

Review of compliance

Birchwood Homecaring Services Limited
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Region:	East Midlands
Location address:	29 Derby Road Ripley Derbyshire DE5 3HR
Type of service:	Domiciliary care service
Date of Publication:	February 2012
Overview of the service:	Birchwood Home Care Services is a long established service operating in the Amber valley area of Derbyshire. The agency is situated in the centre of Ripley, close to the local amenities. There is limited car parking at the front of the building and disable persons access.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Birchwood Homecaring Services Limited was not meeting one or more essential standards. Improvements are needed.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider and carried out a visit on 20 December 2011.

What people told us

People we spoke with told us "the agency is good and they are satisfied with what they do for them."

Several of the service users have been with the agency for a while and have said "they would not wish to be with any other, they help me and I would not be able to get out with out them."

We were told "they keep good contact with people and the staff and have a good relationship with their carers."

What we found about the standards we reviewed and how well Birchwood Homecaring Services Limited was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People who use the service are supported to make informed choices about their care, treatment and support needs, ensuring their privacy, dignity and independence are promoted and respected.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People receive care and support in line with their wishes enabling them to maintain an independent lifestyle

Outcome 07: People should be protected from abuse and staff should respect their

human rights

People were protected from abuse by the agency's safeguarding systems and the training it provides for the staff. This allows people to feel safe, have their rights respected and upheld.

Outcome 12: People should be cared for by staff who are properly qualified and able to do their job

Although the agency has robust recruitment procedures in place they are not always being followed and may leave people vulnerable and at risk of abuse.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

There are opportunities for people to make their views known about the agency and their satisfaction with it and its operation.

Actions we have asked the service to take

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

People told us they heard about the agency from the hospital they were in and everything was arranged by them." "We were told that they had read and signed their care plan and knew what it said".

People we spoke with told us" they were well looked after and had no complaints'."

Other evidence

The majority of the people we spoke with had been made aware of the agency following an admission to hospital.

Following a care needs assessment, usually in conjunction with a care manager, a plan for support is agreed and weekly staffing teams and programmes are drawn up.

Assessments are comprehensive, relevant to the care needs of the person, and include information about their physical and psychological well being, medical history, mobility, communication abilities and general activities of daily living. We viewed documented evidence which supported this.

Any areas of risk that may be present in providing home care support, either to the person receiving the support or the members of staff, are identified and the ways in which these are managed help with consistency and safety. The people we spoke with during this site visit had been receiving a service for some time and there were clear arrangements in place regarding the care they receive. The agency sends out weekly

rotas so people are aware who will be calling.

The records we viewed indicated that all the people who received a service currently were white and that there was no one who had a different first language other than English or religion other than Christian.

We discussed with the manager how diverse needs would be met in the service and they were able to give examples of how the service would meet the different cultural needs; when delivering personal care.

Our judgement

People who use the service are supported to make informed choices about their care, treatment and support needs, ensuring their privacy ,dignity and independence are promoted and respected.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

We were told that people have the opportunity to meet staff from the agency before the home care commences.

People told us "they felt comfortable with the carer and they did everything just right for them." "People told us they were very satisfied and highly delighted with what the cares do."

We were told by one service user that they would not want to be with any other agency now I have sorted them out." The service user had been with Birchwood for nine years.

Other evidence

We viewed several care records and all contained the required documents that allow for a planned, consistent and safe home care service to be delivered.

We were told that each client has a care plan, developed by the agency's senior staff, which details the services and help needed to maintain the person in their own home.

The care plans are reviewed and revised as necessary, so that up-to-date information is always available. Some files also contained care plans developed by outside professional agencies, which supplemented those compiled by the agency. We noted that care plans were personal and gave prompts to care staff regarding personal care, medication, and meal preparation.

The style of these documents allowed for the good description of complex support arrangements and included a reference to the previously agreed assessment of the person's care needs. Discussions with the manager and documentation seen confirmed the support plans are reviewed on a regular basis or when there is a change in a person's care need.

Completed quality assurance surveys and discussions with service users confirmed that a support plan or care plan was in place. We were told by people who use the service that they have a good relationship with their carer and the agency.

Communication books are used to record attendance and record the visit.

We viewed several of these and found the recording was appropriate. The agency then reviews these at regular intervals as part of monitoring the service.

Care staff spoken with were able to tell us about how they would ensure that peoples' privacy and dignity is respected when assisting with personal care. The care and support provided by the agency is in accordance with service users' wishes and beliefs.

Care staff we spoke with were clear about their role and responsibilities with regard to the administering of peoples' medication. This was in line with the agency's policy and procedures on medication.

Our judgement

People receive care and support in line with their wishes enabling them to maintain an independent lifestyle

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

People we spoke with told us all the staffs "have an identity badge and I have seen it and feel safe letting them in. "

The manager and care staff told us they had received training on safeguarding vulnerable adults and we examined the training records which confirmed this.

