

West Berkshire Council

Birchwood Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Birchwood Care Home is a care home with nursing that provides personal care for up to 60 older people, some of whom may be living with dementia, physical disabilities or sensory impairments. At the time of our inspection there were 39 people living at the service.

There are five separate units within the home, namely Maple, Oak, Pine, Ash and Walnut, set across three floors. Each unit is self-contained with communal and dining rooms. People with more complex nursing needs live on the first floor (Maple and Oak units), whilst people living with dementia are mainly located on the first floor (Pine and Ash units). More independent people live on the ground floor (Walnut unit). People had individual bedrooms with en-suite bathroom facilities. The care home is situated in a residential area. There is a large garden to the rear and side of the building.

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

The provider had not effectively operated assessment and monitoring processes, to ensure that quality and safety were not compromised and risks to people were mitigated, in compliance with regulations. Care plans did not always contain specific risk assessments and management plans to support people who experienced seizures. Medicines were not always managed safely.

People were protected from avoidable harm by staff who had completed safeguarding training and knew how to recognise and report abuse. The manager ensured enough suitable staff were deployed to meet people's needs safely. Staff completed a robust recruitment process, which explored their conduct in previous care roles, to assure their suitability to support older people. Staff maintained high standards of cleanliness and hygiene in the home, which reduced the risk of infection, in accordance with provider's policies and procedures, and government guidance.

Staff assessed all aspects of people's physical, emotional and social needs and ensured these were met to achieve good outcomes for them. Managers effectively supported staff to develop and maintain the skills to support people according to their needs. Staff emphasised the importance of eating and drinking well and reflected best practice in how they supported people to maintain a healthy balanced diet. Staff identified when people's needs changed and quickly sought guidance from health care professionals. This ensured people received the appropriate care to keep them safe and well. The home had been purpose built to accommodate older people and was subject to a rolling programme of assessment and adaptation. This ensured the environment remained dementia friendly.

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.

People experienced caring relationships where staff treated them with kindness and compassion in their

day-to-day care. People were supported to be independent and make decisions about their care. People's choices were supported by staff, who treated people with dignity and respect. Staff knew how to comfort and reassure different people when they were worried or confused.

People experienced person-centred care, which consistently achieved good outcomes and had significantly improved the quality of their lives. People received information in a way they could understand, allowing for any impairment, such as poor eyesight or hearing. People were enabled to live as full a life as possible and were supported to take part in activities, which enriched their lives. People were supported to keep in touch with family and friends, which had a positive impact on their well-being. People and relatives knew how to make complaints and were confident the management team would listen and address their concerns. The service worked closely with health care professionals and provided good end of life care, which respected people's wishes and ensured they experienced a comfortable, dignified and pain-free death.

The management team led by example and promoted a strong caring, person-centred culture where people and staff felt valued. Staff were passionate about their role and consistently placed people at the heart of the service. The manager understood their responsibilities to inform people when things went wrong and the importance of conducting thorough investigations to identify lessons learnt to prevent further occurrences.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 25 August 2022). The service remains rated requires improvement.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 11 July 2022. Six breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve good governance, safe care and treatment, staffing, fit and proper persons employed, need for consent, dignity and respect.

We undertook this comprehensive follow up inspection to check they had followed their action plan and to confirm they now met legal requirements. This report covers our findings in relation to the Key Questions Safe, Effective, Caring, Responsive and Well-led which contain those requirements.

At our last inspection we recommended people's views, and those of legally appointed representatives, were sought when planning and reviewing their care and support. At this inspection we found the manager had implemented our recommendations which had led to the required improvements.

Enforcement

We have identified breaches in relation to safe care and treatment, unsafe management of medicines and good governance.

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

Follow up

We will request an action plan from 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 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 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 not always well-led.
Details are in our well-led findings below.

Requires Improvement 

Birchwood Care Home

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.

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

This inspection was carried out by three inspectors, accompanied by a specialist advisor and an Expert by Experience. The specialist advisor was a nursing specialist. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. One of the inspectors was a medicines inspector.

