

Birchwood Homecaring Services Limited

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Inspection report

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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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Birchwood Homecaring Services Limited is a domiciliary care agency providing the regulated activity of personal care. At the time of our inspection there were 101 people using the service. The service provides support to adults of all ages, people with a learning disability and people with mental health needs.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

Staff were recruited safely and received the necessary training to support people safely and meet their needs. People were protected from the risk of abuse and risks to people had been assessed, people's care plans were regularly reviewed and updated. Staff supported people to maintain their health and wellbeing by accessing healthcare services which positively supported their health.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care:

Staff understood how to promote people's independence and ensured the care they provided treated people with dignity and respect. Staff had received training in equality and diversity and the service supported people to express their views. People's communication needs were considered and met. Medicines were managed safely, and we were assured that the provider had sufficient infection, prevention and control measures in place

Right Culture:

The service promoted a person-centred culture. The registered manager understood their responsibilities and had identified areas to improve the quality of the service through the audit systems in place. People's needs were assessed prior to them receiving care and support from the service. People's needs and preferences were highlighted in their care plans for staff to follow.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 16 October 2018).

Why we inspected

The inspection was prompted in part due to concerns received about staffing. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Birchwood Homecaring Services Limited on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Birchwood Homecaring Services Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there were 2 registered managers in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 2 February 2023 and ended on 7 February 2023. We visited the location's office on 2 February 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who used the service and 10 relatives about their experience of the care provided. We spoke with 10 members of staff including the nominated individual and registered manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with supervisors and health care assistants

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had received training in how to safeguard people from abuse. Staff understood how to report any concerns they had to relevant professionals.
- People and their relatives told us they felt the service was safe. One person told us, "I don't have any concerns about safety because I am here, and I couldn't manage without carers, it's that simple." And a relative told us, "We have carers we know usually. They understand dementia and I think [person] is safe with them generally."
- Safeguarding incidents had been correctly reported, recorded and investigated. We found that appropriate actions and referrals to relevant professionals had been made to reduce the risk of recurrence.

Assessing risk, safety monitoring and management

- Risks which affected people's daily lives were documented. People's risk assessments included guidance for staff to follow to reduce and minimise risks. For example, one person had been identified as at risk of falling, we found their care plan identified this risk and provided staff with clear personalised information on how to mitigate this risk at each of the person's visits.
- The registered manager had a plan in place to ensure people's care plans and risk assessments were regularly reviewed and updated. We also found these had been promptly updated when people's needs had changed. This helped ensure people received safe care.
- The provider had a digital system in place which enabled the management team to monitor and minimise risks. For example, the management team analysed information daily to ensure people had received care as detailed in their care plans. This helped reduce risks to people.

Staffing and recruitment

- We received mixed opinions from people and their relatives about the staffing levels in the service. People told us they did not always receive their visits on time. We found people still received care as the provider ensured visits had been made within the provider's 30-minute time window of planned start times. The service had contacted and apologised to people when people's their visits had been affected.
- The service was aware of this through their quality monitoring processes and had implemented strategies to improve this.
- The provider was transparent with us about the recruitment challenges they faced and the actions they had taken. We found effective arrangements were in place to ensure the service continued to run when faced with staff shortages. For example, office staff had also received appropriate training which enabled them to deliver care in the event of a staffing crisis.

- Staff were recruited safely. The service followed safe recruitment processes to ensure people were suitable for their roles. This included undertaking appropriate checks with the Disclosure and Barring Service (DBS) and obtaining suitable references. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People's prescribed medicines were managed safely. Staff received training in the administration of medicines during their induction and undertook annual refresher training. Staff competence was regularly checked, which included direct observation of their practice, to ensure medicines were administered safely.
- Audits of medicine records had been regularly carried out. The audits were effective in identifying errors and the actions that were required to prevent a repeat error.

Preventing and controlling infection

- The service had an infection control policy in place which detailed the actions staff were required to follow. Staff confirmed they were provided with a stock of personal protective equipment (PPE).
- Staff received training in infection prevention and control. Staff told us how they managed risks in relation to this such as by wearing personal protective equipment (PPE) when visiting people.
- People and their relatives confirmed staff followed infection, prevention and control measures that were in place.

Learning lessons when things go wrong

- Accidents and incidents were reported correctly by staff to the registered manager, these were reviewed, and actions were taken to reduce any further risks.
- The registered manager regularly analysed accidents, incidents and complaints to identify any emerging themes or patterns in order to improve the care provided. This helped to ensure lessons were learnt when things went wrong.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been individually assessed. Care plans and risk assessments showed the action staff should take to meet people's needs effectively.
- Care records had been regularly reviewed and promptly updated to reflect people's changing needs.
- People's preferences and choices had been identified in their assessments and care plans. This ensured staff were aware of these when providing care and support.

Staff support: induction, training, skills and experience

- Staff had completed mandatory training as part of their induction, this included the care certificate. The care certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The service had effective systems in place to support and supervise staff. Staff received regular supervisions, this included one to one sessions and spot checks of their competencies which included feedback on their performance.
- Staff had training specific to the people they would be supporting this included supporting people with a learning disability.

