Birchwood Homecaring Services Limited

# Birchwood Homecaring Services Limited

## Inspection report

29 Derby Road
Ripley
Derbyshire
DE5 3HR

Tel: 01773570057
Website: www.birchwoodhomecaringservices.co.uk

Date of inspection visit:
04 July 2018
12 July 2018
20 July 2018

Date of publication:
15 October 2018

## 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

Birchwood Homecaring Service is a domiciliary service providing personal care to vulnerable older people and younger adults in their own home. The service's is run from an office located in the market town of Ripley, Derbyshire and provides level access for people.

Not everyone using the service received a regulated activity. CQC only inspects the service being received by people provided with 'personal care'; such as help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

At our last inspection in November 2016, the service was rated as 'Requires Improvement.' This was because people were not fully protected from risks associated with unsafe, or ineffective care and treatment and complaints handling was not always effective, to ensure care improvements when needed. These were respective breaches of Regulations 12 and 16 of the Health and Social Care Act (Regulated Activities) regulations 2014. Following that inspection, the provider told us what action they were taking to rectify the breaches. At this inspection we found the required action was taken by the provider. Related care and service improvements were made to the standard of 'Good.'

We carried out this inspection on 4, 12 and 27 July 2018. There were 199 people using the service when we visited the provider's office on 4 and 12 July; during which we spoke with staff. We spoke with people and relatives on 27 July 2018. The provider was given 2 working days' notice of our inspection as we wanted to make sure the registered manager was available to support our inspection.

There was a registered manager for 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 personal have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People received safe care and support from staff who were safely recruited. The provider's revised staffing, related management arrangements and risk management strategies for people's care, helped to fully ensure this. The provider's emergency and safeguarding contingency measures were revised and followed when required.

Potential risks to people's safety relating to their health conditions or from unsafe care practice were regularly assessed, monitored and effectively accounted for. Staff understood any related risks and the care steps or reporting procedures they needed to follow for their mitigation. People were consistently and safely supported by staff, including to receive their medicines when required. This helped to ensure people were protected from the risk of harm or abuse.

People received effective care. Revised care planning measures helped to consistently ensure people's care met with their assessed needs and choices. Staff understood people's health conditions and followed their

related personal care needs to help maintain their health and nutrition. This was done in consultation with relevant external health professionals when required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff were trained and supported to help ensure this.

People continued to receive care from staff who were kind and caring. Staff followed the provider's stated care principles and understood what was important to people for their care. This helped to ensure people's dignity and rights when they received care.

People were informed and involved to agree and know what to expect from their care, and to access relevant advocacy if they needed to. Measures were implemented by the provider, to ensure people were provided with accessible care and service information, which they could understand.

Overall, people received timely, individualised care, which was agreed and regularly reviewed with them or their representatives when required. Revised management measures were recently introduced, which helped to ensure this. Staff knew how to communicate with people in the way they understood and followed people's views and wishes for their care; which were shown as agreed with people in their written care plans. This helped to promote people's inclusion and independence.

Revised complaints handling measures were introduced. People and relatives were informed and confident to raise any concerns or to make a complaint about their care if they needed to. The provider sought, listened and took better account of people's views and any complaints; to help determine and make care improvements when required.

People received informed personal care, to help ensure they experienced a personalised, comfortable and dignified death in their own home as they chose, when required.

The service was well led. People, relatives, staff and external care professionals were now confident of this. Revised management, communication and staffing measures were introduced, to improve the safety and effectiveness of people's care and their related care experience.

Staff understood and followed their role and responsibilities, which helped to ensure people received safe and effective care. Records relating to care provision and the management of the service were accurately maintained and securely stored. The provider had sought to improve the service against nationally recognised guidance and practice standards concerned with people's care. Service improvement planning and management monitoring arrangements, helped to ensure ongoing and continuous service improvement.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good

The service was Safe.

People received safe, accurately informed care and support. Staff supported people safely to take their medicines when required. People's care was provided by staff who were safely recruited and deployed. Revised staffing and related management strategies helped to ensure this. The provider's nationally recognised safeguarding, infection prevention and control measures were understood and followed by staff when required.

