continuity in care. One person said, "I have the same staff come to see me, it's very important that I know them."

Using medicines safely; Learning lessons when things go wrong

- Overall, medicines were managed safely.
- Lessons had been learned since the last inspection and an improved monitoring system had been introduced. Assurance checks had identified 99% of medicine records as being compliant with the organisation's standards.
- Medicines risk assessments contained limited information on people's individual medicines and any associated risks. We discussed this with the assistant manager who agreed they could be developed further. One person said, "I tell the staff what medicines I need so I am in control."

Preventing and controlling infection

- Staff were trained in the prevention and control of infection.
- Staff said they had a plentiful supply of personal protective equipment including disposable gloves, aprons and shoe covers.
- Contingency plans were in place for the event of an infectious outbreak.

# 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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed and reviewed regularly in line with best practice guidance.
- People told us, "If anything changes I just ring the office or tell the girls and someone comes out to update things straight away."

Staff support: induction, training, skills and experience

- Staff said they were exceptionally well supported by the management team and coordinators. One person said, "The staff are very competent."
- All new staff completed the Care Certificate which is a recognised set of standards for people working in social care.
- Training deemed as mandatory by the provider was completed alongside any training staff needed in relation to people's individual needs, such as dementia awareness and mental health awareness.
- Staff comments included, "Management are very approachable," "there's an open door policy" and "they will help with anything."

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

- Staff were knowledgeable about people's dietary requirements and encouraged people to maintain a healthy, balanced diet.
- Guidance from speech and language therapists was sought and followed if people had particular needs, such as swallowing difficulties and oral health needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked alongside healthcare agencies including physiotherapists, district nurses and GPs as well as any specialist healthcare practitioners involved in people's care.
- People told us they were supported to access health appointments such as dentistry, chiropody and hospital appointments.

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

- No one who was being supported at the time of the inspection had a Court of Protection order.
- If staff thought a person's capacity was deteriorating the organisation's procedure was to contact the care manager and/or GP for an assessment.
- Staff were knowledgeable about capacity and consent. People told us staff always sought permission before offering care and support.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained 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

- Everyone we spoke with was complimentary of staff and the good quality of support they received. One person said, "The support is invaluable, I couldn't manage without them."
- People said they were treated with respect and staff commented how there was mutual respect between people and themselves which allowed for an appropriate laugh and a joke.
- A family member said, "They are absolutely brilliant, the carer is wonderful, the relationship is lovely, they have a good chat and make everyone comfortable. [Person] loves her [the care worker]."
- Staff spoke about people in a respectful, caring manner and shared how they supported people in a sensitive and compassionate way.
- Staff had attended training in equality and diversity.

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

- People were fully involved in decision making about their care by way of inclusion in writing and reviewing care plans. One person said, "I am in control of how the staff support me, I dictate what needs to be done and am actively involved in detailing what is to be done and how it should be done."
- Staff explained how they would support people to access the services of an advocate if they felt the person needed someone to act on their behalf.
- People were very clear in their opinion that they received a good quality of care and support and had no concerns. The majority of people spoken with said they would recommend the service.

Respecting and promoting people's privacy, dignity and independence

- Everyone we spoke with shared how their privacy and dignity was respected. They explained how staff supported and encouraged their independence. One person said, "If I can do it for myself, they let me do it, but if I need a bit of help with it some days that's fine as well, I just need to say."
- One person said, "I am in control of everything, I direct my support and say what is needed so my independence is maintained. This also supports my [family member] to be independent as well."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to 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 needs and preferences.

At the last inspection, we made a recommendation that care records be reviewed to make sure they contained sufficient detailed information about each person and their needs, and that records about the care delivered were well maintained and complete. At this inspection we found some improvements had been made.

- Care records included people's preferences and, overall, had a good level of detail in relation to how people wanted their needs to be met. Some care plans would benefit from additional detail in relation to the specific support people wanted. The registered manager acknowledged this and said information would be added.
- People told us their needs were very well met. People said they had care plans but told staff on a day to day basis what they needed and how they needed it to be done.

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.

- Staff understood people's specific communication needs well.
- The registered manager confirmed they were able to access documentation in different formats, including braille and alternate languages if needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Enablement support was provided for some people where they were supported to engage with the community.

Improving care quality in response to complaints or concerns

- A provider was in place for investigating and learning from complaints and concerns.
- People and their relatives told us they had no concerns or complaints about the care they received.
- One person said, "If there is anything, I just ring the office and it gets sorted straight away, I couldn't ask for more."

#### End of life care and support

- Support was provided for people who were at the end of their lives. Staff worked closely with a local hospice and the district nurse team to provide compassionate care and support for the person and their family member.
- A specific team of care staff provided end of life care. These staff had been well trained and showed emotional resilience in relation to ensuring people had a dignified death. Support was also offered to family members at this sad time.
- An end of life wishes document was available. The registered manager advised this was being included in people's care files so people could be supported to make decisions about their end of life wishes if they chose to do so.

# 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 good. At this inspection this key question has remained the same. 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

- There was a shared vision for the organisation to provide person-centred, individual care that was of good quality and met people's needs and preferences.
- Everyone we spoke with described the organisation as being well-managed and family-oriented.

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

- Duty of candour was understood by the management team. The registered manager said, "It's about openness and transparency, honesty, communication, and offering an apology."

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

- There was a clear organisational structure including the registered manager, assistant manager, coordinators, and community care staff. Staff understood their roles and responsibilities in relation to the provision of care and everyone had a shared understanding of good quality care.
- Quality of care was assured by various means, including spot checks and observed visits. Care records were reviewed in response to any changes in people's needs.
- An electronic monitoring system was used which kept staff up to date with any changes or amendments.

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

- People were involved in the service by way of regular reviews of care, either six-monthly or in response to changes and queries.
- Annual surveys were completed which included the opportunity for people to share feedback about care staff and the management of the organisation.
- The organisation had an active community presence and supported various events.

Continuous learning and improving care; Working in partnership with others

- There was a clear focus on the use of training and development to continuously learn and improve.
- Partnership working alongside healthcare professionals was evident. There was regular attendance at provider forums and local authority training events.

- The management team were very receptive to feedback from the inspection and shared ideas for further development and improvement.