Birchwood Homecaring Services Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection too place on 15 and 16 November 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to speak with us. The service provided domiciliary care and support to people living in the Ripley area of Derbyshire. At the time of our inspection there were 209 people using the service.

There is a registered manager at the service. 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 team from Birchwood Homecaring Services Limited. Staff had a good understanding of the various types of abuse and knew how to report any concerns.

People were not supported by a staff team that was consistent. People told us staff did not always arrive when they were expecting them and they were regularly not informed their calls were going to be late. Some people experienced missed calls. Some people were supported by regular staff who respected their privacy and dignity. However, some people told us they did not feel they were always treated with dignity by some staff.

People were supported to take their medicines safely. Staff had received the necessary and appropriate training to assist them to meet people's needs.

The registered manager understood the principles of the Mental Capacity Act 2005 (MCA) and their responsibilities around this. People using the service told us staff always obtained their consent before they provided care and support. Staff we spoke with confirmed this.

Staff had a good understanding of people's dietary needs. They were aware that different medical conditions meant people had to eat at regular intervals. This information was recorded in care plans. Staff ensured people's physical well-being was supported and maintained and contacted health and social care providers when this was necessary.

People contributed to an assessment of their needs and received care that met their needs.

People felt able to raise concerns with the service. People were satisfied with the services response to their concerns. However, some people expressed the view that when they tried to contact the office their messages were not always returned. Information about how to make a complaint was included in the information sent to new service users.

The staff team had a good understanding of their roles and responsibilities.

At the last inspection there was a breach of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 systems and processes around Complaints. This relates to a breach of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 16 Receiving and Acting on Complaints. At this inspection we found there were adequate systems and processes in place to meet this requirement.

At this inspection there was a breach of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 12 Safe Care and Treatment. You can see what action we told the provider to take at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not safe.

There were insufficient numbers of staff to keep people safe.

People were not protected from harm due to late calls, and sometimes missed calls, to their home to support them.

People were protected from bullying and harassment by staff who were aware of how to report any concerns.

People were supported to be involved in decision making about their care and support.

Medicines were managed safely.

Is the service effective?

Requires Improvement

The service was not effective.

Not all people were supported by staff who had the knowledge and skills needed to carry out their responsibilities.

The Mental Capacity Act (MCA) was understood by the registered manager who ensured the regulations were followed.

People were supported to have sufficient to eat and drink.

People had access to health care when this was required.

Is the service caring?

Good

The service was mostly caring.

Most people were supported by staff who built up positive and caring relationships with them.

People were supported to express their views and be actively involved in decisions about their care and support.

People's privacy and dignity was respected.

Is the service responsive?

Requires Improvement

The service was not responsive.

Person centred care plans were not available to support people.

People knew how to make a complaint but reported their telephone calls regarding concerns were not always responded to.

A copy of the complaints procedure was provided to all new users of the service.

Is the service well-led?

Requires Improvement

The service was not well-led.

People were not supported to express an opinion and influence the decision making in the service adequately.

The registered manager was aware of their responsibilities and operated in a fair and transparent way.

Quality monitoring was undertaken as a regular part of the day to day business of the organisation.

Birchwood Homecaring Services Limited

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 15 and 16 November 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure someone would be available to talk to us. The inspection was carried out by one inspector and an expert by experience. An expert by experience is someone who has personal experience of using, or caring for someone, who uses this type of care service.

Before the inspection we looked at all the information we had available about the service. This included notifications received by the Care Quality Commission (CQC) and the findings from our last inspection. A notification is information about important events which the service is required to send us by law. We contacted the local authority commissioning team and Healthwatch Derbyshire, who are an independent organisation representing people using health and social care services. No concerns were raised by Healthwatch Derbyshire.

We asked the service to complete a provider information return (PIR). This is a form that asks the provider to give us information about the service, what they do well and what improvements they are planning to make. This was returned to us by the service.

We spoke with twelve people who used the service or had relatives who used the service. We spoke with the registered manager, the deputy manager, two senior carers and nine carers. We accessed a range of

records, including six people's care records, three staff recruitment records and other records related to the running of the service.

Requires Improvement

Our findings

Most people told us they did not receive the same carers on a regular basis and they didn't think there were enough staff employed by the agency. They told us they often felt rushed by staff who wanted to move onto their next visit. One person said "Weekends are a problem, they just don't have enough carers at weekends" they went on to say "The same carers can be late at a weekend, when they've arrived on time all week". Another person said "They're always in a hurry," and "I don't think the person making the rota has any idea how long it takes the carers to get from one place to another". People told us they received a rota schedule every week showing which staff would be coming but said they were rarely accurate and one person said "The rotas not worth the paper it's written on". This meant people were not receiving services that responded to their needs in a safe way.

