

Baryen Health Care Ltd

# Baryen Health Care Ltd HQ

## Inspection report

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## Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



## Overall summary

We carried out an unannounced comprehensive inspection of this service on 10 February 2015 in which a breach of the legal requirements was found in relation to staff recruitment. This report relates to that breach. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Baryen Health Care' on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We carried out this focused inspection on 3 June 2015 to ensure improvements planned by the provider had been implemented to address this breach of Regulation. We found that action had been taken to improve the safety of the service provision.

Baryen Health Care is registered to provide personal care to people living in their own homes and transport for mental health conveyance. The service aims to provide care and support to older and younger people with a variety of needs. These include people living with

dementia, mental health, misuse of drugs and alcohol, and people with a learning or physical disability. Care and support was co-ordinated from the services office which is based near Doncaster town centre.

The service had a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At this focused inspection we found recruitment practices had been improved. We saw a structured recruitment process was in place to help make sure staff were suitable to work with vulnerable people and this had been followed. We found all staff files had been audited and action taken to make sure appropriate checks were in place for the staff supporting people.

# Summary of findings

We also saw improvements had been made with regards to recording the assessment of identified risks. Information about risks associated with people's care now provided clearer guidance to staff about their role in supporting people's safely.

At our last inspection we found where people needed assistance taking their medicines records lacked specific

information about the medicines administered by staff. At this visit we saw new medication administration forms had been introduced which recorded all the information required.

We will review our rating for this service at our next comprehensive inspection to ensure the improvements made and planned, continue to be implemented and have been embedded into practice.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

We found that action had been taken to improve the safety of the service.

A robust staff recruitment process was in place, and had been followed. This helped the employer make safer recruitment decisions when employing new staff. Where shortfalls had been found action had been taken to obtain missing documents.

Records concerning specific areas where people were more at risk clearly explained what action staff needed to take to protect people.

Systems were in place to make sure people received their medicines safely, which included all staff receiving medication training. The recording of medicines to be administered by staff had been improved.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for safe at our next comprehensive inspection.

**Requires improvement**



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## 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was to check that improvements had been made to meet legal requirements planned by the provider, after our comprehensive inspection on 10 February 2015. We inspected this service against one of the five questions we ask about services: is the service safe. This is because the service was not meeting some legal requirements.

Before our inspection we reviewed the information we held about the service, this included the provider's action plan, which set out the action they would take to meet legal requirements.

This focused inspection took place on 3 June 2015. The provider was given short notice of the visit in line with our current methodology for inspecting domiciliary care agencies. The inspection team consisted of an adult social care inspector.

At the time of our inspection the service was only supporting a small number of people. We did not speak to people who used the service as the shortfalls we were checking were regarding records. We looked at records pertaining to staff recruitment, risk assessment and the administration of medicines.

# Is the service safe?

## Our findings

At our inspection on 10 February 2015, we found staff had not been recruited robustly as appropriate background checks had not been consistently undertaken before staff began working for the agency.

This was a breach of Regulation 21 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 19 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the provider to send us an action plan detailing what improvements they planned to make to address this breach and by when. The provider did this, and said they would be compliant by 20 April 2015.

At our focused inspection on 3 June 2015 we found the provider had implemented improvements to meet the shortfalls in relation to the requirements of Regulation 21 as described above.

On this occasion we did not speak with people who used the service, or care staff, as the shortfalls we had found related to records.

At our last inspection in February 2015 we found some essential recruitment checks had not been carried out before new staff had been allowed to work with people who used the service. At this visit we checked the four files for staff currently employed to care for people being supported. We also discussed changes made in recruitment practices since our last visit.

We found a satisfactory recruitment and selection process was now in place and appropriate checks had been undertaken. Records showed the provider had obtained at least two written references, (one being from their previous employer), and a satisfactory Disclosure and Barring Service (DBS) check for each staff member. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. At our last inspection staff had told us face to face interviews had also taken place and we saw documentation of questions asked at the interviews in the files we checked.

The registered manager told us how they now audited files before each new staff member was allowed to commence employment. They said meetings were also held each week so recruitment files could be checked and discussed. We saw each file contained an audit form which detailed what checks had been completed and when.

At our last visit we had found risk assessments were in place to monitor any specific areas where people were more at risk, such as how to move them safely, and explained what action staff needed to take to protect people. However, they did not always contain sufficient detail about how people should be supported to maintain their safety and meet their needs. At this inspection we saw additional information had been added to care records to ensure staff had sufficient guidance regarding how each person needed supporting. We also found environmental risk assessments had been completed to make sure people's homes were safe for staff to work in.

During our last inspection we saw there was a medication policy in place which outlined the safe handling of medicines and staff had completed training in the safe handling of medicines. Where people needed assistance to take their medication we found their care plan outlined the medicines the person was taking, and staff's role in supporting them to take them safely. However, in one file we saw there was no clear record of what medication had been taken.

At this visit the registered manager described the changes made and we saw a detailed medication administration record [MAR] had been introduced. This recorded what medicines the person was taking and at what time. The registered manager told us where other care professionals were involved in the person's care they had worked with them to ensure staff received clear guidance on medication administration.

The registered manager told us MAR sheets were being audited on a weekly basis by the clinical lead nurse to make sure staff were recording the administration of medicines correctly. They said they were also checking the accuracy of care records and confirming there were no changes to the medicines to be administered.