

Birchwood Homecaring Services Limited

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Inspection report

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2014
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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?	Requires Improvement	
Is the service well-led?	Good	

Overall summary

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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The initial inspection visit was announced and this meant the provider and staff knew we would be visiting the agency's office 48 hours before we arrived. Our second visit was unannounced and we returned to follow up comments made by some people and to speak to more care workers. Our previous inspection was carried out in November 2013 and no breaches of regulations were found at that time.

Summary of findings

Birchwood Homecaring Services provide personal care to people in their own homes in Amber Valley. At the time we visited the office there were 285 people using the service.

There was a registered manager for the service. 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.

People who used the service told us they felt safe and care workers were trained to look after people safely. Care workers knew what to do if they had any concerns about a person's well-being. There were systems in place to protect people from risks to their health and safety and to ensure safe staff recruitment. Some people expressed concerns about the recent high turnover of staff at the

agency and the effect it had on their care being provided late sometimes. We found there had not been any missed calls. Recruitment was on-going to ensure sufficient care workers were employed to meet needs.

Care workers were caring and knowledgeable about the people they supported. They treated them with dignity and respected their privacy. People's specific care needs were assessed and care workers were made aware of these in plans of care. They alerted health care professionals if they had any concerns.

There was a clear staffing structure for the service. Systems were in place to supervise and manage staff. There were also arrangements in place to assess and monitor the quality of the service and this was being developed further by the registered manager.

Complaints were not fully investigated and resolved to people's satisfaction. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

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?

The service was safe.

People told us they felt safe and care workers knew the procedure to follow should they hear about any abuse happening or have any suspicions of abuse.

All risks to people were assessed and immediate action was taken in any medical emergency.

Care workers were aware of the Mental Capacity Act and knew how to provide care in people's best interests when needed to keep them safe.

Recruitment for care workers was on going, but there were sufficient staff employed to ensure each person using the service received their care.

Good



Is the service effective?

The service was effective.

All care workers were trained to meet people's diverse needs. New care workers worked with more experienced care workers to increase their knowledge and awareness.

People were protected from the risks associated with eating and drinking as care workers ensured they had what they needed and kept clear records of the support they had given.

Care workers monitored people's health, recorded any changes in the care notes and ensured people's changing health needs were met.

Good



Is the service caring?

The service was caring.

People valued having consistency of care workers and had built up caring relationships with them. Team leaders tried to arrange regular care workers for each person as far as possible.

People and their relatives were involved in planning their care. They had signed their care plans. The times were not always as they had originally agreed, but they had the care and support they needed.

Good



Is the service responsive?

The service was not consistently responsive, because people had not always had a satisfactory outcome when they had complained or expressed their concerns.

People's individual needs were taken into account and care workers took specific action to meet them.

Requires Improvement



Summary of findings

Is the service well-led?

The service was well-led.

There was a registered manager, an established management team and a clear staffing structure for the service. There were systems in place to supervise and manage all staff.

Systems were in place to assess and monitor the quality of the service provided.

Good



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Detailed findings

Background to this inspection

The inspection team consisted of one inspector and two Experts-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. The Experts-by-Experience did not attend the agency's office, but spoke by telephone with people who used the service and relatives of other people that used the service.

Prior to our inspection we checked the information we held about the service and the provider. We also asked the provider to complete a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements that they plan to make.

We made two visits to the agency's office on 30 July 2014 and 21 August 2014. We also made telephone calls to people who used the service between those dates. We spoke with 30 people who used the service and 17 relatives of other people that used the service. We also spoke with

the registered manager, a deputy manager, a group of new staff in training, three senior care staff who were also responsible for co-ordinating care and four other care workers.

We reviewed records held at the agency's office. These included a sample of six people's care records, eight staff records and records from 2013 and 2014 in relation to the outcomes of complaints.

We also reviewed information we had received from commissioners of the service.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

People who used the service and relatives told us they felt the service was safe, as the majority of the care workers had been gentle when providing care and they felt their belongings were safe too. People and relatives told us they would contact the office if they had any concerns about safety or abuse and they thought the office would deal with this appropriately.

One person told us, "They are very good and gentle." A relative told us that care workers came in three times a day to look after their relative and said, "I was quite happy to leave [the relative] with them." Another person told us they had reported one care worker to office staff and they had not been again. We found that appropriate disciplinary action had been taken to ensure people were safe.

