

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

Birchwood Homecaring Services Limited

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Date of Inspection: 11 November 2013

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Complaints	✓ 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

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	7
Safeguarding people who use services from abuse	8
Supporting workers	9
Complaints	10
About CQC Inspections	11
How we define our judgements	12
Glossary of terms we use in this report	14
Contact us	16

Summary of this inspection

Why we carried out this inspection

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.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 11 November 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff and talked with commissioners of services.

What people told us and what we found

People told us that they were involved in making decisions about their care and support needs. Some people told us that they had a visit from Birchwood staff before they received a service from them to carry out an assessment. One person told us "The staff are aware of my needs. They talk with me, not to me, and take on board comments I have. They might not like what I say sometimes but at least they listen".

People who used the service 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 "I'm glad I moved to Birchwood. I had been with other providers before and they never quite did what I needed. Birchwood are meeting my needs now".

The provider was reporting potential safeguarding incidents correctly and responding appropriately. Staff were aware of types of abuse and what to do if they suspected abuse had taken place.

Staff were receiving appropriate supervision from the provider which supported them in their role. Staff also received comprehensive training which enabled them to carry out their role effectively.

The provider had a system in place to deal with comments and complaints. We saw that the provider responded to and investigated complaints received appropriately.

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

More information about the provider

Please see our website 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

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We spoke with 52 people who used the service. People told us that they were involved in making decisions about their care and support needs. Some people told us that they had a visit from Birchwood staff before they received a service from them to carry out an assessment. One person told us "A manager from Birchwood came to see me and we talked about what help I needed. The manager was really nice and listened". Another person told us "I've had quite a few reviews with Birchwood as my needs have changed since I've been with them".

People told us that care workers who supported them were friendly and polite and that they treated them with dignity. People told us that staff listened and did not just 'follow the instructions'. One person told us "The staff are aware of my needs. They talk with me, not to me, and take on board comments I have. They might not like what I say sometimes but at least they listen". This showed that people who used the service were able to express their views.

We looked at five care plans of people who used the service. The care plans confirmed what people had told us and that initial assessments and reviews were being carried out. Assessments were comprehensive, relevant to the care needs of the person and showed that the person using the service or a relative was involved in the decision making process. Reviews of people's needs were also comprehensive with people having been involved. This showed that the provider had put people at the centre of their care and enabled them to make decisions.

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We spoke with 52 people who used the service and one relative. The people who used the service 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 "I'm glad I moved to Birchwood. I had been with other providers before and they never quite did what I needed. Birchwood are meeting my needs now, although there have been a few hiccups along the way". Another person told us that the care they received was excellent and "They just seem to know what to do. Sometimes the care workers will offer to help me in a certain way that is different to the normal visit. This is usually because they've spotted something before I've realised, such as becoming unsteady on my feet". This showed that the provider delivers care so that people are safe and their needs are met.

Some people told us that whilst their needs were being met, it would be better if they had more continuity with the staff who visited them. One person said "Sometimes it seems as if I just get to know a person and then a new one comes along. I understand that people move on but it is a shame because new staff have to start from scratch with me".

We looked at the care plans of five people who used the service. The care plans were written in a person centred style. This meant that care is centred on them and considers their individual circumstances. 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 what was required. This enabled new care workers who carried out care calls to know exactly what personal care they should be providing and exactly how it should be done. This showed that the provider ensured continuity in the care, treatment and support to people using the service as a result of effective care planning and communication.

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.

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

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

When we inspected in March 2013 we found that the provider was not following the correct procedure for reporting safeguarding incidents. The provider had not taken any action when an incident involving a staff member had been reported. At the time of this inspection undertaken in November 2013 we found that appropriate actions had been taken to address this issue.

We saw that the provider was now reporting safeguarding incidents in the correct manner and in line with local procedures. Safeguarding incidents were also being notified to the CQC appropriately. The provider had amended their 'Important Information for Safeguarding Alerts' to list all types of abuse and include relevant telephone numbers. Further guidance had been given to staff in relation to this. This showed that the provider was responding appropriately to incidents of suspected abuse.

We spoke with three staff members. They were able to identify types of abuse as well as possible signs and symptoms. Staff told us how they would report possible safeguarding matters both internally and externally to Social Services. Staff were confident that if they reported incidents to their management that it would be dealt with appropriately.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We looked at seven personnel files of care staff working at Birchwood. These files showed us that staff were receiving an induction as well as regular ongoing training following this. Staff were also encouraged to obtain nationally recognised qualifications whilst working at Birchwood. This meant that staff are enabled to acquire further skills and qualifications relevant to their work. On the day of our inspection a number of staff members had visited the office to meet with their training assessor.

Staff told us that they had undertaken induction training. They told us that this was thorough and prepared them well for their work. A staff member told us "My induction was really good". Records we saw showed us that induction processes were thorough and were based on Skills for Care common induction standards. This included training in areas such as moving and handling, basic first aid, safeguarding, infection control, dementia and medication administration. This meant that the provider was giving staff a comprehensive induction as well as regular updates that took into account recognised standards within the care sector, relevant to their job role.

We saw that the provider had a dedicated training room and a staff trainer was appointed. We spoke with this person and he told us that he was supported by the provider to develop training courses and deliver them to the staff team. Positive comments were made by the staff team in support of the training received.

We also looked at staff supervision. Supervision enabled staff and the provider to talk about their work, any issues they had, people using the service and their own personal development. Supervision was a mixture of formal one to one supervision as well as spot checks. We saw that supervision was taking place on a regular basis as well as annual appraisals. Staff told us that they thought the supervision and spot check system was appropriate for their role and that they felt supported.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

We looked at the complaints handling of the provider due to receiving information that people were not being contacted after making a complaint.

We saw that the provider had a clear complaints policy and procedure in place. This policy and procedure was available for people who used the service and their relatives. The provider also recorded verbal issues brought to their attention in a communications book. We noted that these issues were responded to appropriately before people felt the need to make a complaint. This showed that the provider had systems in place to deal with comments and complaints.

We saw that the provider had received three complaints in 2013. From records checked we saw that the provider had recorded each of these complaints and what they related to. The provider responded to the complaints and then investigated them. Documentation was kept by the provider regarding what action they took following a complaint. We also saw that the provider would meet with people who had made complaints and records of discussions and proposed actions were available.

We noted that at the end of a complaint investigation, the provider wrote to people with the outcome of their complaint. The provider may find it useful to note that the final response letter did not encourage people to contact the provider to discuss whether the issues they had raised had been resolved satisfactorily.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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.

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.

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

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)

(Registered) Provider

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'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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