Staff told us it was only occasionally they missed calls completely, though they did say it was sometimes difficult to be at people's homes at the arranged times. Staff said they always telephoned the office when they were going to be late arriving to support some and the procedure was for the office to then telephone the person. One person aid "Sometimes they 'phone and sometimes they don't".

We spoke to the registered manager who told us that sometimes they were unable to provide calls to people on time. When there were difficulties they said they always prioritised the calls that day to ensure people who had time critical care were supported first. For example, if someone was living with diabetes they would ensure their meal calls were on time to help ensure they maintained their well-being. The registered manager said it did mean that sometimes other calls, where people were at less risk, were late. When we spoke with staff they told us they believed the staff team wasn't big enough to provide all the support the agency had committed to. This meant people were not receiving their support in a timely manner.

Most people we spoke with told us they felt safe when they were being supported by staff from Birchwood Homecaring Services. However, one person told us they had not received any visits for four days in the month of August this year. They were unable to contact anybody at the office by telephone. This put the person at risk from neglect of their personal care needs. Another person told us they sometimes had to wait for their morning support visit and said "It's quite frightening when you're waiting so long for your morning call in a wet pad". This meant some people were concerned for their safety and comfort.

Most of the people we spoke with told us they had difficulty contacting the office and that they did not always get a response to their queries. One person said "I tried over and over again to get through to the office on a bank holiday, but I kept getting the answerphone or it just rang out. No-one rang me back".

People we spoke with had been told that if a member of staff was going to be late they should expect a telephone call from the office. However, people told us this very rarely happened. One person said "I just wish the office would tell us if the call will be late". Another person said "The office never ring me about a late call. If the call is over half an hour late, I ring the office, but it should be the other way round shouldn't it"? A third person said "The office have never rung me about anything even when a call is over an hour late". This meant people were not informed in a timely manner so they could manage the risks to their own health and well-being

One person gave us an example of their evening call being one and a half hours late. This meant they were not able to follow their usual and favoured routine for their bed time preparation and put them at risk from dehydration. Another person gave us an example of a carer being one and a half hours late and said "On some days it's two hours". They went on to tell us they had a time critical call due to a medical condition and felt this put them at risk of their medical condition making them unwell. One person told us they weren't informed when staff were changing and they wouldn't be receiving their regular carer. They said this would help them as they would feel more comfortable with a different person coming into their home. One person said "I've complained over and over about not informing me about changes to the rota. [Staff member] sorts it out for a bit, but three weeks later it's back to the same old problems".

This was a breach of The Health and Social Care Act 2008 (regulated Activities) Regulations 2014: Regulation 12 Safe Care and Treatment.

We discussed these concerns with the registered manager who told us they did not keep a log of late calls but they were now putting in place changes so they could monitor when late calls happened. They also told us they responded to all messages regarding concerns from people who receive a service.

Staff had a good understanding of the various types of abuse and knew how to report any concerns. They were able to explain to us different types of abuse. The provider had a safeguarding policy in place with information and guidance about how to identify and report any concerns. One member of staff told us how they approached people when they were concerned about abuse. This was done in a way that didn't put them at risk from the alleged abuser being aware of the discussion. On the day of our inspection we could see a member of staff had reported some concerns regarding one of the people they supported and the deputy manager was taking action to ensure the relevant authorities were informed and action taken to protect them.

We saw that risk assessments in relation to people's care had been carried out. These were recorded in people's care files. They were specific to people's needs and identified the hazards and risks people were prone to. They also detailed any actions staff needed to take to reduce any risks to people. For example, one person was at risk from not having sufficient to drink and they ensured they left plenty of soft drinks available, within easy reach, for them to have throughout the day.

Staff confirmed they read care plans provided in people's homes and used the risk assessments when they provided personal support. Staff told us they did not use equipment if it required repair or hadn't been tested to ensure it was safe. They explained they would provide support in a different way to ensure the person remained safe until the equipment had been tested or repaired. The registered manager told us they ensured staff were aware that the needs of people changed and risk assessments and equipment checks should be done on a regular basis.

We saw the way staff rotas were compiled to help ensure people were allocated a call to support them and there was a 'live' system which enabled the office staff to provide cover at short notice. The registered

manager said they were sometimes able to put in calls to people at very short notice, for example to assist a discharge from hospital. They gave the example of one person who required a support service and within half an hour they had done an emergency assessment and put in a support service.