Care Homes

Birchwood Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Birchwood Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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. A new manager had been in post for 3 months and had submitted an application to register. We are currently assessing this application.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed notifications and information we had received about the service since the last inspection. We sought feedback from the local authority quality assurance and safeguarding team and other professionals who work with the service. We checked information held by the fire and rescue service, Companies House, the Food Standards Agency and the Information Commissioner's Office. We checked for any online reviews and relevant social media content of the provider's website. 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 took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with 11 people and 6 visiting relatives. We observed people's care and staff interaction with them throughout the inspection, both formally and informally during medicine rounds, mealtimes and group activities. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We completed SOFI observations on the first day of inspection during lunch service on the ground floor (Walnut Unit) and first floor (Pine Unit).

We spoke with 25 members of staff, including the manager, deputy manager, service manager, clinical lead, a team leader, 5 nurses, 4 residential care officers, 4 dementia practitioners, the head housekeeper, lead activities coordinator, an activities coordinator, the chef, maintenance engineer and 2 office administrators. Residential care officers and dementia practitioners are staff members who are often referred to as senior care assistants and care assistants in similar nursing homes. The service manager was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of digital records including 10 people's care records and medicines administration records. We reviewed 5 staff recruitment and selection files. We also looked at a variety of documents relating to the management and quality assurance of the service, including training, supervision and spot check documents, audits, policies and procedures. We received multiple additional documents and written explanations relating to feedback provided during the inspection.

After the site visit, we continued to seek clarification from the manager to validate evidence found and received additional documents and information to inform our inspection. We received feedback from 7 health and social care professionals who engaged with the service.

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 requires improvement. At this inspection the rating for this key question has remained 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.

Assessing risk, safety monitoring and management

At our last inspection people were at risk of harm because risks were not effectively assessed and mitigated. This was a breach of Regulation 12(1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- Care plans were not always person centred. Information was not always recorded in risk assessments and care plans about how the staff should support people who experienced seizures and when to contact emergency medical services. This meant staff were not provided with the necessary information to ensure risks were mitigated appropriately if people experienced a seizure.

Risk assessments did not always contain sufficiently clear guidance to enable staff to manage risks to people safely. This was a continued breach of regulation 12(1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had effectively identified and assessed other risks to people. For example, people had management plans to protect them from the risks of choking, malnutrition and falling.
- Staff quickly identified when people's needs changed, and prompt referrals were made to relevant health care professionals. This ensured people received the appropriate care and treatment when required, to keep them safe and well. For example, we reviewed circumstances when people had developed pressure areas and infections, where early staff interventions led to successful outcomes for people.
- Records showed that the management team worked effectively to ensure there was an immediate response to alerts raised. A visiting health care professional was impressed with the introduction of a digital records system at the home. They told us, "A major improvement in recording patient information has come about by the introduction of the [digital recording system] online record. I can log onto this, add and share plans and see what has been happening with a particular patient that day."

At our last inspection people were at risk of harm because medicines were not always managed safely. This was a breach of Regulation 12(1)(2)(g) of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Medicines were not always managed safely. One person was prescribed anticipatory medicines for end of life care. However, there was no information in the care plan about when and how to initiate these medicines.
- Guidance was not always recorded for staff on how to monitor and manage the side effects of anticoagulants. This meant the staff may not always be able to support people with their health needs appropriately. Anticoagulants are medicines that help prevent blood clots, given to people to reduce their chances of developing serious conditions such as strokes and heart attacks.
- Some people were prescribed insulin to manage their diabetes. Staff regularly monitored people's blood glucose level before giving them their prescribed insulin. However, the staff did not always quality check the blood glucose monitors, as per the manufacturer's instructions. This meant staff could not be assured the blood glucose reading accurately informed the required action to be taken to mitigate any risk identified.
- Medicines, including controlled drugs, were stored securely and at appropriate temperatures. However, prescribed thickeners in use were not stored securely in line with national guidance, putting people at risk of harm from accidental swallowing. Thickening powder is added to foods and liquids to bring them to the right consistency, so they can be safely swallowed to provide required nutrition and hydration.
- Staff did not always note the date of opening liquid medicines, so the effectiveness of the medicine could not be assured.
- Printed medicine administration record (MARs) were supplied by the pharmacy. However, when staff occasionally handwrote MARs, staff did not always check and sign them, in accordance with the provider's policy. This meant if there was an error in writing the MAR it could not be identified and corrected. One person's written MAR did not record their medicine allergies, which exposed them to the potential harm of an adverse reaction from medicine to which they were allergic.
- Despite concerted efforts by the management team, supported by external professional health care professionals, including pharmacists, the service still experienced high levels of medicine errors.

