

Malvirt Limited

Birchwood Care Services

Inspection report

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Date of inspection visit:

09 October 2017

13 October 2017

Date of publication:

20 December 2017

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 Care Services is a home care agency situated in an annexe of Birchwood House Residential Home in Speldhurst on the outskirts of Tunbridge Wells. Birchwood Care Services provide care and support to people in their own homes. The service assists people with physical disabilities, people living with dementia and adults over 65 yrs. The service specialising in supporting people in rural areas who have found it difficult to access other care services. There were 57 people using the service at the time of our inspection.

There was a registered manager in post. 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 2008 and associated Regulations about how the service is run.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good and met all relevant fundamental standards.

Why the service is rated Good

Staff knew how to recognise and respond to the signs of abuse. Risks to individuals' safety and wellbeing were assessed and minimised. Accidents and incidents were recorded and monitored to identify how the risks of recurrence could be reduced. Medicines were managed safely.

There was a sufficient number of staff deployed to meet people's needs. Staff received the training and support they needed to meet people's individual needs. Robust recruitment procedures were followed to ensure staff were of suitable character to carry out their role. We made a recommendation to review the way staff are deployed to take account of user feedback about receiving a specified call time.

Staff knew each person well and understood how to meet their needs. People told us that staff communicated effectively with them and treated them with kindness and respect. People were supported to make their own decisions and remain as independent as possible. Staff supported people in the least restrictive way possible and the policies and systems in the service supported this practice.

People were promptly referred to health care professionals when needed. Staff knew about and provided for people's dietary preferences and restrictions. Personal records included people's individual plans of care, life history, likes and dislikes and preferred activities. These records helped staff deliver personalised care.

The registered manager and the provider were open and transparent in their approach. They placed emphasis on continuous improvement of the service. There was a system of monitoring checks and audits to identify any improvements that needed to be made. Action had been taken as a result of these checks to improve the quality of the service and care. Records were maintained accurately to allow the registered manager to monitor care delivery.

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? The service remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service remains Good	Good ●

Birchwood Care Services

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 checked 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 inspection.

The inspection took place on 9 and 12 October 2017 and was unannounced. The inspection team included one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we looked at records that were sent to us by the registered manager and the local authority to inform us of significant changes and events. We also reviewed our previous inspection report. We did not ask the registered provider to complete a provider information return (PIR) on this occasion. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make.

We spoke with ten people using the service and five people's relatives. We spoke with the registered manager and two members of care staff.

We looked at three people's care plans and records. We reviewed documentation that related to staff management and three staff recruitment files. We looked at records concerning the monitoring, safety and quality of the service and we sampled the service's policies and procedures.

Is the service safe?

Our findings

People told us they felt safe living in the service. One person told us, "I feel very safe. It's the way they are careful in moving me around." Another person said, "Absolutely, yes. They are very pleasant. I feel comfortable with them." Another person said, "Oh yes, I feel safe. They are friendly and easy going." A person's relative told us, "Yes, he feels very safe." Another person's relative said, "I am very confident about the carers."

People were protected from abuse and harm by staff who had received safeguarding training and who understood the procedures for reporting any concerns. Staff were able to identify different forms of abuse and were clear about their responsibility to report suspected abuse. The registered manager demonstrated that they worked positively with the safeguarding team to ensure any concerns were reported and responded to appropriately. Areas for learning were identified and implemented. Robust recruitment procedures were followed, appropriately documented and monitored to check that staff were of suitable character to carry out their roles. Recruitment procedures included interview records, checking employment references and carrying out Disclosure and Barring Service (DBS) checks. These checks identified if prospective staff had a criminal record or were barred from working with people that need care and support. Gaps in employment history were explained. Therefore people and their relatives could be assured that staff were of good character and fit to carry out their duties.

