

Grange Healthcare Ltd

Birch Hall Care Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Birch Hall Care Centre provides accommodation and both nursing and personal care for up to 84 people. At the time of our inspection, there were 74 people living in the home.

The home is divided into different areas to care for people with nursing and personal care needs, older people living with dementia and younger adults. There are communal areas and private bedrooms on each unit. The home is situated in Darwen within the Lancashire area.

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

The provider's quality assurance systems, audits and action plans were ineffective and there had been a lack of oversight by the provider which had resulted in a number of shortfalls that could place people at risk of not receiving proper and safe care. The provider had failed to notify local commissioners about incidents that had occurred. There had been recent changes to the management and staff team. The current management team were aware of the shortfalls and where improvements were needed; they were taking appropriate action to improve. There was a formal suspension on admissions until commissioners were assured improvements had been made. An updated action plan for improvement was in place.

Risk assessments were carried out to enable people to retain their independence and receive care with minimum risk to themselves or others. However, records did not always provide staff with clear guidance on how to manage risks in a safe and consistent way. There were significant gaps in the reporting and management of accidents and incidents; records of accidents and incidents were not fully completed or analysed to ensure people's safety and to avoid reoccurrence. Improvements were necessary to ensure people received their medicines safely as safe processes were not consistently followed on each unit. The management team were receiving support from the local commissioners' medicines management team. People were protected from the risks associated with the spread of infection. We discussed areas for improvement with regards to the environment.

Some people's care records were well written and provided staff with clear guidance about people's needs whilst others were not sufficiently detailed or kept under regular review. This could result in people not receiving the care they needed or wanted. Record keeping was generally inconsistent across the units and some records were lacking in detail.

Activities were not tailored to people's needs, choices and preferences. They were inconsistent across the units and were dependent on the availability of staff. People told us there was not enough for them to do. Staff encouraged people to maintain relationships that were important to them. Visitors told us they felt welcomed.

People told us they felt safe living in the home and staff were kind and respectful to them. They told us they were offered choices and involved in decisions about their care. We observed caring interactions. Relatives

were confident their family members were safe and made positive comments about the care and support provided by staff. Staff understood how to safeguard people from abuse. The local authority safeguarding team and other agencies were involved in a number of ongoing safeguarding investigations; these had not yet been concluded.

The management team and staff had a clear understanding of their roles and contributions to service delivery. Staff told us morale had been low but there had been recent positive changes to the management team. Staff told us they were being listened to and confirmed training was up to date and said they felt supported. Staff were described as kind, helpful and friendly. However, opinions varied in relation to staffing levels and the use of agency staff. Some people said they received prompt care and support whilst others said they had to wait. Staff felt there were enough staff to meet people's needs but needed more permanent staff. Safe recruitment procedures ensured staff were suitable to work in the home.

Feedback had been sought from people using the service, visitors, health and social care professionals and staff about the service. However, it was not clear if any actions had been taken following people's comments. Relatives were happy with the care their family members received and said staff on the units were knowledgeable about their family members. They felt they were kept up to date and involved in decisions.

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 26 April 2018).

On 20 January 2021, we carried out a targeted inspection to ensure the Infection Prevention and Control practice was safe. A rating was not given at that time as we did not assess all areas of a key question.

Why we inspected

We received concerns in relation to the management of medicines, staffing, activities, quality assurance systems and the management of the home. A number of meetings had been held with local commissioners and the provider and at the time of the inspection, there was a formal suspension on further admissions to the service. As a result, we undertook an unannounced focused inspection to review the key questions of safe, responsive and well-led only.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe, responsive and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Birch

Hall Care Centre on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to medicine management, risk management, record keeping and quality monitoring and assurance systems. We also recommended the provider considered best practice with regards to supporting people with maintaining their interests and taking part in meaningful activities. The provider was working in partnership with local commissioners to ensure improvements were made.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

Birch Hall Care Centre

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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Birch Hall Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. The registered manager was not available for this inspection. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of the inspection, there was an acting manager and a management consultant responsible for the day to day management of the home.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at the information we held about the service. This information included statutory notifications

the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We also spoke with the local authority safeguarding and contract monitoring team and local commissioning teams.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spent time in the communal areas observing how staff provided support for people to help us better understand their experiences of the care they received. We spoke with 12 people living in the home and with four relatives. We also spoke with the acting manager, the management consultant and one of the directors. We spoke with 12 staff working in various roles at the home.