We discussed staff cover with the registered manager who told us it was difficult to recruit to staff and they accepted they had a high staff turnover. They explained they used many different mediums to recruit to vacancies including social media. However, the response to a recent recruitment drive had not produced the amount of new staff they had hoped for. The registered manager told us they always reviewed staffing levels when they received requests for any new people to support people at home. If they did not have the necessary staff cover they told us they would not accept the referral. In this way they were helping to keep people safe by only responding to the new work they could manage.

We looked at recruitment procedures for new staff which included completing an application form and reference checks being taken up. We could see the required pre-employment checks were carried out. These included Disclosure and Barring Service (DBS) checks. These checks help to keep people safe from staff who are not suitable to work in the caring profession.

People told us that staff reminded them to take their medicines when this was required. Staff confirmed they prompted people to take their medicines and then ensured this was written in the medicine administration records (MAR) charts. MAR charts are a way of documenting when someone has received their medicine to ensure they have received them correctly. We saw records confirmed this was the case. We found there was clear information in care plans for staff about the support people required with their medicines. The provider had a medication policy in place and we saw that all training was up to date and completed by all staff. This enabled people to be supported to take their own medicines safely.

The registered manager told us they were not supporting anyone currently who required their medicine covertly. They told us if they were they would only do this with the support and direction of the GP and pharmacist. If controlled drugs were being administered, two staff always visited the person's home to ensure medicine administration remained safe.

Requires Improvement

Our findings

People who did not receive regular care workers were less likely to think the staff were skilled and competent. They told us new and inexperienced and unskilled staff would sometimes attend who often did not provide good care. One person said "They could do with doing a few spot checks on these carers, just to see they're doing their job. I think they'd fine some of these young ones have no idea". Another person said "Some of these young ones don't even know how to make a cup of tea or boil an egg. They're hopeless and that's no use to me".

When we looked at the way staff were supported by supervision we could see these were not up to date. The policy states that staff should receive supervisions once every three months and we could see this was not the case. This meant staff were not being supported to follow best practice and to ask questions about the way they undertook their role in a formal setting.

The registered manager told us that new staff were completing the Care Certificate at the time of our inspection. The Care Certificate was introduced in April 2015 and consists of workbooks that cover 15 standards of care. It is the new minimum standards that should be covered as part of induction training of new care workers. New staff members confirmed they were working through the Care Certificate and told us they also had a period of time when they shadowed other members of staff when they first started their caring responsibilities. They told us this enabled them to learn about people's individual needs.

Staff told us about training they had undertaken which included moving and handling, health and safety, data protection and safeguarding. When we looked at records we could see that training was up to date or had been arranged in the near future. One member of staff said "Absolutely fantastic training, [staff member] makes it fun, gives little tips and has the knowledge". Staff told us that while training to use a hoist they would be take part in role play and sit in the hoist to experience the sensation. This meant staff were introduced to how people might feel when they were being supported in this way.

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 so they can receive care and treatment when this is in their best

interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards. We checked whether the service was working within the principles of the MCA and could see they were involved in best interest assessments for the people they worked with. People told us their consent was always sought when they were offered personal care.

People told us staff supported them to eat a balanced diet. They also told us the staff would cook the meal of their choice. When we visited some people at home we could see this was the case. However, one person told us their family had complained to the office when their relative's fridge was full of out of date food. They said "The fridge was cleared, but then it just built back up again". This meant the person was at risk from eating unsafe food.

When we talked to staff they told us they supported people to eat a balanced diet and ensured they had sufficient to eat. Staff told us they encouraged people to drink and drinks were left for people if they were unable to access them when the carer had left. One member of staff told us how they had recognised that a person wasn't eating as well as they had previously and so ensured the family were informed so they could arrange for different food shopping to be bought. Another member of staff said "Even if [person] is eating and drinking extra I will report as it could be a kidney problem". A third member of staff if someone's appetite decreased they would try and tempt them with things to help ensure their nutritional intake was kept up. Staff told us that snacks were left for people throughout the day to encourage them to eat. This helped to ensure people were maintaining their food and fluid intake.

People told us the staff from the agency helped them to get an appointment with their GP when they weren't feeling well. Staff confirmed when they visited someone at home they were observant and noted if people were feeling unwell and would telephone the office. The office would then telephone the GP surgery to arrange a health appointment for them. When we looked at records we could see this happened. This meant people were being supported to access health care when this was required.

