

Malvirt Limited

# Birchwood Care Services

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Birchwood Care Services is a domiciliary agency providing the regulated activity of personal care. Not everyone who used the service received personal care. The Care Quality Commission (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. At the time of the inspection 8 people were using the service.

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

People were supported by a small team of regular staff. Agency staff were used to cover sickness. The number of missed or late calls had reduced, however there had still been several calls cancelled by the provider due to staff sickness. This was an area for improvement. People told us they were contacted if their care calls were running late or needed to be cancelled.

Risks to people's health and safety had been assessed. Risk assessments, to make sure staff had the guidance to provide the right support, had been implemented. People received their medicines safely and staff competencies were checked to make sure they followed best practice.

Checks and audits, to monitor the quality and safety of the service, had been implemented. Some of these had been introduced in March and needed to be embedded into day-to day practice.

People were supported by staff who had been recruited safely. Staff met with a manager for one-to-one supervision to discuss their performance and any developmental needs.

People were involved in the planning of their care. People told us staff were supportive and encouraging. People felt the communication had improved.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was inadequate (published 17 January 2023). There were breaches of regulation.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 17 January 2023. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

We undertook this inspection to check whether the Warning Notice we previously served in relation to Regulations 12, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met.

#### 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Birchwood Care Services

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

#### Inspection team

The inspection was carried out by an inspector.

#### Service and service type

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

#### 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 was not a registered manager in post. An application had been received by CQC for a manager to register. An interim manager had been running the service on a day-to-day basis.

#### Notice of inspection

This inspection was unannounced.

#### 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 1 person and 2 people's relatives about their experience of the care and support provided. We spoke with 3 staff, the care co-ordinator, the interim manager and the manager. We reviewed a range of records. This included 3 people's care plans and associated risk assessments and multiple medicines records. We reviewed 2 staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including checks and audits, were also reviewed.



# 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 Inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At the last inspection, the provider failed to ensure there were sufficient numbers of staff deployed to meet people's needs. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of regulation 18. Cancelled calls had reduced since the last inspection, however were still happening. These improvements need to be embedded into day-to-day staff practice.

Staffing and recruitment; Learning lessons when things go wrong

- People were supported by a regular staff team. The service was reliant on agency carers to cover staff sickness and was actively recruiting to increase their staff levels. People were contacted when staff shortages occurred, and some people chose not to receive support from agency staff. People and relatives told us they were now contacted should staff be running late. One person said, "I have had absolutely no issues with the care. I have had some good agency staff recently". A relative commented, "We chose not to have agency staff come." Some care calls had continued to be cancelled at short notice, relying on relative to provide support, and this was an area for improvement.
- Staff told us of the improvements that had been made. "Previously I didn't always have enough time to travel between calls. [The interim manager] has made sure there is enough time to get to people. I always message them if I am running a bit late." Call times were monitored to ensure staff completed tasks in the allotted time.
- People were supported by staff who were recruited safely. Disclosure and Barring Service (DBS) criminal record checks were completed to ensure new staff were safe to work with people and references were obtained before staff began their induction. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff kept their training up to date and had regular one to one supervision meetings to discuss their personal development.
- Incidents and accidents were recorded, monitored and reviewed. Action was taken to any identified trends, such as referrals to health care professionals.
- The interim manager spoke with staff about the shortfalls identified at the last inspection and implemented new checks and audits, including spot checks to ensure staff were following best practice. When shortfalls were identified, action was taken to address these with staff.

At the last inspection the provider failed to assess the risks to people's health and safety and to do all that

was reasonably practicable to mitigate any such risks. The provider failed to ensure there was proper and safe management of medicines. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of regulation 12. These improvements need to be embedded into day-to-day staff practice.

#### Assessing risk, safety monitoring and management

- Risks to people's health, safety and welfare were assessed, monitored and reviewed. Risk assessments had been implemented to ensure staff had guidance about how to move people safely when they had specialist equipment, to help them move from their bed to a chair.
- Risk assessments had been implemented to ensure staff had information about people's health conditions. This included any signs of symptoms which may indicate a deterioration in a person's health. Staff spoke knowledgeably about people and their individual health care needs. One person told us, "Carers have come up with suggestions about my rehabilitation. They are so supportive and encouraging."
- When people had a lifeline pendant, staff were reminded to check these were worn or within reach before they finished the care call. This made sure people were able to get support if they had a problem.
- People and their relatives told us they felt safe using the service. One person said, "I feel completely safe. No qualms at all." A relative commented, "[My loved one] is absolutely safe. Staff use a key safe to access the property."