People's medicines were not always managed safely. This was a continued breach of regulation 12(1)(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We observed staff give medicines to people. The staff were polite, gained consent, and signed for each medicine after giving it on the MAR. Medicines were administered in a safe way by staff in a timely manner. We observed staff follow good infection prevention and control practice while administering medicines.
- The manager had implemented various measures to improve the safety of medicines management within Birchwood Care Home. For example, they had engaged with the local authority Care Homes Lead Pharmacist, Care Home Support Team and Urgent Community Response Service, to shadow medicine rounds and perform competency assessments for the staff who administer medicines, with a view to addressing any issues that arise at the time.
- Designated staff now completed weekly stock takes of people's medicines to identify errors at the earliest opportunity and a system of peer to peer medication round checks had been established.
- Use of "do not disturb" tabards when staff were performing medicine administration rounds had not always prevented other staff disturbing medicine administrators. Message pads had been added to the medicines trollies to assist with this for queries that could wait until after the medicines round.

Systems and processes to safeguard people from the risk of abuse

- Staff had completed additional training from an accredited safeguarding professional and understood their role and responsibility to protect people from abuse and avoidable harm. Staff knew the different types of abuse and were aware and alert to signs, such as changes in people's behaviour or physical signs, for example, unexplained bruising. The management team also address safeguarding in all staff meetings and supervisions.
- The provider had systems, policies and processes in place which meant that any concerns were reported appropriately to relevant authorities and investigated effectively. Staff knew how to report safeguarding issues and were confident the manager would take robust action to keep people safe.
- People consistently told us they felt safe living at Birchwood Care Home. People made comments like, "I am very happy here; they [staff] are looking after me very well" and "I feel safe because this is a much better home than the one I was in before. Plenty of carers around, also have a call bell for when I want somebody."
- Relatives told us they would not hesitate to speak with the manager. Relatives were reassured their family members were safe and protected from avoidable harm. One relative told us, "[Person] is safe. At home she wasn't safe, quite a few falls, now she is safe and well cared for." Another relative told us, "I am reassured about [person's] safety and wellbeing. [Person] has flourished since she has been here, laughing again. Everybody [staff and people] here are so friendly. If there is anything she needs, they [staff] are straight on it."

Recruitment

At our last inspection the registered person had failed to establish and operate recruitment procedures effectively to ensure the required information was included in staff recruitment files. This was a breach of Regulation 19 (1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- The deputy manager effectively operated robust recruitment and selection processes to make sure only suitable staff were recruited to support people to stay safe.
- Staff had undergone relevant pre-employment checks, which were documented in their records. These included a full employment history, which explored and gaps, references from previous employers and checks to evidence their conduct in previous care roles. Disclosure and Barring Service (DBS) checks were also completed. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Staffing

- People and relatives thought there were enough staff to meet people's needs safely. People made positive comments about staffing levels, including, "There are enough staff around to help me if I need it. They never rush me through care, never" and "There are plenty of carers [staff] and we have a nurse. They [staff] do talk to me and seem to take their time." Relatives reported that continuity of staffing had improved since our last inspection with comments like, "They [provider] have improved staffing vastly. [Person] never knew who she was going to see. Now she is best pals with carers [staff] and they get on really well."
- The service used a high level of agency staff (55%). Some staff told us agency staff were good but sometimes needed to be shadowed, until they got to know people and their needs. However, the manager had established arrangements, which meant there was improved continuity and consistency of care from agency staff, who were now often regarded as permanent staff. For example, we spoke with agency nurses and dementia practitioners who worked solely at Birchwood Care Home. A relative told us, "They [the service] used to rely on a lot of agency staff. Now they have more of their own regular staff and continuity is

so important to people with dementia."

- The manager completed weekly staffing needs analyses based on people's dependency. This was reviewed whenever people's needs changed, requiring additional support. Rotas confirmed that staff were deployed in line with the staffing needs analysis.