We had a tour of the premises and looked at a range of documents and written records. These included seven people's care and support records, two staff recruitment records, training and supervision records, staff rotas, minutes from meetings and complaints and compliments records, maintenance and servicing certificates and records related to the auditing and monitoring of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection, this key question was rated as good. At this inspection, this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Prior to the inspection, we were told risks to people's safety were not being managed. We found risk management plans were in place. However, they were not always up to date or reflective of the person's needs and did not provide staff with clear guidance on how to manage risks in a safe and consistent way.
- People had not consistently been referred to appropriate healthcare professionals such as the falls team or the speech and language therapist. The provider was taking action to address this.
- Records were kept of accidents and incidents. These were not always fully completed or analysed to determine whether there were any trends or patterns, to prevent any reoccurrence and to ensure people's safety.

Systems were not robust enough to demonstrate risks to people's safety were effectively managed. This placed people at risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded during and following the inspection. They confirmed risk records and accident and incident records were being reviewed and updated and appropriate referrals to healthcare professionals were being made. Training was being provided for staff. An improvement plan was in place to address the issues and had been shared with commissioners.

- Staff had received mandatory safety training; additional training sessions were planned. The fire risk assessment and associated records needed updating; the management team assured us this would be actioned. Equipment was serviced and maintained. Internal checks had been carried out to ensure equipment was clean and fit for use.

Using medicines safely

- Prior to the inspection, we were told people's medicines were not being managed safely. We found the medicines policies and procedures were not reflective of current practice. The provider told us they were under review to provide safe and consistent guidance for staff.
- There were shortfalls in areas such as medicines disposal, handwritten entries, storage, as needed medicines and recording administered medicines. One person's medication administration record (MAR) did not indicate any allergies and there were gaps on the administration of creams charts.
- Auditing systems had been ineffective. It was unclear what actions had been taken to improve the shortfalls in the management of people's medicines.
- Prior to the inspection, there were concerns regarding the management of controlled drugs; we found

processes had been introduced to ensure these were safely managed and monitored.

- Staff who administered medicines had received training. However, checks on their practice had not been kept up to date. The management team confirmed additional medicines management training had been booked and checks on staff competencies would follow.

Systems were not robust enough to demonstrate people's medicines were effectively managed. This placed people at risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded during and following the inspection. They confirmed a review of medicines had been carried out by the community pharmacist and the local commissioners' medicines management team were supporting staff with improvements. An improvement plan was in place to address the issues and had been shared with commissioners.

Systems and processes to safeguard people from the risk of abuse

- The current management team and staff were clear about safeguarding and protection matters and knew when to report incidents and safeguarding concerns to other agencies. However, concerns were raised about incidents not reported in line with safe guidance. The local authority safeguarding team and other agencies were involved in a number of ongoing safeguarding investigations; these had not yet been concluded or reported on. The provider was working in cooperation with other agencies.
- Staff had access to appropriate safeguarding training and understood how to raise any concerns about poor practice. Additional training was being sourced. Staff were confident the management team would act quickly to keep people safe.
- The provider worked with the local authority and with people's authorised representatives to ensure, where people were deprived of their liberty, any decisions made on people's behalf, were lawful and in their best interests.
- People felt safe. They said, "I am well looked after, safe and treated well" and "I feel safe and get the support I need." Relatives felt their family members were safe. We observed people being treated with care and kindness and conversations were friendly and appropriate. We heard staff offering encouragement and reassurance to people.