There were sufficient numbers of staff deployed across the service to meet people's needs in a safe and effective way. Staff numbers were based on the needs of individuals using the service and were adjusted if there were changes to people's needs. People told us they felt there were enough staff to meet their needs. Some people told us that the staff were organised in a way that meant they could arrive at the specified call time. One person said, "Mostly on time, and, if late, they always telephone". Another person said, "Their time keeping is pretty good". However, some people told us that the care staff could often be late. Comments included, "I never know what time they will turn up", "the carers often do not turn up on time. They are often late" and "They were very late today." A person's relative told us, "Rotas are muddled at times, and carers overloaded." Staff were not allocated travelling time between calls. They told us that, to account for this, they started their first call of the day 15 minutes earlier. The registered manager and staff told us that people were made aware that their call would take place within half an hour of their scheduled time. A new electronic staff allocation system had improved the management of call time arrivals and there had been no missed calls since its introduction. We recommend that the registered manager review the arrangements for allocating staff to take account of user feedback about receiving their call at a specified time.

There was an out of hours system to respond to people and staff when they needed support or advice, This was operated by the management team. The supervisor and senior carer were available to provide cover for calls if there was staff sickness or in the event of an emergency.

People were supported to manage their medicines in a safe way and were supported to ensure they got their prescribed medicines on time. Accurate records were maintained to demonstrate that people had been prompted to take their prescribed medicines. The registered manager ensured that checks of safe medicines practice were routinely made and new medicines audit had been implemented since our last

inspection. Staff had completed training safe handling of medicines

Risks to individual safety were assessed, identified and minimised. Individual risk assessments were carried out for people who needed help with moving around, who were at risk of falls and of malnutrition. Risk assessments contained clear instructions for staff to follow to reduce the risks of harm. Staff were aware of these instructions and followed them in practice. Assessments of people's home environment were carried out before the staff started to provide support. This included ensuring gas and electricity safety checks, the safety of appliances and any possible trip hazards.

Accidents and incidents were appropriately monitored to identify any areas of concern and steps that could be taken to prevent accidents from reoccurring. Staff had access to personal protective equipment, such as gloves and aprons and understood how to reduce infection risks. People told us that staff used the protective equipment when caring for them. The provider ensured that the office premises were secure and protected by security cameras. The premises were wheelchair accessible. Fire drills were practised monthly and all fire protection equipment was regularly serviced and maintained. Evacuation plans were clearly displayed in the office. All staff were trained in fire awareness. Staff working in care roles were issued with equipment to ensure their safety. This included a Circuit breaker, personal safety alarm and a torch.

Is the service effective?

Our findings

People and their relatives told us that they felt the staff were competent and effective in meeting their needs. One person told us, "They understand my needs very well. They have very good training and the right skills". Another person said, "Yes, they have all the right skills." A person told us, "Yes, they are very good. They always stay longer if I get short of breath." Another person said, "They certainly understand my needs. They are on top of it all." A person's relative said, "Both Mum and Dad are pleased with the service." Another person's relative told us, "Yes, they understand my husband very well. Last week the carer called an ambulance when I was out. That shows good initiative." People told us that staff listened to them if they did not want support with a particular task and respected their wishes. One person said, "They listen. Heed my wishes." Another person told us, "They listen. If I do not want a full shower because of my back, they will give me a basin wash."

People received effective care from skilled and knowledgeable staff. Staff received an appropriate induction that included shadowing more experienced staff until they could demonstrate their competence. All new staff were supported to achieve the Care Certificate, which included observation of their practice by a supervisor. Staff were supported to gain qualifications relevant to their role. All staff had completed a health and social care qualification at level 3 or above and staff were beginning to undertake more specific qualifications in areas such as dementia and end of life care.

Staff were up to date with essential training to ensure they could carry out their roles safely and effectively. The training programme included, person centred care, infection control, safeguarding people from abuse, health and safety, dignity and compassion, equality and diversity, food safety and safe moving and handling of people. Staff had a good understanding of how to meet the needs of people they were supporting, for example caring for people living with dementia. The registered manager was a dementia champion and was working to improve the delivery of dementia awareness training for all staff. New training courses were being introduced in bed rail safety and managing pressure area risks. The registered manager accessed funding from the workforce development fund to increase training opportunities for staff. Staff received ongoing support from their line manager through a range of meetings. This included team meetings, 1-1 supervision and observations of practice. All staff had an annual appraisal of their performance.