Preventing and controlling infection

- Staff performed effective hand hygiene which reduced the risk of cross contamination and people acquiring an infection. We observed staff followed good infection prevention and control procedures while administering medicines.
- Cleaners were observed following the nationally recognised colour coding system to separate cloths and mops for different areas, for example bathrooms, bedrooms and communal spaces.
- A specialist infection prevention and control nurse who had visited the home regularly had been impressed with improvements made by the new manager, particularly staff willingness to engage in training and adopt their guidance into everyday care delivery.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The manager and staff were facilitating visits for people in accordance with current government guidance and the provider's policy. People and relatives told us the staff encouraged visiting and were supportive making arrangements to facilitate them.

Learning lessons when things go wrong

- The manager had developed an open culture, where staff felt confident to report incidents. One staff member told us, "Now you can go to [the manager and deputy manager] and tell them if you've made a mistake and know they will support you. The way they [manager and deputy manager] treat us has removed the old blame culture."
- Accidents and incidents were recorded and reviewed daily by the management team, who took prompt action to implement any lessons learned. This meant necessary action had been taken to reduce the risk of further incidents and accidents. Incidents were also used as a way of measuring the impact of any intervention and as a measure of quality and safety.

- Staff told us they were encouraged and supported to report incidents and near misses, which were treated as learning opportunities to improve the quality of people's care. Staff received feedback about incidents and events that occurred in reflective practice sessions, team meetings, supervisions and handovers. Staff were kept up to date with information relevant to their role, such as changes in people's support plans.
- Where required, the manager had arranged for staff to complete further training in response to issues identified in the analysis of accidents and incidents. For example, moving and positioning people safely.

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 requires improvement. At this inspection the rating has changed to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the registered person had failed to keep complete and maintain accurate records of consent and decisions made by people or on their behalf in their best interests. This was a breach of regulation 11 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Since our last inspection the management team and staff had completed additional training in relation to the MCA and were now more confident to complete assessment and best interests' processes, in line with regulations. The manager and designated staff had completed a full review of people's mental capacity, where required. An accredited health care professional who delivered MCA training to staff told us, "Staff were able to reflect and understand the need to assess capacity. It was evident they knew their residents when we talked about certain complex issues with regard to capacity and treatment."
- Assessments of people's capacity to make specific decisions about their care and support contained the required information to demonstrate a thorough assessment had been completed. Records showed such assessments were regularly reviewed to ensure they remained accurate.

- People's support plans clearly detailed the area of care to which the assessments related and identified all of the relevant people consulted. This included relatives and any other representatives legally appointed acting on their behalf.

Staff support: induction, training, skills and experience

At our last inspection the registered person had failed to ensure staff received appropriate training and professional development necessary to enable them to carry out their roles effectively. This was a breach of regulation 18 (1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Since our last inspection the management team had established and operated an effective system of training, competency assessments, supervision and appraisals. This enabled staff to develop and maintain the required skills and knowledge to support people according to their needs, in accordance with their care plans.
- Staff had completed the provider's mandatory training, which was aligned to The Care Certificate. This 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.
- Staff were consulted about additional training they required in specialist areas relevant to the needs of individual people, such as training in caring for people living with dementia.
- Staff told us their training fully prepared them to meet the needs of people. One staff member told us, "The training has really improved and the support to complete it is much better."
- The manager and deputy manager ensured that staff delivered care in accordance with their training, through a framework of observed spot-checks and one to one supervisions.

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

At our last inspection we recommended the registered person ensured people, and where appropriate, their relatives and legally appointed representatives were involved in the care planning process. The provider had made improvements.

- Since our last inspection people, relatives and legally appointed representatives had been involved in full reviews of their care and support plans.
- People and their relatives told us they had been actively involved in creating and developing their care plans. When people's needs changed, their care plans were amended accordingly to ensure people received the care they required. One person told us, "Yes they [staff] talk to me about my care and how I like things done." A relative told us, "Recently, about 8 weeks ago I had a care plan review." Another relative of a person recently admitted to the home told us, "The nurses and carers [staff] here are wonderful, as soon as [person] came here they wanted to know everything about [person] and it's amazing what they have done for him."
- The manager and clinical lead carried out pre-admission assessments to make sure they understood and were able to meet people's health, care and medical needs.
- Staff delivered care in accordance with people's assessed needs and guidance within their care plans, which we observed during the inspection. Staff used recognised tools to assess and monitor risks to people and effectively managed them.