Staffing and recruitment

- Prior to the inspection, people raised concerns about the high use of agency staff and turnover of staff. Records showed shortfalls were covered by existing staff or with regular agency staff to maintain staffing levels. We were told permanent staff were being recruited.
- People described staff as kind, helpful and friendly but comments varied in relation to staffing levels and the use of agency staff. Some felt enough staff were deployed, but others thought the staffing levels could be increased. Some people said they received prompt care and support whilst others said they had to wait. Comments included, "I press the call bell and staff come", "Agency staff are lovely and part of the team" and "Staff come when called but they are very busy. It can be a wait for a while."
- Staff told us they had a good team that worked well with each other. They felt staffing levels were sufficient to meet people's needs but needed more permanent staff. One staff said, "Staffing can be difficult; we need our own staff." Relatives thought staffing was sufficient but felt staff did not have enough time to sit and talk to people.
- The provider had safe recruitment systems and processes. Pre-employment checks were carried out to make sure staff had the right skills and character to work with vulnerable people. We discussed removing personal information which was no longer needed.

Preventing and controlling infection

- The provider was preventing visitors from catching and spreading infections and promoting safety through the layout and hygiene practices of the premises. People made positive comments about the cleanliness of the home. We discussed debris found on some corridor areas and a number of carpets, walls and furnishings in need of redecoration and replacement.
- The provider was facilitating visits in accordance with the current guidance.
- The provider was using personal protective equipment (PPE) effectively and safely.
- The provider was accessing testing for people using and visiting the service and for staff. We were told people living in the home had been vaccinated against COVID-19. Staff vaccination was being kept under review.

Is the service responsive?

Our findings

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

At the last inspection, this key question was rated as outstanding. At this inspection this key question has deteriorated to requires improvement. This meant people's needs were not always met.

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

- The information in people's care and support records varied. Some care plans gave an accurate and personalised reflection of people's needs whilst others were not centred around people's choices, routines and preferences and did not give an accurate reflection of the care and support people were receiving. The language used in daily notes and care plans was respectful and was recorded in a positive manner.
- Care records had not always been reviewed or updated when people's needs changed. This meant staff were not provided with clear and up to date guidance regarding people's care and support needs. This meant people were at risk of not receiving the care they needed and wanted.
- People said staff understood their needs and encouraged them to make decisions and choices about their daily lives. They said, "I can make my own choices; staff respect them." Relatives said they were kept up to date and involved.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Prior to the inspection, we were told people were not being supported to follow their interests or take part in a range of activities. We found activities were not tailored to people's needs, choices and preferences. Activities were limited across the units and were dependent on the availability of staff. People and staff confirmed this.
- People said, "I can get out and about on my own", "There is not much to keep me interested", "The days can be long when you don't have much to do" and "I get bored; the staff do their best." We noted some activities were taking place such as a visiting entertainer, ball games and dancing and some people sitting in the garden chatting to staff and each other. We observed people sat in the lounge or bedroom areas, watching TV or listening to music. A minibus was available for outings and a holiday had been arranged; people told us they were looking forward to this.
- Staff encouraged people to maintain relationships that were important to them. Visitors told us they felt welcomed.

We recommend the provider consults best practice with regards to supporting people to maintain their interests and take part in meaningful activities

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability,

impairment or sensory loss and in some circumstances to their carers.

- Staff assessed people's communication needs. People's care plans included the support they needed with communication and how staff should provide it.
- Information was available in alternative formats, such as larger fonts, electronically and in other languages. This ensured people could access information in ways they could understand. We noted people did not have access to a service user guide which described their rights and expectations for service delivery. The management team told us this would be addressed.

Improving care quality in response to complaints or concerns

- The provider had processes to investigate and respond to people's complaints and concerns. Compliments had been made about the service.
- People and their relatives knew how to make a complaint or raise concerns if they were unhappy. One relative was unhappy their verbal concerns had not been responded to appropriately. We shared this with the management team.

End of life care and support

- Staff discussed and recorded people's end of life care wishes, where appropriate, and understood what was important to them. There were arrangements in place to ensure necessary medicines and additional healthcare support was available when required.

