

**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Birchwood Homecaring Services Limited

29 Derby Road, Ripley, DE5 3HR

Tel: 01773570057

Date of Inspections: 22 February 2013  
21 February 2013

Date of Publication: April  
2013

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Consent to care and treatment</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✗ Action needed
<b>Requirements relating to workers</b>	✓ Met this standard
<b>Staffing</b>	✓ Met this standard
<b>Records</b>	✓ Met this standard

## Details about this location

Registered Provider	Birchwood Homecaring Services Limited
Registered Manager	Ms. Patricia Rodgers
Overview of the service	Birchwood Homecaring Services provide personal care to people in their own homes.
Type of service	Domiciliary care service
Regulated activity	Personal care

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 21 February 2013 and 22 February 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff.

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### What people told us and what we found

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People provided consent to the personal care they received prior to it taking place and that it was discussed in detail. One person told us "They never do anything without asking me first".

People using the service experienced effective, safe and appropriate personal care that met their needs. People we spoke with were highly complimentary about the provider. One person said the care they received was excellent and the care workers went "above and beyond" what was expected.

People who use the service were not protected from the risk of abuse. The provider was not following local reporting procedures when safeguarding concerns were raised. This would ensure proper safeguarding investigations could be carried out where necessary. The provider was also not acting on concerns raised about a staff member working with vulnerable people.

The provider had clear recruitment procedures in place ensuring that people employed to provide care had appropriate background checks carried out.

The provider had sufficient staff to meet the needs of people using the service. One person said "I've used Birchwood for over six years and I can only recall one occasion when a call was cancelled because of no staff available and that was a long time ago".

People who use the service can be confident that their personal records are accurate, fit for purpose, held securely and remain confidential.

You can see our judgements on the front page of this report.

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### What we have told the provider to do

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We have asked the provider to send us a report by 09 April 2013, setting out the action

they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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### Reasons for our judgement

We spoke to two people who use the service. People who use the service told us that that they were involved in the development of their care plans during the initial assessment or ongoing reviews. They told us that a manager from Birchwood had visited them when they started to use the service and at least every year to discuss care plans. They said that they were able to discuss their needs and agree with the manager how their needs would be met. They told us this would then be documented within the care plan and the person using the service would sign it. This shows that people who use the service are able to give valid consent to the examination and support they receive.

People told us that risk assessments are also discussed with them and they were agreed to. One of the people we spoke with told us that "They never do anything without asking me first".

We looked at six care plans of people who use the service. The care plans showed clear involvement of people or their relatives, which confirmed what people had told us. We saw that reviews were taking place annually and risk assessments more frequently, both showing consent was obtained before any changes were made.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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We spoke to two people who used the service and one relative. The people who used the service both provided us with very positive feedback about the provider. All of the people spoken with said the care workers provided the support and assistance required. One person told us "they are excellent. They deserve every penny and more". One person told us that the care they received was excellent and the care workers went "above and beyond" what was expected. One person told us that the care workers "do everything they need to for me and everything I ask them to".

The relative we spoke with told us that the care workers who provided care to her husband were very good and she had no complaints or concerns about them. The relative told us that she did have issues with the continuity of care workers who were on the rota to provide personal care on an evening. They said that there had been three excellent care workers carrying out evening calls but that they had "stopped coming". The relative said that she was cancelling most evening calls because she did not know who the care workers named on the rota were. Various options were discussed with the relative however her view was that she wanted the three care workers back otherwise she would cancel all evening calls. We spoke to the registered manager about the issues raised by the relative and the provider had been trying to come to a compromise with them. The three care workers referred to by the relative had reduced their evening work or their hours overall and they were unable to carry out the evening calls. Alternatives were offered to the relative and her husband, such as care workers attending a morning call with another, so that the family "could get to know them" before they carried out evening calls. This was rejected by the relative. Overall, the provider was trying to meet the needs of the person using the service but they were unable to because of the inflexibility of the relative.

We looked at the care plans of six people who use the service. The care plans were written in a person centred style and were each individually tailored to the person using the service. The care plans we looked at covered the physical needs of the people using the service, as well as a detailed step by step guide for how care workers should deliver personal care. These step by step guides were agreed with people using the service and covered everything that was required. This enabled new care workers who carried out calls to know exactly what personal care they should be providing and exactly how it should be done. This shows that the provider ensures continuity in the care, treatment and

support to people using the service as a result of effective care planning and communication.

The care plans also showed that people using the service and/or their relatives were involved in their development. This was evidenced by the signatures of people present when decisions were made about care. Assessments and risk assessments were clearly documented within the care plans and they had been regularly reviewed and updated. Potential risks were identified and methods of managing these risks put into place. This showed that people's care and treatment was planned in a way that was intended to ensure their safety and welfare.

There was evidence that people were regularly asked their views of the care provided by way of client visit forms. These client visit forms also formed part of the quality assurance process for the provider.

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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The provider was not meeting this standard.