Potential risks to people's safety from their health condition or the unsafe use of any care equipment were effectively assessed and accounted for. Staff followed people's care plans to help reduce any related risks identified to people's safety and to report any health-related incidents when required. This helped to protect people from the risk of harm or abuse.

### Is the service effective?

Good

The service was Effective.

Revised care planning and staff supervision measures helped to ensure people's needs and choices were effectively accounted for. Staff were trained, informed and supported to provide people's care in the least restrictive way, which they followed.

Staff supported people to maintain and improve their health when required. Staff understood people's health conditions, any dietary requirements and followed people's related personal care plans. This was done in consultation with external health professionals when required.

### Is the service caring?

Good

The service was Caring.

Staff were kind, caring and ensured people's dignity, choice, independence and rights when they provided care. Measures were introduced to ensure the consistent provision of accessible care and service information for people or their representative. People or their chosen representative, were informed and involved to agree people's care, in a way they understood. People were supported to access relevant advocacy services if they needed someone to speak up on their behalf.

## Is the service responsive?

Good

The service was Responsive.

Service improvements were evident to ensure people received timely, individualised care. Revised management measures informed and supported people or their representatives if they needed to make a complaint about the service. The provider regularly sought people's views and had taken account of any comments, concerns and complaints received; to help inform care and service improvements

Staff knew how to communicate with people in the way they understood and followed people's views and wishes for their care. This was done in a way which helped to promote people's inclusion and independence.

People received informed personal care, to help ensure they experienced a personalised, comfortable and dignified death in their own home when required, as they chose.

## Is the service well-led?

Good

The service was Well-Led.

Revised management, record keeping, communication and staffing measures had improved the safety and effectiveness of people's care. People, relatives and relevant external care professionals were confident of this. Service improvement planning and management monitoring arrangements for people's care and safety, helped to ensure ongoing and

continuous service improvement.

Staff understood and followed their responsibilities for people's care. Partnership working with relevant external health and social care professionals helped to inform and improve people's care experience. The provider demonstrated where they had reviewed their service against relevant national guidance to further ensure this.

# 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 was a comprehensive announced inspection, which took place on 4, 12 and 27 July 2018. We gave the provider 48 hours notice as we wanted to make sure that the registered manager was available. The inspection team consisted of one inspector. There were 199 people using the service.

Before our inspection the provider sent us their completed Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We spoke with local authority care commissioners for people's care at the service. We also looked at all the key information we held about the service. This included written notifications about changes, events or incidents that providers must tell us about.

We also received completed care questionnaire surveys in January 2018 from 16 staff, 20 people receiving care, three relatives and 6 community professionals concerned with people's care at the service. This helped to inform us about people's care experience and staffs' working arrangements with this provider.

At this inspection, we spoke with 10 people receiving care, seven people's relatives and two community professionals. We spoke with seven care staff, including a care co-ordinator. We also spoke with two deputy care managers, a human resource lead, the registered manager and provider. We looked at three people's care records and other records relating to the management of the service. This included staffing, medicines, complaints and safeguarding records; the provider's checks of quality, safety and related service improvement plans. We did this to gain a representation of views about people's care and to check that standards of care were being met.

Good

# Is the service safe?

## Our findings

At our last inspection of the service, we found people were not always protected from the risk of unsafe care because care calls were not always timely. This was a breach of regulatory requirements for people's care. Following that inspection, the provider told us about their action to ensure people's safety, when we asked them to. Subsequent feedback we received from people, relatives and community professionals, showed related service improvements were not without delay. However, at this inspection we found improvements were made, sufficient to rectify the breach.

Staff were safely recruited and deployed. Revised management arrangements were introduced since our last inspection, for staff deployment and the ongoing handling and monitoring of rostered care calls. Related records, showed sustained and on ongoing improvement in the timeliness and consistency of staff care calls.