The staff told us they had been made fully aware of the provider's policy on whistle-blowing and that any concerns they had would be reported on. The details for whistle blowing are in the staff hand book. □□□

Other evidence

The manager told us they have developed detailed systems for dealing with incidents of abuse this involves the Social Services Department taking the lead agency role in managing safeguarding referrals

We were told there had been no referrals made under the agency's safeguarding vulnerable adults procedures.

Staff also told us they receive regular updates and refresher training and are reminded of their responsibilities to report any suspicions or concerns they may have.

There are no issues relating to the Deprivation of Liberty Safeguarding (DOLs) and the Mental Capacity Act. However we were told that staff have yet to undertake training on the Mental Capacity Act and the Deprivation of Liberty Safeguarding (DOLs).

We were told by the local Safeguarding Board there have been no concerns raised by them or by the Primary Care Trust regarding this agency.

Care staff told us about the procedures for handling services user's monies and they

are aware that they can not accept monetary gifts from the service users. This is clearly recorded in the agency's staff hand book.

Our judgement

People were protected from abuse by the agency's safeguarding systems and the training it provides for the staff. This allows people to feel safe ,have their rights respected and upheld.

Outcome 12: Requirements relating to workers

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

There are minor concerns with Outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us

The staff we spoke with from the agency who told us "they had been interviewed for the job, had a Criminal Records Bureau (CRB) check."

We were told "they worked alongside other care staff and in the agency's office until the checks were complete and as part of their induction."

Other evidence

We viewed several staff records which confirmed that the agency has a recruitment process in place. The staff recruitment processes and the information obtained as part of the recruitment are in line with current legislation. This included identification documents and satisfactory Criminal Records Bureau checks (CRB). We were told that the CRB checks are undertaken every three years on the agency's entire worker force. However one of the staff recruitment files viewed showed that the agency had not followed their own recruitment procedures.

The agency's procedures require two references one being from the previous employer. The previous employer's reference was provided by the recruitment officer belonging to the agency, as the staff member had worked for them two years ago. The last employment for the staff member was as a carer in a nursing home.

The second reference was given by a nurse in charge from the nursing home and therefore cannot be accepted as the last employer's reference. This reference can only be accepted as a personal reference. The agency was requested to address this shortfall.

All care staff complete an application form, and are interviewed. The agency records all interviews undertaken. We noted that care staff when completing their application form were not routinely providing full dates, months and year when giving a full employment history. The agency agreed to take address this issue and undertake an audit of all staff recruitment records.

We also noted that one person employed by the agency was from overseas, and that the agency did not have an accurate record of their employment status.

Our judgement

Although the agency has robust recruitment procedures in place they are not always being followed and may leave people vulnerable and at risk of abuse.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

We viewed several of the replies from the most recent quality assurance service user surveys, all of which were very positive about the agency, its care staff and how approachable, friendly and caring they are.

People we spoke with told us "they are very satisfied,"

People told us that "Birchwood are good and they have no concerns or complaints." "I have regular carers in the morning and evening. My carer is lovely and I would not want to be with any other agency."

Other evidence

Placing Authorities have undertaken a quality monitoring visit and the agency is in receipt of the quality premium rating. The last Contracting and Quality Monitoring visit was 30th March 2010.

We were told that they check to ensure there are no missed calls to service users, even in adverse weather conditions. The agency takes action if there are missed calls to rectify the situation. However people we spoke with told us that on occasion's carers have been late arriving at calls due to the agency not allowing sufficient travelling time between calls. The agency was requested to reassess the travelling time allowed to a more realistic time.

We have informed Contracting regarding this issue

The results of the quality assurance surveys are analysed and then the manager draws up an action plan to address any issues. The agency completes its quality assurance procedures on an annual base and seeks views from service users and staff.

The agency sent out surveys to all of its 235 service users and 152 were completed

and returned.

The questionnaire asks for people's views on all aspects of care they receive, management of the agency carers, and any complaints they may wish to make. Finally service users are asked for an overall rating.

The site visits looked at service user issues, staffing, premises, records of events, and complaints. We were told that the manager holds regular meeting with its entire care staff where they can express their views and opinions about the running of the agency. The manager has a very good tracking system which shows all the staff training, updates hours they work, number of service users and care staff. .

There is a comprehensive hand book with all the agencies' policy and procedures in operation, Service User guide and Statement of Purpose. These are reviewed annually.

The agency is registered with Investors In People, and we were told they are working towards the gold standard within the award.

Our judgement

There are opportunities for people to make their views known about the agency and their satisfaction with it and its operation.

Action we have asked the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Personal care	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 12: Requirements relating to workers
	How the regulation is not being met: Although the agency has robust recruitment procedures in place they are not always being followed and may leave people vulnerable and at risk of abuse.	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 28 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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