People's right to make their own decisions was respected. Consent to care and treatment was sought in line with the law and guidance. Staff understood the requirements of the Mental Capacity Act 2005. The principles of the legislation were followed to assess people's mental capacity to make specific decisions. A system was in place to assess people's mental capacity for specific decisions; however this had not been warranted since our last inspection.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005. For people living in their own homes these restrictions are managed by the Court of Protection. The registered manager understood what action they needed to take if a person required any restrictions to their liberty, but they had not need to do so. The registered manager had considered the least restrictive

options when planning the care for each individual. The registered manager had a good understanding of people's rights and their duty to report any potential restrictions on their liberty. They had recently issued people with a charter of rights and had ensured that staff completed training in equality and diversity. This meant that people's rights were protected.

People were supported to maintain good health and to access health professionals such as their GP as needed. Care plans for individuals detailed any specific health needs and the action staff needed to take to help people stay healthy. People were supported to eat, drink and maintain a balanced diet to promote good health.

Is the service caring?

Our findings

People and their relatives told us that they liked the staff that supported them and described them as kind and caring. One person told us, "The staff are both wonderful." A person's relative told us, "[The staff member] is gentle and caring and a pleasure to have in our home." Another person's relative said, "They take time to talk with mum about her family and pets." People confirmed that staff treated them with respect. One person said, "They certainly treat me with kindness and compassion. They protect my privacy if they can. I usually get the same staff. We know each other pretty well." Another person said, "I am definitely treated with kindness." A person told us, "The carers themselves are absolutely wonderful." Another person said, "They are very caring when they get me out of the shower and make sure I do not fall." A person's relative commented, "Absolutely they treat him with dignity. He likes things done his way and the carers respect that."

Positive caring relationships were developed between people and staff. People were asked about their life history and what was important to them during the assessment process. This information had been documented in their care plan. At the last inspection we recommended that information gathered through assessment about people's background be provided to staff in the written care plan. The registered manager had implemented this recommendation and information about people's backgrounds, hobbies and interests was now included as part of their plan. Staff told us that this meant they had things to talk about with the person and could help them to stay interested in their hobbies. The registered manager described how they took into account individual personalities, skills and interests when matching staff to work with people. One person who spoke Spanish as their first language was supported by a Spanish speaking staff. Another staff member had bonded with a person over a shared interest of dogs. Staff gave examples of additional tasks they regularly did for people such as picking up some milk on their way to the person's home and posting letters. Staff had accompanied a person to hospital when they had a fall to ensure they were not alone. The registered manager had arranged the staff members other duties to be covered within the team.

People were cared for by staff who respected confidentiality and discretion. People told us that the staff never discussed other people's needs with them and confidentiality was respected. People's care records showed that they were supported in a way that promoted their dignity. People's records were stored securely and only accessed by staff when required for the purpose of delivering care.

Staff promoted people's independence and encouraged people to do as much as possible for themselves. People told us that they were encouraged to retain their independence. One person told us, "Independence; yes that is the aim and they [the carers] have achieved it." A person's relative said, "They make sure he does as much as he can for himself." People's care plans included information about what they could do for themselves so that staff only provided the care that people needed. People were involved in making decisions about their care and support. For example, one person's funding authority had requested care for seven days a weeks for the person, but they advised the agency they only wanted three days care at this time. The registered manager respected this person's decision and reviewed their care regularly with them to see if they wanted any further support. Information was provided to people about the services provided

to enable them to make an informed decision when agreeing their care.

Information was provided to people about the services available, including a clear fee structure. People were given information about how to complain. A brochure that included information about what to expect from the service was given to people before care started and was available in a larger print. People were asked if they wanted a copy of the service information brochure to be sent to any other party, for example a relative. The registered manager signposted people to other services that may be able to help them. They had recently recognised the risk of loneliness in older people and had developed a resource file that people could use to find activities and services that may be of interest to them.

Is the service responsive?

Our findings

People and their relatives told us that staff were responsive to their needs. One person told us, "I can always express my views and they will abide by them. We talk and they do what I want the way I like." Another person said, "Staff do exactly what I want. They are very helpful."

People's care and support was planned in partnership with them. The registered manager or the supervisor carried out an assessment of their needs. People were asked for their views about their needs and how they would like their care to be delivered. People had a care plan written that was based on the findings of the assessment. This included their views about their care and their preferred routines. People received personalised care that reflected their likes, dislikes and preferences. This included people's mobility, daily living skills, nutrition, mental health, social needs, physical health and their communication needs. Staff were provided with a summary of the care plan before visiting a person for the first time to ensure they knew how to respond to the person's needs. People could be confident that their wishes were respected in practice. People's individual assessments and care plans were reviewed every six months or sooner if people's needs changed.