People and relatives felt care was safe and overall, timely. One person said; "I usually have the same care staff; If they are late for any reason; such as traffic, they always try to let me know now; it doesn't happen often." Another said, "I feel safe; there hasn't been any missed calls for ages, occasionally 5 or 10 minutes overdue but that's ok" Two people had recently experienced either a significantly delayed call or a care call from staff they didn't know. However, both felt this was reasonably explained and staff had showed their personal identification when required.

Staff commented positively about recent management improvements, to ensure sufficient time to complete people's care and for travel between care calls. All said they were more confident, 'the office' would make any necessary adjustments, if they needed additional travel time. Two staff who had recently experienced insufficient travel time allocation, were confident this was being addressed by management, which related records showed. All staff understood the provider's procedures to follow in the event of their delay, absence and for electronic logging of their call times.

Findings from the provider's recent annual care quality survey with people and relatives, showed their increased and overall satisfaction with this, compared with the previous annual survey findings. This showed sufficient and safe staffing arrangements for people's care.

People felt safe when they received care from staff at the service. Both they and their relatives were confident of this and felt their homes and personal possessions were safe when staff were present. One person said, "Oh yes, I feel absolutely safe; if I didn't I would let the office know straight away." Another person told us, "Staff always help me to move correctly; they know what they are doing." All knew how and were confident to raise any concerns about people's safety if they needed to. Staff were trained, knew how and confident to recognise and report the witnessed or suspected abuse of any person at the service. The provider's related written procedures and staff training arrangements helped to ensure this.

Since our last inspection the provider had notified us about any safety concerns when they needed to. Related information subsequently shared with us by the provider and relevant local safeguarding authority;

showed the registered manager had taken any actions required to ensure people's safety. Health incidents, injuries or accidents were routinely monitored and analysed, to check for any patterns that may help to inform or improve people's care and related safety needs. Examples of recent care improvements from this included a review of risk management strategies in relation to lone working, staff planning and deployment measures and related emergency and reporting procedures. This helped to ensure people's safety and protect them from any risk of harm or abuse.

People's care plans showed how potential risks to people's safety from their health conditions, environment or care equipment, were assessed before they received care and regularly reviewed. Staff understood the care actions to follow to reduce any identified risks. For example, risks to people from falls because of their reduced mobility.

People were safely supported to receive, store and take their medicines when required. Some people managed their own medicines or their relatives did this on their behalf. Since our last inspection the provider had appointed a deputy manager, with a designated lead role for the safe management and handling of people's medicines. This staff member worked with local authority care commissioners, to review and ensure the service operated safe management systems, in line with nationally recognised and agreed joint agency guidance for this. People's care plans showed staff the agreed arrangements for people's medicines. This included details of what, why, when and how people were to receive their prescribed medicines. All staff responsible for people's medicines received relevant training, including practical competency assessments to ensure safe practice. Regular ongoing management checks, otherwise known as 'audits' were established and recorded to ensure this was followed.

People, relatives and staff confirmed staff followed safe hygiene principles by wearing personal protective clothing such as disposable gloves or by washing their hands before and after providing people's personal care. Staff were trained and understood the provider's policy guidance for the prevention and control of infection. This included relevant care principles they needed to follow to ensure cleanliness and hygiene, when providing people's personal care. This helped to protect people from the risk of infection through cross contamination.

Good

# Is the service effective?

## Our findings

People were supported by care staff to help maintain their health and nutrition when required. This was done in a way that met with their assessed needs and choices. People were positive about the arrangements for their care. One person said, "Yes, my main carers know about my care and follow this; if it's a new one they are shown the basics; then it's a matter of them getting to know me; I'm satisfied." A relative told us, "We've had a few hiccups in the past, but generally things are going well now; they [care staff] are good at noticing any health changes." The provider's recent questionnaire care survey with people and relatives; showed they were either satisfied or the majority were very satisfied, that people's care needs were met by staff who provided their care.

A revised standardised approach was introduced for people's individual care needs assessment and related care planning, which met with nationally recognised guidance. Related records showed people's health and personal care needs were assessed before they received care and regularly reviewed in consultation with them, or their representative. Staff we spoke with, understood people's health conditions and followed their related personal care requirements. This was done in consultation with relevant external health and social care professionals when required. A community professional told us, "The agency is very good at alerting me to any changes or situations, when they occur." Another said, "Excellent communication from staff."