Care workers told us they had received training in safeguarding people and they were able to tell us the procedure they would follow should they hear about any abuse happening or have any suspicions of abuse. During our visit to the office a senior worker was appropriately reporting a situation to the local authority.

People who used the service and relatives told us the care workers and office staff took swift action to summon emergency help if they needed it. One person told us that a care worker called paramedics called immediately when the person had fallen from a shower chair. Care workers told us that when they found people had injuries or sudden illnesses, they always contacted medical emergency services and stayed with the person until help arrived. They said there was a procedure to contact the agency's office and arrange cover by other staff for subsequent visits.

A deputy manager told us that risks were assessed during the initial assessment and again if people's needs changed. We saw risk assessments had been carried out and recorded in the care plans we looked at. These covered the risks when people were helped with moving and with their personal care. The care workers we spoke with knew the action they needed to take to lessen the risks to people's safety.

We found there were sufficient office staff and care workers with the right skill mix and experience to keep people safe. People told us care workers were sometimes a little late, and they did not always have the same care worker, but no one had experienced any missed calls. People said that if

the call was more than half an hour late they would ring the office and usually they would be told "Someone is on their way". The senior care workers who coordinated care told us they were continually rearranging care workers to attend to people when various incidents occurred to delay them or care workers were not available for work at short notice. They gave priority to ensuring another care worker attended. If there was no other care worker available, the coordinators took on the care tasks themselves. They told us wherever possible they would contact people by telephone to inform them of any changes. People we spoke with confirmed that sometimes the office staff would ring to say a care worker would be a little late or a different care worker would be attending.

The provider ensured that all staff understood the key principles of the Mental Capacity Act 2005. We saw records to show they received training on this subject and on working with people who might lack mental capacity due to dementia. Team leaders told us they were aware of which people lacked the mental capacity to contact the office if a care worker had not arrived, so they always made sure another person with the mental capacity to make a call was on the same run.

Care workers told us they followed the care plans in people's best interests when they had been assessed as lacking capacity and reported any changes in behaviour or any other concerns.

Recruitment for care workers was on going. As some staff had left the service, others were recruited to ensure the provider could continue to meet the needs of the people currently using the service. We spoke with a group of new care workers in training and they told us the recruitment process was thorough to ensure they were suitable to work with vulnerable people. For some new care workers, all references and checks had been completed and they had been accompanying experienced care workers to provide care. Other new care workers had not yet been given confirmation that all their references had been received, so they were not yet allowed to visit people in their own homes. In the meantime, they were receiving initial training at the agency's office. Other care workers told us they accompanied new trainees to pass on their experience and specific knowledge of people's needs.

We checked safe recruitment practices had always been followed in the records of a sample of eight established care workers. We found all checks had been made and

Is the service safe?

found to be satisfactory before the staff had started work with people in their own homes so that people had their needs met by care workers who were fit for the work and were of good character.

Is the service effective?

Our findings

People who used the service were complimentary about their regular care workers and felt they were adequately trained to meet their needs. One person said "I know [name of care worker] knows what she's doing and she's very good at her job." However, some people were not confident about new staff and one relative said "I don't think some of these carers are fully trained yet. You can tell the ones who know what they're doing and you've got confidence in them." The registered manager and other care workers told us that new care workers were not sent to people on their own until they were competent. One experienced care worker told us that they had a new care worker with them for most of their calls and thoroughly enjoyed training them to ensure they were competent.

New staff told us about the training they received and one said that it was "Good quality training with plenty of opportunities for discussing things and asking questions." Others agreed with this. We saw there were records of training for all staff and all care workers were trained in appropriate topics to meet people's needs. We saw that care workers were also supported to complete vocational courses in care. The registered manager told us that in addition to their own training officer, they were working closely with a local college who were providing specialised training for all staff in first aid, dementia care, mental capacity awareness and end of life.

The staff we spoke with had received an annual appraisal for the current year. This involved reviewing their skills and development. Staff told us these meetings gave them the opportunity to request specific new training courses. One senior care worker told us of specific training they had received in end of life care, which they found extremely helpful in working with people. From the information

provided to us by the registered manager, we saw that 75% of all the staff employed by the agency had received their annual appraisal for the current year and dates were booked for the other 25%. There were also records of regular individual supervision meetings for all staff in every role, so that people were cared for by care workers that were well supported.

We checked arrangements in relation to protecting people from the risks associated with eating and drinking. One person told us, "They always ask me what I want to eat and in this hot weather I usually want sandwiches, not a microwave meal. So they do what I ask." People told us they were asked about their needs in relation to this when they started to use the service. Some people said they needed help with meal preparation and the provision of drinks and that they could not manage without the help they received. Care workers had kept records of care given and stated the help people had received with meals and drinks.

