



Desire Care - Burton

Overall Requires improvement

107 Waterloo Street, Burton-on-trent, DE14 2ND (01283) 777300

Provided and run by:

Mr Johnson Gyamfi Amoo

 This service was previously registered at a different address - [see old profile](#)

Report from 19 June 2025 assessment

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Safe

Requires improvement 

31 July 2025

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

At our last assessment we rated this key question good. At this assessment 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.

This service scored 50 (out of 100) for this area. Find out [what we look at when we assess this area](#) and [How we calculate these scores](#).

Learning culture

Score: 2

The provider did not always have a proactive and positive culture of safety based on openness and honesty. Staff did not always investigate and report safety events. Lessons were not always learnt to continually identify and embed good practice.

The provider did not have a robust system in place for reporting and reviewing accidents and incidents. The recorded accidents and incidents did not always contain enough information of what action was taken and it was not always clearly recorded if people's immediate needs were responded to.

For example, we found entries which included limited information of where staff had arrived at calls, and the person was not in the premises at the time of the call. One incident detailed the staff member had attempted to call the person's next of kin and sent them a text when they were unavailable, the entry stated, "I left the premises with no concerns." The record confirmed the office was contacted about this incident, however, there was no further information recorded of the action taken, any follow up or referrals made. There were no lessons learnt recorded, or action taken regarding the member of staff to learn from the incident.

We also found some entries which required the provider to notify us, however, we had not been informed. We raised this with the registered manager who reviewed their accident and incidents and retrospectively made some safeguarding referrals and submitted notifications to us in line with their requirements.

The management team did not have a system to review the accidents and incidents to ensure required action was taken and to identify any themes or trends. We also found the record for accidents and incidents contained entries of professional notes or where family members had cancelled calls. This meant there was not a clear record of accidents and incidents.

People and relatives, we spoke with, however, confirmed they did not have any concerns to raise, but knew how to raise them if they did and felt action was taken to address them. One person, told us, "There have been times when I have been disgruntled, but is ok now, the issues I had, they were resolved." Another person told us, "I will tell them [Staff] and they will change what I am concerned about, I am very happy."

Staff also informed us of the action they would take to report any concerns; however, we found follow up actions were not clearly recorded. This meant there was a risk of accidents and incidents reoccurring, as there was no audit of mitigations in place.

Safe systems, pathways and transitions

Score: 2

The provider worked with people and healthcare partners to meet people's needs, however further information was required to ensure safety was managed or monitored.

We found the provider worked well with other professionals to meet people's needs. We saw people's daily records contained information where professional input was sought following staff identifying concerns. We found; however, the provider did not always update people's care plans and risk assessments following the professional input. This meant staff might not always have up to date information when supporting people.

People and relatives, we spoke with however, felt staff worked well with professionals to meet their needs. One person told us, "Through the doctors referral, I have got physiotherapy treatment. Although they [Staff] don't take over, they will help with that, and support with what the physiotherapy has told me to do." Another person told us, "Staff listen and take action, they follow guidance from physiotherapy, they don't come when the physio is here but follow what needs to be done."

Staff we spoke with also confirmed they were informed if there were any changes to people's needs, and they felt they could safely support them. One staff member told us, "If raised, they [Office staff] will follow up with professionals, if I have any problem, I discuss with management, they guide us, make referrals if needed, everything is good there."

Safeguarding

Score: 1

The provider did not always work well with people and healthcare partners on improving people's lives or protecting them from avoidable harm and neglect. The provider did not share concerns quickly and as required.

The provider was not following their safeguarding policy which outlined their responsibility to share information and act on any risk of abuse or neglect. The policy included a diagram of information gathering and who to raise concerns with, however, the provider's accidents and incidents record highlighted a number of safeguarding referrals which were not made as required.

We reviewed 1 record, for example, which confirmed staff arrived at a call and found the person on the floor. The staff member pressed the person's pendant, and the care line called an ambulance. Whilst the person's next of kin was informed, there was no safeguarding referral made for the unwitnessed fall and subsequently no notification made to us.

The guidance provided for staff within the safeguarding policy was limited, it informed them to report incidents to the manager who would take advice and follow appropriate guidance, there was no further information of who to take advice from or what guidance to follow. The policy did not inform staff of where to report concerns should the registered manager be involved in the safeguarding concern, as it stipulates for them to go to the senior manager. We found, the policy did include contact details for the local authority safeguarding team, however no further information or guidance for contacting them.