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

- People were supported to have enough to eat and drink and were encouraged to maintain a balanced, healthy diet. Staff placed a strong emphasis on the importance of eating and drinking well and reflected best practice in how they supported people.
- People were protected from the risk of poor nutrition, dehydration, swallowing problems and other medical conditions because staff consistently followed guidance from relevant healthcare professionals. For example, people identified to be at risk due to weight loss had been successfully supported to gain weight.
- The manager ensured each person's daily intake was monitored to ensure they were getting enough fluids. We observed staff regularly encouraging people to have their preferred drinks, to protect them from the risk of dehydration. One person told us, "They [staff] do a lot of things well. I only have to say can I have my squash and along it comes, when I've finished, they [staff] ask would you like another one. They [staff] keep me well supplied with drinks." Another person told us, "They [staff] always ask me if I would like a cuppa."
- People's food was prepared by an external catering service on site. The external catering staff had completed food safety training and correct procedures were followed whenever food was prepared. The deputy manager had engaged with the external caterer to ensure people's choices and favourite foods were incorporated into the daily menus.
- Staff made mealtimes an enjoyable and sociable experience, with friendly conversation, providing discrete support when required. People were encouraged to sit with others they got along with, so that people could form friendships. People and relatives mostly told us the food was good, although they did not always like the options offered. People told us that chef would make them an alternative meal if they changed their minds.

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

- Staff worked effectively with health care professionals to make sure care and treatment met people's changing needs. Records demonstrated staff made prompt referrals to GPs, other health care specialists and relevant health care services, in response to people's changing needs.
- Visiting health care professionals told us that people experienced successful outcomes, due to the diligent way staff had followed their guidance. Successful treatment of pressure injuries, wounds and infections had allowed people to lead healthier, more active lives.
- The manager had developed a holistic approach and worked effectively with relevant professionals to improve people's health and well-being. For example, they effectively collaborated with the GP on their weekly visits to ensure continuity of care for people. As a result, the GP had developed detailed knowledge about people living at Birchwood Care Home.
- The manager had effectively worked in partnership with the Care Home Support Team and Urgent Care Response Team and GP to prevent hospital admissions, wherever possible, thereby respecting people's wishes. Other health care professionals provided positive feedback about the service and how they worked with them."

Adapting service, design, decoration to meet people's needs

- The home had been purpose built to meet the needs of older people and those living with dementia. The service was well decorated and maintained, with bright spaces which allowed in natural light to help orientate people to the time of day and time of year.
- The manager had reviewed the environment in line with recognised guidance, to identify continued areas for improvement. At the time of inspection one unit on the first floor was closed for refurbishment, including improvements to enhance the quality of life for people living with dementia. For example, a sensory wall had been installed facing a specialised bath to improve people's bathing experience.

- The refurbishment encompassed current guidance in relation decoration, signage and objects of reference to support people living with dementia. For example, people had their doors painted in bright colours of their choice, with numbers to provide the appearance of front doors to people's houses. Prior to completion of this report the service had moved people into the newly refurbished unit and had commenced refurbishment on the other unit on the first floor.
- Specialist or adaptive equipment was made available when needed to deliver better care and support. People were helped to make choices about adaptive equipment. There were various walking aids, specialist moving and handling equipment and other equipment available to promote people's independence.

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 requires improvement. At this inspection the rating has changed to good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

At our last inspection the provider had failed to ensure people's privacy and dignity was protected. This was a breach of regulation 10 (dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- People's privacy and dignity was consistently respected and upheld. During our last inspection we observed circumstances where a person who experienced complex behaviour, was not being treated with dignity and respect. At this inspection we observed the person being supported with dignity and respect, in accordance with their updated support plan. The management team had reviewed the person's support plan with the person and their next of kin and had adapted toilet facilities. This had enabled staff to support the person safely delivering person care, whilst promoting the person's freedom and independence. This had reduced the person's anxieties whenever they received personal care or required to use the toilet facility, which had a positive impact on their wellbeing.
- Staff quickly provided reassurance when people were confused or disoriented, which eased their anxieties and improved their wellbeing. When people were approached by staff, we observed them respond with smiles and known gestures, which showed people were at ease in the company of staff.
- People's care plans contained information about respecting people's dignity and promoting their independence safely. People's abilities were regularly reviewed and any change in their independence was noted and acted upon. People told us staff encouraged them to be as independent as they could be. We observed staff consistently support people with sensory impairments, in accordance with their support plans. For example, staff ensured they were in the right position and at the right level to communicate with people effectively.
- The provider had appropriate systems in place to protect people's confidential information, whilst ensuring this was readily available to those authorised to view it. For example, care plans were password protected on the provider's electronic system and could only be accessed by authorised staff. Staff understood their responsibility to maintain the confidentiality of people's care records to protect their privacy. Meetings regarding people and their care were held confidentially, where discussions regarding

their personal information could not be overheard.