One person told us, "If anything comes to light they add it into the plan, for example, my legs got sore and they [care workers] needed to start putting cream on. If the plan changes for any reason they sit down and talk about it." Another person said, "One care worker noticed [health support was needed] when she was creaming my legs. She rang the office and they sent the nurse out to put a dressing on." A relative told us, "They soon contact a doctor when [person's name] is not feeling well. And then they let me know too. This has happened twice." Care workers were also trained in first aid and two of them told us they felt it was important to monitor people's health. They recorded any changes in the care notes and reported concerns to the office staff or directly to the person's doctor's surgery if it was urgent. This ensured people's changing health needs were met.

Is the service caring?

Our findings

People used words such as: "kind", "caring", "patient", "friendly" and "good" to describe their regular care workers. One person said, "They're marvellous people." Another person told us, "I think they do a wonderful job." A third person said, "They're worth their weight in gold." Another said, "They take good care of me."

It was clear that people valued having consistency of care workers and had built up relationships with them. Team leaders told us they always tried to arrange regular care workers for each person as far as possible. For some people, though, it had not been possible in recent weeks and one person told us, "I'm not happy about different people coming in my house all the time". Another said, "The relief ones are alright but they don't know the routine or where anything is, it takes a long time for us to get used to each other." One relative said "There's no continuity of care. You can get several different people in one day and some you don't know from Adam." Some people told us their regular care workers had recently left along with several others and this was the reason for different care workers being provided. These concerns were being addressed. The manager confirmed there had been a high turnover of staff recently, as some had gone to train as nurses or to follow other higher educational courses. They told us meeting people's needs was always the priority and this meant there may be some different carers for some people, so that there were never any missed calls. As more staff were being recruited and trained they would be allocated so that people who had been affected would have regular care workers again.

All of the people that used the services and relatives we spoke with told us that someone from the office came to

their house before the service started and developed an agreed care plan, which they signed. Most people said their care plan was kept in a folder with all their notes in their own homes. People told us they were happy with the care plan. One relative said "It was a very thorough process. We weren't rushed and we were pleased with the plan." Some people said that the times were not always as they had originally agreed, but they had the care and support they needed.

People also told us their care workers always checked with them what help they needed and they were encouraged to express their views about their personal care by care workers. For example, one person said, "I feel respected, because [name of care worker] always asks me first before they start to wash me."

People told us they were called by their preferred name and the care workers respected the way they lived their lives. One person said, "I have to have everything just so in my house and they do respect that." Another person said "They never leave me cold when I'm getting washed. They look after me." Another person told us, "They cover me with a towel or my blanket when putting my night clothes on or off" Another said, "I'm partially sighted and they always put things back where they belong so I can find them again."

Staff told us their training had covered how to treat people with respect and how to ensure their privacy. Two of the care workers explained to us how they made sure people received help with their personal care in a way which promoted their dignity and privacy. For example, they ensured that no one else was able to see such care taking place by closing blinds or curtains. The registered manager told us the service had received the bronze award in dignity from Derbyshire county council.

Is the service responsive?

Our findings

People had been given full information about how to contact the service to make any complaint at their initial assessment. They told us they knew how to do so. Some people told us that they had made complaints and didn't think the managers of the service had listened to them.

Five people who had raised concerns or verbal complaints told us they had not received feedback or follow up from Birchwood staff. One person who used the service said "I do ring up and report things, but they [the office staff] always say "I'll make a note of that" and nobody ever gets back to you. In the end you think "Well, I'll just let things ride, because they're not interested."

Two people told us that they had difficulty getting to speak to anyone in the management team in the office. One person said "If you ask to speak to a team leader they always tell you they're busy or in a meeting. You leave a message and they never get back to you."

Two other people told us they had recently telephoned the office to complain, but office staff told them the complaint had to be made in writing. When one person explained that they were physically unable to write out their complaint they were told to ask a care worker to write it. This was not an appropriate response if a person wanted to complain about a care worker. No one from the office had visited these people to listen to their concerns.

We looked at the records of written complaints received during the past year and saw there had been two during the last 12 months. The response letters acknowledged people's individual circumstances, but there was no record to show each part of the complaints had been investigated. The provider had not checked that complainants were satisfied with the response to their complaints.