Supporting people to eat and drink enough to maintain a balanced diet

- People's care plans clearly detailed their eating and drinking needs, and when people had specialised diets this was highlighted for staff to follow.
- Guidance from external health care professionals had been included in people's care plans and risk assessments where people required additional support or risks such as choking had been identified.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- We received mixed opinions from people and their relatives about the timeliness of their care. The registered manager was aware of this and told us at times they had been working to contingency plans when there was unplanned staff absence. Staff told us this situation had recently improved, the service had recently recruited more staff which had reduced the need for contingency plans to be implemented.
- We reviewed people's recent planned and actual visit times, we found that visits had been made within the provider's 30 minute time window of planned start times. The service had contacted and apologised to people when their visits had been affected.

- Staff worked with other agencies to reduce the risks they had identified. For example, when a person's mobility needs had changed the service had ensured an occupational therapist had been contacted for advice. The service had promptly updated the person's care plan based on the information provided.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

- Staff had received training in MCA and understood how to support people in line with the Act.
- The registered manager had carried out capacity assessments in line with best practice. People's capacity to make decisions were clearly recorded in their care plans.
- Where people had legal representatives to act and make decisions on their behalf, this was also documented in their care plans.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff received training in equality and diversity and understood how to apply this training in the support they provided. One staff member told us, "The care we provide is not standardised, no 2 people are the same, we adapt to each client."
- People spoke positively about the staff. One person told us, "The carers are very pleasant and caring and my regular carer is excellent. None of them ever rush me and we have a chat." Another person told us "They are really good, and they will come and chat to [person] about football and play music."

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives, where appropriate, were involved in their care planning and how they wished to be supported. Care plans provided clear information for staff to follow in relation to decisions people had made, daily care records evidenced that staff followed this.
- People and their relatives had regular opportunities to express their views through various methods, we reviewed these records on the provider's system and found appropriate actions had been taken in response to decisions people had made.

Respecting and promoting people's privacy, dignity and independence

- Staff understood how to promote people's dignity when providing care. One staff member told us "I respect people's dignity by making sure I close curtains and doors when helping them with personal care, I try to put people at ease and always allow their independence where it's possible."
- People's care plans provided staff with information on how people would like staff to support them in maintaining their independence. For example, when people were able to manage tasks such as mobilising without assistance, this was clearly recorded.
- Staff had received training in person centred care. Staff showed a good understanding of this and told us of how they ensured people were treated as individuals and how they respected people's decisions and preferences.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Person-centred information was gathered on people's life history and how they wanted to be supported, this included their likes and dislikes. This information informed the planning of people's care and risk assessments.
- People had an option to receive a schedule in advance of their visits, which detailed who would be visiting them. People and their relatives also had the option to view their care plans and records through the provider's app or on paper if this was preferred.
- Some people told us there were times when changes were made to their schedules of visits. The registered manager was aware of this and had implemented strategies to improve this which included contacting people to review the times of visits and reviewing the scheduling of their visits.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were considered as part of their assessment and care planning process.
- Alternative formats were available on request such as large print, we asked about this and were assured that relevant support would be provided if other alternatives were required.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place. We reviewed the complaints the service had received, we found they had been investigated and actions had been taken to reduce the reoccurrence of the issue raised.
- People and their relatives told us they knew how to raise complaints or concerns. A relative told us of their experience when they had raised a concern and how this was promptly resolved to their satisfaction.

End of life care and support

- The service was not supporting anyone who was receiving end of life care at the time of our inspection.
- Staff had completed training in how to support people nearing the end of their life,. The registered manager had put this in place to ensure staff were trained in case this support was required, to enable the continuity of care for people.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and nominated individual also provided care to people at times and understood their care needs. The staff we spoke to were positive and person centred in their approach to the care they provided.
- The management team had developed staff recognition initiatives to celebrate staff success and good practice in the staff team.
- Staff spoke positively about the culture of the service and told us they found the management team approachable. Staff told us they felt listened to and when they had raised any issues these had been resolved.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager was knowledgeable about the duty of candour, we reviewed the records in place and found that the correct actions had been taken to meet this regulation.
- Information had been correctly shared with other agencies, such as the local authority when concerns about a person's safety had been raised.
- The registered manager had identified areas that required improvement through their quality monitoring systems such as scheduling. We saw evidence these areas were being addressed and actions taken to improve care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood the importance of monitoring the quality performance of the service. There were robust systems and processes in place which regularly provided this information, this included checks of medicine and care records. This information was monitored and actioned appropriately.
- Risks were regularly assessed and reviewed, the registered manager and staff had a good understanding of how to protect people from harm.
- Staff were clear about their role and responsibilities. Staff had received training which ensured they provided care and support to the required standard. One staff member told us, "Training is good, you cannot work unsupervised until it is completed, you are confident and your competency has been checked."

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- The registered manager gathered feedback about the quality of the service through surveys and feedback received from people, their relatives and staff. The registered manager analysed this information and had identified and actioned areas for improvements. For example, strategies were being implemented to review people's visit times.
- Information and learning were shared with staff through supervisions, memo's and the provider's electronic care management system. Staff told us they felt updated and informed about changes.

Working in partnership with others

- The service worked in partnership with other professionals such as GP's, and occupational therapists to support people to access healthcare when they needed it which had improved people's outcomes.
- We found the service had acted promptly when there had been a concern about a person's health. The service had contacted the relevant health professional to seek advice and support. The service worked well in partnership with others.