Good

Our findings

People who had regular staff supporting them at home told us they were kind, caring, polite, respectful and compassionate. One person said "With my regular carers you can have a bit of a laugh. I really enjoy their company". Another person said "I've got lovely carers who come regularly and I'm very happy with them". A third person said "It's great at the moment because [relative] has a lovely regular carer and that continuity is important to [relative]".

However, the majority of the people we spoke with did not have regular staff supporting them and they were critical of the caring approach of the care staff. One person said "I'd say 50% of the carers are okay, 25% are good and 25% aren't good at all". This shows that the lack of continuity of care for people was having an impact on caring relationships between people and staff.

When we spoke with staff they told us how they got to know people when they first began to provide care. They told us it was important to really get to know them and understand how they liked to be supported. One member of staff said "I enjoy the people I go to and putting a smile on their face". They also said it was important to introduce themselves whenever they visited a person's home as some people were living with dementia. This showed understanding from staff about the need to build relationships with people which enhanced the contact with people. One member of staff told us they cared for people by doing "All the little things you'd want yourself if someone was caring for you". They went on to say it was important in a caring role to leave people "Safe and well".

Staff told us when they were working with people living with dementia it was important their wishes about how they received their care was recorded and responded to when they could make a decision. That way, when someone was no longer able to make decisions about how they wanted their support staff could ensure they responded in a way they knew the person had wanted.

People told us they were involved in the decision making about how they received their care and support. When we visited people at home we could see this happened. Staff told us that when reviews of care and support were undertaken there was a meeting in the person's home when the person, their family and advocates were invited if the person wished, the multi-disciplinary team of care and support and the main carer were present. We saw that records confirmed this.

When we spoke with staff they all told us they treated people with dignity and respect. They were able to tell us how they supported people to ensure this was maintained. For example when they were providing

personal care they ensured doors and curtains were closed and spoke to the person asking them what they wanted. They also explained what they were doing and what they were going to do next with regard to personal support. Staff also told us they encouraged people to be independent as they believed this was a big part of helping to maintain someone's dignity. For example, if someone wanted to be independent in the bathroom they would wait quietly outside to monitor and ensure the person was safe without interfering unless necessary.

One member of staff said if the person they were supported had respect and trust for them [staff] then it was a better way to support someone. The member of staff said "I make that person the most important thing in the world on that visit". Another member of staff told us how they showed respect to people by not talking over them and asking them what they wanted. When we accompanied staff on three home visits we could see they treated people with kindness and compassion. Their interactions with people showed dignity and respect. However, one person told us there were occasions when the less regular carers did not treat them with the same amount of dignity.

The registered manager told us how proud they were of the support they provided to people at the end of their lives. They said they wanted to "Make their last hours or days as peaceful as possible". They did this by ensuring all the appropriate equipment was available to support the caring process and worked closely with the district nurses and Macmillan nurses. They explained they don't always do a full assessment of need initially but tailor it to manage risk in order to provide as little stress to the person as possible.

Requires Improvement

Our findings

At the last inspection there was a breach of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 systems and processes around Complaints. This relates to a breach of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 16 Receiving and Acting on Complaints. At this inspection we found there were adequate systems and processes in place to ensure complaints were investigated and feedback given to people.

People told us they knew who to complain to if they had any concerns. They said they would contact the office and talk to a manager. We looked at the records containing complaints and could see they had been responded to appropriately. We could see the registered manager or deputy manager had acted on the information they were given and informed the person of the outcome of their complaint. We saw that people were given information about how to make a complaint when their service commenced. Also, information about how to complain was left with care records in people's homes.

When we looked at care records we could see these were not person centred. They were task lead with information about people's care needs, including information about how to support people with complex care needs. However, they included very little information which would have given information to staff about people's life choices or their personal preferences. for example they did not include information about people's likes, dislikes and preferences with regard to their interests and hobbies so that staff could talk to them and enhance the caring process. Some care plans did contain information about how people liked to receive their care but this was not consistent. This meant there was no documentation to inform staff about how to support people in a way that respected their views and preferences. People told us that before they started to use the service a member of the office staff visited them and they contributed to an assessment of their needs. They told us they felt informed about what was going to happen and felt included in making decisions about how they received their care.

When we visited people at their homes with the staff we saw they offered choices to people about how they wanted their care and support provided. For example, they asked them what meal they wanted prepared and how much to prepare. One person told us, with some of the staff, if they finished their allocated jobs before they were due to leave they would ask them if they wanted anything else doing. We saw staff updated the daily records to ensure the next person visiting would be aware of what support the person had received. One member of staff told us how important it was to get to know people by understanding how they liked to live their lives and the things that were important to them in the past. This helped them to understand how they liked to receive their support.