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 the last inspection, this key question was rated as good. At this inspection, this key question has deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- The provider's quality assurance systems, audits and action plans were ineffective and there had been a lack of oversight by the provider. There were shortfalls in areas such as medicines management, care planning, risk management and record keeping that could place people at risk of not receiving proper and safe care.
- Accidents and incidents were not consistently analysed to identify action, patterns or themes that could prevent future risk. The provider's systems to manage safeguarding incidents were ineffective. The provider had failed to notify CQC and local commissioners about recent incidents that had occurred. The management team had identified this shortfall and were addressing the issue.
- Care plans were not consistent and sufficient, in their detail, nor were they person centred. Some were well written and provided staff with clear guidance about people's needs. However, others failed to accurately reflect the care and support people were receiving or that they required. This could result in people not receiving the care they needed or wanted.
- Record keeping was inconsistent across the units. Some records were incomplete and inaccurate whilst others were detailed and completed in full.

Systems were not robust enough to demonstrate safety and quality was effectively monitored and managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records with regards to care and treatment and the management of the regulated activity were not accurate and up to date. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded during and following the inspection. They confirmed action was being taken to review the auditing system, to address the shortfalls and to improve safety in the service. An improvement plan was in place and shared with commissioners.

- There had been recent changes to both the management and staff team. An acting manager and a management consultant were in day to day control of the home; they were clear about their roles and responsibility and were working in partnership with other agencies to address the issues. The registered manager and nominated individual were unavailable for this inspection.

- Staff morale was low, and staff felt stressed and unsettled. However, they understood their individual responsibilities and contributions to service delivery and were supportive of the management team to ensure improvements were made.

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

- Staff said they had not felt able to approach the management team but were now confident they could do this. They felt they would be listened to and appropriate action would be taken to respond to their concerns. They were confident about raising their concerns internally and with outside agencies. They told us they enjoyed working at the home but confirmed improvements were needed.

- People told us they were settled and happy in the home and they were treated with respect. Relatives agreed with this. People looked comfortable and settled and we observed caring and patient interactions. People said, "I like living here; I am happy" and "I get everything I need right here."

- Staff understood people's needs and preferences and said any care updates were made available to them. We discussed introducing handover sheets across the units particularly whilst agency staff, who were not always familiar with people's needs, were being used.

- Relatives said staff were knowledgeable about their family members and they were kept up to date and involved in decisions.

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

- The provider understood the duty of candour and their responsibility to be open and honest when something went wrong.

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

- Feedback had been sought from people to ensure they were happy and to ensure their diverse needs were met. People's feedback indicated they were satisfied with the service provided. However, it was not clear if any actions had been taken following people's comments.

- There were systems to communicate with people and to keep them updated. Relatives confirmed staff were knowledgeable about their family members and they were kept up to date and involved in decisions.

- Care records included information about people's equality needs and preferences. Staff had received training in equality and diversity.

Continuous learning and improving care; Working in partnership with others

- The management team and staff were open and honest with us during the inspection; they were aware of the shortfalls in service delivery and were happy to discuss improvements going forward. Meetings had been arranged with staff and contact with people and their relatives to discuss the recent shortfalls in service delivery and any changes made.

- Staff were encouraged to participate in continuous learning and development. Staff training, supervision sessions and meetings were used to ensure learning and improvements took place. Staff told us communication had improved. They confirmed training was up to date and they felt supported.

- The management team and staff had good links and working relationships with a variety of professionals to enable safe, effective coordinated care and support for people. However, recent concerns had been raised about the lack of appropriate referrals referred to in this report; the management team were addressing this.

- The provider worked in partnership with other agencies, including the local commissioners who conducted their own reviews of the service. Local forums and learning sessions had been used to keep

management and staff up to date and to help improve the service.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Systems were not robust enough to ensure people's medicines were effectively managed. This placed people at risk of harm. Systems were not robust enough to demonstrate the risks to people's safety were effectively managed. This placed people at risk of harm. Regulation 12 (2) (a)(b)(g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems were not robust enough to demonstrate safety and quality was effectively monitored and managed. This placed people at risk of harm. Records with regards to care and treatment and the management of the regulated activity were not accurate and up to date. Regulation 17 (2) (a)(c)(d)