People and their relatives we spoke with however, confirmed they felt safe with staff and were complimentary of the care they received. One person told us, "I absolutely feel safe with the staff here. The care is absolutely excellent, top quality, I cannot praise it more."

Staff we spoke with confirmed they received training in safeguarding and knew the process to follow if they had any concerns. One staff member told us, "If a client deteriorates, and I see, I will immediately call office to inform them, if there is a need to call 999 I will call."

Involving people to manage risks

Score: 2

The provider did not always work well with people to understand and manage risks. People's care plans were not always reflective of their current risks and needs.

People's care plans did not always contain up to date information to inform staff of their current risks or needs. For example, people's care plans referred to specific health conditions, however, there was no further information of how staff should support the person in relation to this condition, or how to monitor their specific needs.

People and relatives, we spoke with however, confirmed they were involved in their risks, and they felt staff knew them well and how to support them in line with their needs and preferences. One relative told us, [Person's name] does adapt staff's role, they work with them, they know what they want and the care, [Person's name] will work with the carers so they will provide support how they want to be supported." Another person told us, "They [Staff] are very helpful and friendly, they work with me. They include me with decisions."

Staff we spoke with felt people's care plans contained enough information to inform them how to manage people's risks. One staff member told us, "The coordinator does the assessments which they then include in the care plan, they explain the file, we have to read it all so you know what to do when you go there. There is enough information for us to support them."

Safe environments

Score: 3

We did not look at Safe environments during this assessment. The score for this quality statement is based on the previous rating for Safe.

Safe and effective staffing

Score: 1

The provider did not always make sure there were enough qualified, skilled and experienced staff and not all staff records showed they received regular supervision and development.

Staff were not provided with specific training to meet people's specific needs. For example, staff were not trained in supporting people with diabetes or where people had a learning disability or autistic people. This was not in line with the right support, right care, right culture guidance.

We found where 1 person had a medical device used to collect waste from their body, the registered manager confirmed staff received specialist training from the district nurses to support this person with this. We found, however, there was no evidence or certificates of staff completing this training and the registered manager confirmed they had not received any records of staff attendance. This meant we could not be assured staff could safely support this person and meet their specific needs.

Staff recruitment files did not always contain evidence of consistent supervisions, appraisals or competency checks. One staff member's Disclosure and Barring Service (DBS) checks was not evident within their file. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Previous employee references were also not always obtained and stored within staff files. This meant the provider could not be assured only staff who were suitable to work with people were employed.

We reviewed the provider's Electronic Call Monitoring (ECM) data for planned and actual call times. We found several entries where more than one call was scheduled at the same time and where staff members had signed into multiple calls at the same time. There were also entries where there was limited or no travel time between calls. This meant the provider could not be sure that people had their care at the right times.

People and relatives, we spoke with, however, overall provided positive feedback about the staff team and confirmed they had a specific call time, which staff adhered to. One person told us, "The care is excellent, I am never without care, they are always there, and that means a lot to me." Another person told us, "The care is top quality, I cannot praise it more, nothing is too much trouble. Staff stay for the duration of the call, sometimes I give a day and time when I have to get my hair cut, but they come around that."

Infection prevention and control

Score: 3

We did not look at Infection prevention and control during this assessment. The score for this quality statement is based on the previous rating for Safe.

Medicines optimisation

Score: 2

The provider did not always make sure the administration of medicines and treatments were effectively recorded.

People's records did not contain enough information when people refused medicines or had topical medicines applied. For example, there was limited information recorded when 1 person refused their medicines at a particular time each day on several occasions. Whilst the provider informed us of the action taken, this was not clearly detailed within their care records to inform staff. We also found for 1 person; their topical administration chart did not clearly record when creams had been applied to match the recordings on their skin inspection chart.

People's care records did not contain protocols for people's 'as required' medicines. This meant staff may not have the correct information to administer this medicine. When raised the provider confirmed they would put these in place.

People and relatives, we spoke with, however, confirmed they had no concerns around staff supporting them with their medicines. One person told us, "They [Staff] do my medication every day, no concerns at all." Another person told us, "They [Staff] get all my tablets out for me, they tell me which tablets are which, they ask me, and I can say no. They are really good, my carers."

Staff members we spoke with, also confirmed they received training in the administration of medicines and felt confident and supported to meet people's needs. One staff member told us, "We [Staff] have spot checks, the coordinator has been round and done that, I am happy they check what is going on, especially with medicines to make sure I am giving it correctly."

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