#### Using medicines safely

- People received their medicines safely and as prescribed.
- When people chose not to have agency staff to support them, staff ensured there was a family member available to ensure people received their medicines.
- Staff competencies were now being checked regularly to ensure they were following good practice. Any concerns identified were discussed in one-to-one meetings.
- Medicines administration records were regularly checked to ensure people received their medicines as prescribed. Errors, such as incorrect recording of medicines, were identified quickly. Immediate action was taken to address this. For example, staff had completed medicines management training to refresh their knowledge and reduce the risk of a repeat incident. When an error had been made by a member of agency staff, this had been raised with the agency.

At the last inspection the provider's failure to provide sufficient numbers of staff, to ensure people received their support in a safe and timely way, represented neglect, a form of abuse. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of regulation 13.

#### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse, harm and discrimination by staff who were trained to recognise the signs.
- Staff told us they would report any concerns to the office. Staff understood they could raise their concerns outside the organisation, such as to the local authority safeguarding team.

#### Preventing and controlling infection

- People were protected from the risks of infections by staff who followed safe infection control practices.
- Staff completed infection control training and had access to personal protective equipment (PPE) as

needed. Stock of PPE was available when needed.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- At the time of the inspection, there was nobody with a Court of Protection order in place.
- People told us staff gained their consent before providing care and support.
- Staff understood, when a person was not able to make complex decisions themselves, that discussions were needed with relevant people, such as relatives and health care professionals, to ensure decisions were made in people's best interests.

# 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 inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At the last inspection the provider failed to ensure systems and processes were established and operated effectively to assess, monitor and improve the quality and safety of the services provided. The provider failed to act on feedback about the services provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of regulation 17. These improvements need to be embedded into day-to-day staff practice as some changes had only recently been implemented.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Oversight of the service had improved. An interim manager had implemented a series of governance checks and audits. However, some of these had been introduced in March, were now being completed and needed time to be embedded in day-to-day practice. The nominated individual and interim manager had oversight of the day-to-day running of the service. Action was taken when shortfalls were identified.
- Staff competency assessments were being completed to ensure staff were following good practice. One to one meetings were held with staff to address any concerns identified.
- The interim manager had visited every client to obtain their feedback. People and their relatives told us the service they received, along with the communication, had generally improved.
- A manager had been recruited and had submitted an application to register with the Care Quality Commission (CQC). There had been a detailed handover to them from the interim manager to ensure the checks and audits would continue to be completed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The culture at the service had improved. People and relatives told us the quality of service received had improved over recent months. They spoke positively about the interim manager and felt listened to. One person said, "Since [the interim manager] came, things have immediately started to improve. It has gone from strength to strength" and a relative commented, "Things are well and truly on the up. It is very encouraging and reassuring."
- Staff spoke passionately about the people they supported. People told us staff knew them well.
- Staff felt the interim manager and manager were approachable and would listen to them if they raised any

concerns. Staff said, "There is more happiness within the team. The morale has improved" and, "[The interim manager and manager] are brilliant. Everything that has been implemented is fantastic. It is stuff we should have had before."

- One-to-one supervision meetings had been introduced. These gave staff the opportunity to discuss their development.

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; Working in partnership with others

- The management team understood their responsibilities to be open and honest in line with duty of candour guidelines.
- One person told us they had raised a complaint at the end of 2022, and it had not been investigated. We spoke with the interim manager who arranged to meet this person to discuss this. Following the inspection, the interim manager informed us they had apologised to the person for the delay in responding. The issue had been investigated and resolved. A complaints monitoring system had been implemented to ensure any concerns were captured.
- Regular staff meetings had been implemented and shared learning sessions were held. This included lessons learned from the last CQC inspection and actions being taken. Discussions were held about how they would continue to drive improvements across the service.
- People were supported, when needed, to contact health care professionals. Referrals for advice were made when required. The interim manager had been in regular contact with the local authority to keep them up to date with improvement being made at the service.