People who use the service were not protected from the risk of abuse. The provider was not following local reporting procedures when safeguarding concerns were raised. This would ensure proper safeguarding investigations could be carried out where necessary. The provider was also not acting on concerns raised about a staff member working with vulnerable people.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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## **Reasons for our judgement**

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We spoke to two people who use the service. They told us that they felt very safe when care workers visited them and carried out personal care.

We saw that the provider had an internal safeguarding policy as well as a copy of the Derbyshire Safeguarding Adults policy and procedure.

We saw in one of the communications records for a person using the service that there had been a number of recorded incidents where bruising was noticed. The provider had been bringing these issues to the attention of the care manager of the person using the service. They had not been following the procedure covered within the Derbyshire Safeguarding Adults procedure, thereby not making a safeguarding referral. The provider had been told by the care manager that it was the decision of the care manager as to whether issues raised should be safeguarding issues. This is incorrect and the registered manager has been informed of the correct procedure to carry out. The registered manager said that future safeguarding incidents would be correctly referred to the safeguarding team within the local authority and notifications made to the CQC. The provider was not ensuring that local procedures were being put into practice, although they were taking action to identify possible abuse and reporting it to the care manager.

We also saw on a communication record of a person using the service that they had reported a care worker who had allegedly been saying to "everyone" that "Christmas was cancelled this year" as she could not afford it. The person using the service felt sorry for the care worker and was going to give them some money. The person was told not to and it was raised with a team leader. There were concerns that other people using the service may be put in a similar position. This was recorded by the provider on 18 December 2012. Shortly after this the care worker who allegedly made comments about her finances went on sick leave before returning to work at the beginning of February 2013. The registered

manager could not provide any evidence as to what, if any, action had been taken in relation to the care worker. Valid concerns had been raised about the possibility of the care worker saying things to obtain money from people using the service. Although potential concerns about possible financial abuse had been raised, the provider had not taken action to prevent possible abuse from happening within the service.

We spoke with three members of staff about safeguarding. None of the three members of staff could provide examples of all types of abuse they could encounter. They could, however, provide examples of possible signs and symptoms of a person using the service who may be suffering abuse. The staff members we spoke with all knew to report incidents through their line management and were confident it would be dealt with. They also knew to report incidents to social services if nothing was done internally, although were unsure of who to contact. The provider may wish to consider including relevant contact numbers within safeguarding teams in their own internal policies and bringing to the attention of their staff again.

## Requirements relating to workers

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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We looked at four personnel files.

The files all contained proof of identification and a recent photograph. Enhanced CRB checks were carried out on staff before they started working for the provider. References were obtained by the provider to obtain satisfactory evidence of previous employment conduct and a full employment history was included within application forms. Copies of relevant qualifications were also obtained and included within the personnel files.

**There should be enough members of staff to keep people safe and meet their health and welfare needs**

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## **Our judgement**

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

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## **Reasons for our judgement**

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We spoke with two people who use the service. They told us that their calls were always attended and care workers were rarely late. One person said "I've used Birchwood for over six years and I can only recall one occasion when a call was cancelled because of no staff available and that was a long time ago". People said that even with recent bad weather, the provider contacted them in advance to say they might be late but staff still attended.

We saw that the provider produces people and staff rotas which are sent out on a Thursday before the week they are due to commence. Following this, the provider prints off daily staff rotas to ensure that calls are filled when staff call in sick. This is continually monitored so that people using the service do not have any of their calls cancelled. This shows that the provider has systems in place that are monitored and reviewed to ensure the effective maintenance of staffing levels.

We saw the Telephone Recording System (TRS) figures for the provider. TRS is a local authority phone system where care workers contact a number at the beginning and the end of a call. This showed that 95% of calls were being attended. The remaining 5% of calls were in relation to people using the service who were in hospital, therefore calls could not be made.

We also saw that the provider had 135 care staff delivering 2850 hours of care per week. This is the equivalent of 21.25 hours per member of staff, showing that there are sufficient numbers of staff to meet the needs of people using the service.

**People's personal records, including medical records, should be accurate and kept safe and confidential**

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## **Our judgement**

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The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

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## **Reasons for our judgement**

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We looked at six care plans of people who use the service. The care plans were regularly kept up to date and each had a front sheet to show when different aspects had been updated. This front sheet included risk assessments, reviews, specific care plans amongst other areas. This shows that records were being updated regularly and as soon as practicable. The care plans were stored securely within filing cabinets within the registered manager's office.

Separate communications logs were kept within the office for anything 'out of the ordinary' for people using the service. Daily records were kept at the person's home but significant events were reported to the office and recorded separately. This shows that verbal communication about personal care and other issues was documented effectively.

We looked at four personnel files. These all contained accurate and up to date information and were stored securely within filing cabinets in the office.

This section is primarily information for the provider

## ✘ Action we have told the provider to take

### Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Personal care	<b>Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Safeguarding people who use services from abuse</b>
	<b>How the regulation was not being met:</b> The registered person was not making suitable arrangements to ensure people using the service were safeguarded and was not responding to allegations of abuse.  Regulation 11 (1) and (1)(a)

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 by 09 April 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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Phone: 03000 616161

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Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

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Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

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Website: [www.cqc.org.uk](http://www.cqc.org.uk)

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