A summarised copy of people's agreed care, communication, health and related health personal care requirements were provided for people in their own homes, which both they and staff could refer to. This information could go with the person if they needed to transfer to another care provider. For example, if they needed to go into hospital. This helped to consistently inform and ensure people's care related choices.

People were supported by staff to eat and drink sufficient amounts when required. Staff knew people's dietary needs, preferences and followed instructions from relevant health professionals concerned with people's nutrition, where required. For example, to ensure people received the correct type and consistency of food required for their health conditions. This meant people's health, nutrition and related personal care needs and choices, were effectively considered and accounted for.

Staff understood and followed the Mental Capacity Act 2005 (MCA) when required for people's care. The 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's consent to their care was sought in line with legislation and guidance. This meant people's rights were being upheld, and restrictions in people's care were lawful.

Staff were trained and supported to provide people's care. All the staff we spoke with were highly complementary and described comprehensive arrangements for their training, which related records showed. This included a nationally recognised care induction, safety training and relevant staff competency checks and bespoke training to help staff understand people's health conditions and how this affected them

in relation to their personal care requirements. This was provided via a range of methods, which included an onsite training facility with dedicated staff training leads, e learning materials and related technology; and through links with local educational providers. The introduction of a revised management approach to staff supervision and support was in progress. This helped to ensure an informed and consistent approach to people's care, staffing planning and development needs.

Good

# Is the service caring?

## Our findings

The service remained Caring. People, relatives and community professionals were satisfied that people were treated with respect by staff, who were kind, caring and ensured people's dignity, choice and rights when they provided care. One person said, "Care staff are kind and helpful." Another person told us, "They always cover me to protect my dignity." A relative said, "[Care staff member] is really good; They are kind and know how to help; [Person receiving care] is becoming more independent and confident in themselves."

Staff knew what was important to people for their care, including how to ensure confidentiality and communicate with people in a way they understood. Staff leads were identified by the provider to help 'champion' people's dignity in care. Staff we spoke with were able to describe how they ensured people's dignity, independence, choice and rights when they provided care This information was recorded in people's care plans, which were agreed and regularly reviewed with them, or their representative. Periodic management checks with people, or their representative regarding staff's care practice, helped to ensure this was followed. The provider had achieved a local authority 'Dignity in Care' award in 2016. Management records showed the provider's action in progress to update this with the local authority.

People and relatives were provided with key service information to help inform their care. For example, what to expect; how to raise any concerns and the arrangements for agreeing and reviewing people's care. People held copies of their agreed personal care plans in their own home, which were periodically reviewed with them or their representative. People were supported to access advocacy service if they needed someone to speak up on their behalf. This included lay and professional advocates.

The registered manager told us about service improvements in progress for the way they provided key service information for people. This was to ensure the service met with national and locally recognised standards to provide relevant information for people, in a way they understood. For example, one person living with a sight impairment, received their care plan and related service information electronically, in a format they had requested This enabled the person to understand their agreed care and what they could expect. This showed that people were appropriately informed and involved in planning and agreeing their care.

Good

# Is the service responsive?

## Our findings

Overall, people received individualised and timely care. Completed surveys we received from some people and relatives a few months before our inspection, showed they had experienced delays in the timing of people's care calls. At this inspection, the registered manager told us about their action to address this. Related feedback we received from people and relatives and the summary results of the provider's recent care survey with them, showed this was improved. One person said, "Things seem to have settled down now; I have no complaints." Another told us, "Yes, on the whole it's fine; when one of my carers was not able to come; they let me know and were good at quickly finding another." A relative said, "Staff are more or less on time." Another person's relative told us that staff acted promptly when the person's health changed, to make sure their care was reviewed by the right agencies.

People's care was individualised and reviewed in a timely manner when required. The provider's recent introduction of a revised person centred, care planning format and related staff instruction, helped to inform and ensure this. Staff understood people's views, preferences and wishes for their care. They also knew how to communicate with people in the way they understood. This information was detailed in people's written care plans and reviewed in a timely manner with them, when required.