Two people told us that their early morning visit had been 6am, which was too early for them. Both people had spoken with the managers about this during the last few weeks, but felt that generally they had not been listened to and were not confident that they would not get another very early call. There were no records of these concerns being raised.

The provider did not have a system to ensure all complaints and concerns were fully investigated and resolved, as far as reasonably practicable, to the satisfaction of complainants. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see the action we have asked the provider to take at the end of this report.

People gave us examples of when they had received personalised care that met their individual needs. One person told us, "I'm losing my sight and they [care workers] are very understanding and try to make things as easy as possible." Another said, "I gradually need more help and next week I'm going to start having two people coming in to help me instead of just the one."

People told us they generally received their support from regular care workers, who always consulted them about what help and support they needed even though they often had to be quick in order to get to the next person. One person told us, "The girls are lovely but they don't always give them enough time. Some of them seem rushed, but they do their best for me." People were satisfied, overall, that their individual care staff responded to their specific needs.

Is the service well-led?

Our findings

Most people who used the service and relatives we spoke with knew the name of at least one person in the office and some knew the name of the registered manager. Most people said the office staff were friendly. Some people were reluctant to ring the office for anything as they did not wish to make a fuss. Other people told us they often rang the office staff and had built up relationships with the team leaders who were responsible for coordinating their care. They felt they could contact them when they needed to discuss the service.

The provider told us in the provider information return about the management team and staffing structure for the service. There was a registered manager, who was present on each of our visits to the office. Additionally, there were deputy managers, a training manager, team leaders, senior care workers and care workers. New staff were aware of the staffing structure and all staff we spoke with demonstrated that they understood their roles and responsibilities well in order to meet people's needs effectively.

There was a newsletter for staff four times a year and a team leader told us they had meetings every six to eight weeks and felt they were involved in the development of the service. Some care workers had not always had the opportunity to speak to the manager when they needed to. To address this, the registered manager told us they had started regular open surgery times at the office to give care workers an opportunity to voice concerns face to face or discuss ways of delivering a better service.

Three people said that a team leader had sometimes carried out their care and checked the care plan file at the same time. They had asked if everything was satisfactory. Two other people said they had been contacted by phone recently by the office to ask if everything was ok or if there were any problems. None of the other people we spoke with could remember being contacted by management for this purpose. Though one relative said "I filled in a questionnaire a while back, but I've not heard anything since." One person told us they preferred to speak with people from the office as they were not able to complete a form.

The provider told us that weekly quality assurance forms were used by care workers to provide the management team with information to ensure good quality care. These

were also used to highlight any issues or problems that needed attention. Care workers told us that they completed forms and always passed on any concerns or changes needed. Senior care workers or the deputy manager then made adjustments to the care plans or made contact with other professionals to ensure people's needs were met.

A deputy manager and a team leader told us about how they completed 'spot checks' to ensure the quality of service was maintained. This meant they visited people at home while their care worker was there to check their needs were being met as planned. They had experienced some recent difficulties ensuring these visits were regularly carried out due to the turnover of staff, but were in the process of increasing the frequency again. Quality was checked during other reviews that were carried out after the initial 72 hours of commencing the service and again six to eight weeks later. Some of these checks were done by telephone rather than by visiting. The deputy manager also visited people to review care plans when they knew needs had changed. Both the registered manager and deputy manager told us they had already planned to increase their visits to people in their own home to review care plans and check all was well.

Systems were in place to prevent missed calls and to ensure all visits were allocated to an alternative care worker if their regular care worker was off work. All the staff we spoke with said this was the priority and that calls might sometimes be a little late, but were never missed. At weekends there were fewer care workers available, but they each worked alternate weekends and longer hours to ensure all care was provided to people. There was always senior worker on duty during evenings and weekends to support the care workers and ensure care was coordinated and adjusted as needed.

The registered manager told us she was planning the next questionnaire about the quality of the service and would be sending it out to people in November 2014. We told the registered manager about the feedback we had received from people that used the service and she was determined to improve the complaints system to ensure all complaints and concerns were addressed. She had plans to reorganise the management team to include a dedicated complaints manager. The local authority held a contract with the service to provide care and told us the manager was always eager to follow any advice given.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Regulation

Personal care

Regulation 19 HSCA 2008 (Regulated Activities) Regulations
2010 Complaints

People who use services and others were not given appropriate assistance to make a complaint or comment and complaints were not fully investigated and resolved to people's satisfaction. Regulation 19 (1), (2)(b) and (c).