People told us that the service was responsive to their changing needs and requests. One person's relative told us, "I am grateful for your responsive approach to her imminent discharge from hospital and being prepared to work flexibly to allow this to happen." The registered manager gave examples where the service had been responsive. A person had become unwell and their needs had changed over a weekend. An increase to their support was agreed and put in place and implemented on the Monday. Another person had a change to their call time one week to accommodate a visit by a speech and language therapist. This meant that staff were on hand to provide information and to help the person understand the information that was given to them so that any further support needs could be included in their plan. Staff had supported another person to contact a health professional for a review of their mobility. Equipment was then fitted to their home which allowed them to remain independent. During the inspection a person called to request additional support to go to the optician. This was arranged for them.

People's care plans included instruction for staff to check with the person if they needed any other support before they left. Some people had a specific list of checks that staff needed to make before leaving, such as checking their drink and glasses were within reach.

People's views were sought and listened to by the registered manager. People and their relatives knew about the service's complaint policy and procedures which was included in the brochure for the service. They told us they were confident that any complaints would be promptly addressed in line with the policy. One person said, "Yes, they would listen. They are very good." The registered provider's complaints records were clear and transparent and showed that appropriate action had been taken to investigate and respond to complaints.

Is the service well-led?

Our findings

People told us they were very happy with the service they received and they were confident in the leadership provided by the registered manager. One person said, "It's a very well run organisation." A person using the service told us, "I am quite satisfied. I am sure they operate in my best interests." Another person said, "The service is excellent".

People knew who the registered manager was and told us they felt able to contact her with any concerns or requests. The registered manager provided staff with clear and directive leadership. They held a level 5 qualification in care and leadership. Staff told us they understood their responsibilities and were clear about the standards of care they were expected to provide. Staff were provided with policies and procedures for the operation of the service. Our discussions with people, the registered manager and staff showed us that there was an open and positive culture that focussed on people. Staff understood their rights in relation to blowing the whistle on poor practice and were confident to do so if needed.

The registered manager ensured the service was managed in a way that was transparent, honest and person focused. They sought feedback from people, their representatives and staff about the overall quality of the service. This included six monthly visits to people to seek feedback and to review their care. An annual satisfaction survey was carried out, which the registered manager reviewed to identify how the service could improve. Action had been taken to address the points raised in the previous survey and the results report had been sent to people and their families. The registered manager was in the process of reviewing and updating this to ensure that clearer and more useful feedback could be obtained from people to ensure quality in all aspects of the service. The registered manager sent out a newsletter to people three to four times a year to update them on improvements to the service.

Staff told us they felt valued and supported by the registered manager and the provider. Staff were encouraged to make suggestions about how to improve the service and a suggestions box had been implemented since our last inspection. All the staff we spoke with told us they were encouraged to discuss practice issues during team meetings and were invited to comment on how the service was run. Staff told us that their ideas were taken seriously and influenced improvements to the service. The service continued to hold the Investors In People Award and was working toward achieving the next level of accreditation. Staff told us they were given the support they needed to carry out their roles effectively.

The service continued to ensure that quality of care was maintained through an effective quality assurance system. A comprehensive programme of monthly audits was carried out by the registered manager. This included audits of care plans, accidents and incidents, care delivery and comments and complaints. Accurate records were maintained to ensure the registered manager could monitor that people's needs were being met. The registered manager consistently notified the Care Quality Commission of any significant events that affected people or the service.

The service worked proactively in partnership with other organisations to make sure they were following current practice and providing a high quality service. The registered manager provided dementia friends

awareness sessions to staff and family members to increase their understanding. The dementia friends scheme is designed to raise awareness of the needs of people living with dementia through a pledge to do something that improves the life of a person living with dementia. The registered manager was signed up for the social care commitment and was implementing the action plan. The registered manager participated in forums with other organisations in the sector to exchange views and information that may benefit the service. Since last inspection introduced a system to contact person's GP, with their consent, when service starts to promote joint working.