People and their relatives were informed, knew how and confident to raise any concerns or make a complaint about their care if they needed to. All complaints received were monitored and recorded. Related management records showed the details of their handling, investigation and outcome, including any service improvements made as a result. People and relatives' views about the care provided were also regularly sought. For example, through people's individual care reviews, periodic care questionnaire surveys and telephone calls with people. This information was used to inform and make service improvements when required. Some examples of recent improvements made or in progress included, improvements to the quality, effect and timeliness of people's care, including management co-ordination to help ensure this. Feedback from people and relatives found they were overall satisfied with the care provided and would recommend the service to friends and family.

Staff were trained and supported to provide personal care and support in relation to people's end of life care, which was led by external health professionals. Staff understood and followed any related personal care instructions when required. These were detailed in people's individual care plans, set against nationally recognised principles and standards relating to people's end of life care. This helped to ensure timely, consistent and co-ordinated care; shared decision making; along with maintained hydration and the provision of equipment and medicines for people's comfort and support. One person's relative said, "They (the provider) acted when we asked them to; to make sure [person] has the right care staff, with a compatible personality as well as the care knowledge; that's so important; [person] really looks forward to their care visits

Good

# Is the service well-led?

## Our findings

At our last inspection in November 2016, we found the provider did not consistently involve, communicate or engage with people, staff and relatives; to help inform or improve people's care in a timely manner. Feedback we received from our care questionnaire surveys with people, relatives and staff in January 2018 also showed this, but to a lesser degree. At this inspection we found the provider had revised their related management and staffing systems, to fully address this.

People, relatives, staff and external care professionals were positive about the management and running of the service. There was registered manager for 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 of the Health and Social Care Act 2008 and associated Regulations, about how the service is run. A few people were not sure who the registered manager was, but referred to relevant 'senior' or 'management' staff they knew and felt confident to contact at the service if, if they needed to. All stakeholders we spoke with said they were kept informed about people's care arrangements and any changes.
The registered manager was supported by a management team, with defined roles, to help ensure clear lines of accountability and responsibility within the service. For example, in relation to care co-ordination, medicines safety, incidents or complaints handling. Records showed the provider used a range of measures to inform and support staff to carry out their related role and responsibilities. This included reviewing their service against relevant nationally recognised guidance, to help ensure people received safe, effective care.

The provider had established published aims and objectives for people's care, staff performance and development measures, revised communication and reporting procedures. They had also developed a comprehensive range of care policies and work-related procedures for staff to follow, which were periodically reviewed. For example, a staff code of conduct and procedures for reporting sickness, absence, care delays or safety incidents. Staff we spoke with understood their role and responsibilities for people's care. They were also confident and knew how to raise any concerns they may have about this if they needed to.

Records related to people's care and for the management of the service, were accurately maintained and safely stored. A senior staff lead was identified, to help ensure the safe handling and storage of people and staffs' confidential personal information. The provider met their legal obligations to send us notifications about important events which occurred at the service when they needed to.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed this in the home and on their website. This showed there were effective arrangements in the place for the management and day to day running of the service

The provider ensured regular management checks of the quality and safety of people's care, which related

records showed. For example, checks relating to personal care, medicines and safety needs. Accidents, incidents and complaints were monitored and analysed to identify any trends or patterns that may help to inform care improvements required. When any changes or improvements were needed for people's care, staff confirmed this was communicated to them in a timely and appropriate manner.

Since our last inspection, the provider had sought increased and ongoing opportunities to review, inform or improve the service when required. Care review and improvement was determined against nationally recognised guidance and through consultation with relevant external agencies when required for people's care. This included relevant health, social care and educational providers. For example, in relation to people's end of life care. A number of care and service improvements, were either made since our last inspection, or in progress. Examples, included, revised measures for medicines safety; staff deployment, retention and supervision; improved care co-ordination and call monitoring systems and relevant stakeholder engagement measures. This helped to inform and enhance people's care experience, improve staff morale and ensure people received safe, effective care.