The registered manager told us they respected people's views about how they liked to receive their care and support. They said if a person did not get on well with a particular member of staff they would manage the rota so that an alternative member of staff visited. They also told us they did their best to accommodate requests for staff members of a certain gender and they were able to accommodate this.

Requires Improvement

Our findings

People who expressed an opinion did not think the service was well led. They told us they would like to be informed of changes in times of calls and staff and this didn't happen. They also told us they would like improved communication between themselves and the office so that the office returned their calls when they left messages. They expressed the view there were insufficient experienced and skilled staff. One person said "I pay [£ amount] a month and I definitely don't get the service I need for that. They're terrible at communicating with you about your concerns, but very quick to send you their bill".

Staff told us they felt well supported by their line managers and could go to them with any concerns or queries. One member of staff said there was "Always a point of contact" if they wanted to talk. They also told us there was always someone "on call" and available when they needed them. They said they believed the organisation was well organised and would ensure they had the information they required to undertake their responsibilities. They said there had been improvements recently in the support available to staff following a request at a staff meeting. The office could now be contacted earlier in the morning for support if necessary. This shows the registered manager was making changes to help support staff carry out their caring responsibilities. Staff were aware of the whistleblowing policy.

The registered manager told us about another improvement they were making in the service to better support staff. Instead of having large staff meetings of fifty people smaller groups of staff were being invited in at different times. The registered manager found they got more feedback from staff if they were meeting in smaller groups. Due to the success of the initiative it is now being rolled out on a permanent basis. This showed the registered manager was looking at ways to improve the service to enhance people's experiences.

The registered manager told us about the system of spot checks they carried out on the way the staff supported people with their care. They said they would ensure staff were appropriately dressed in their uniform and were wearing their name badges so people were aware they were from the company. They also noted how the member of staff was talking to the person to ensure they were offered choices and were being respectful. The spot check also included monitoring to ensure they were supporting people safely and using equipment correctly. We looked at records and could see these had been undertaken and any action to improve the way that staff supported people was followed through. By monitoring in this way the registered manager was helping to ensure people received a good quality service.

The registered manager told us about how the medication administration records (MAR) charts were

audited on a regular basis to ensure they were complete and up to date. The information from the MAR charts was analysed to see if there were any patterns in terms of missed medicines and take appropriate action. For example, if it was the same member of staff making mistakes they would bring them in the office and discuss with them the errors. They would then review what action they needed to take to ensure the mistakes didn't happen again. For example, offering extra training in medicines administration. A member of staff was currently working on this piece of work to ensure MAR charts were quality checked on a monthly basis.

Another way the registered manager checked the quality of service provision was through a quality assurance form. Every week a sample of staff were asked to complete a survey about how they thought a particular person was and how they received their service. However, the quality assurance form was only completed by the member of staff and not the person. This meant feedback from people who used the service wasn't being sought and so their views could not be used to inform and plan the future of the service.

The registered manager also told us they undertook a survey yearly when people were asked their views about the service they received. We saw there had been analysis of the survey in 2014 and 2015 though it wasn't clear what action had been taken after this. Also, no survey had been undertaken in 2016.

Staff told us they felt valued by the organisation, one member of staff said "I feel appreciated by management" and went on to say "I do feel respected and part of the team". Another member of staff said "I never did care work until I came here and loved it", they went on to say "It's like a big family. The registered manager told us they had a good rapport with the carers and "The team I've got around me love the job".

The registered manager said there was an open and transparent culture in the organisation; the staff we spoke with confirmed this. We saw that staff newsletters were sent out twice a year, with the aim these would increase to four times a year. However, there were no newsletters sent out to people who used the service, though they did get letters periodically if there was information the organisation needed to share. For example, details about Christmas and how this might affect them.

The registered manager told us they had been awarded the Dignity Award from the local authority in 2014 and 2016.

The registered manager at the service was aware of the requirements and responsibilities of their role. Policies and procedures to guide staff were in place and were up to date. We spoke with staff who were aware of the policies and procedures and how to access them, including the whistleblowing policy.

We looked at daily records that were completed by staff. These showed the times staff members arrived and left each visit. They also showed us which staff members had attended and the tasks they had completed while in the persons home. These records showed that people using the service had received the care and support that was consistent with their care plans.

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 12 HSCA RA Regulations 2014 Safe care and treatment People did not receive visits for personal care, including medicines, in a timely way to ensure they were kept safe and comfortable.This put them at risk from dehydration, pressure area damage and meal times that were not consistent with their needs.