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

At our last inspection we recommended the provider ensured they supported people to express their wishes about the type of care and support they wished to receive. The provider had made improvements.

- At this inspection people could make decisions about all aspects of their care and their choices were respected by staff. Care plans were now developed with people, their relatives, and where appropriate, relevant professionals and from the staff team knowledge gained from working closely with them.
- Care plans and risk assessments were reviewed regularly, which ensured people and relatives were assured they were accurate and reflected people's current needs and preferences. Relatives consistently told us they were fully involved in decisions about all aspects of people's care and support.
- We observed staff listen to people and talk with them appropriately, in a way they could understand, which made people, and those close to them, feel they were valued. Some people experienced limited communication and staff were skilled at supporting them to express their wishes. We observed all staff, including housekeeping, interact in an appropriate, patient and inclusive way, in accordance with people's communication plans.

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

- People consistently told us they were treated with dignity and respect by staff who supported them in accordance with their care plan. For example, one person told us, "Carers [staff] knock on the door before they come in. They are respectful when they are washing me, and I get all female carers; that's my preference."
- People experienced caring relationships where staff consistently treated them with kindness and compassion in their day-to-day care. Staff had built close relationships with people and their families, who were made to feel welcome in the home. Relatives told us their family member experienced good continuity and consistency of care from staff, with whom they shared a special bond. One person told us, "The staff are very good, all of them are very good. They do have a chat to me. I used to go down to the lounge but now I have a carer [staff] with me. They [named staff] are very kind." Another person said, "The carers [staff] are very good. I think they like me," as they smiled at a nearby staff member.
- There was a positive atmosphere in the home, which was reported by people and relatives. A person told us all staff were kind and caring, not only to them, but also their family members when they visited. They said, "I feel the staff are caring, lots of laughing, and they [staff] always want to help me; they're [staff] very good. When my husband comes in, they even make him a drink and ask him if he wants something to eat." A relative told us, "The staff here have been amazing. They [staff] have welcomed [person] with open arms and everyone [staff] is cheerful and happy which is infectious."
- The service manager aspired to develop a strong culture committed to deliver person-centred care, which staff had embraced. Staff spoke with pride and passion about people living in the home and took responsibility for ensuring people experienced compassionate care. Whilst speaking with an agency staff member, they patted the left side of their chest and told us, "All care comes from here [the heart] and I haven't worked anywhere that provides care from the heart like they [staff] do here. That's why I choose only to come here [Birchwood Care Home]."

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 requires improvement. At this inspection the rating has changed to 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;

At our last inspection we recommended the provider ensured people's views, and where appropriate those of their legally appointed representatives, were sought when planning and reviewing care and support for people. The provider had made improvements.

- The manager was able to demonstrate that people, and where appropriate family members and legally appointed representatives, were fully involved in making decisions about their care and support. After our last inspection, as part an action plan to review and update all care plans, the manager and deputy manager spoke with each person and their relevant representatives, to arrange their involvement in the process. Records confirmed people and their relevant representatives had been actively involved in reviews of their care plans and had been consulted about their needs and personal preferences.
- We observed staff were knowledgeable about people's likes and dislikes, which people and relatives confirmed. One person told us, "They [staff] know what I like and things I like to do." Another person told us, "I will come to activities. They [staff] always invite me to things that are going on like music and exercises and art things."
- People had experienced person-centred care, which achieved good outcomes. People and relatives praised the quality and care provided by staff, which had significantly improved the quality of their lives. People's changing physical and mental health needs were regularly assessed to ensure that support provided met these needs. People's cultural and religious needs were explored with people.
- One health care professional praised the management team for quickly identifying a person had experienced gastrointestinal bleeding. This is usually a symptom of a disorder in your digestive tract. The person's safety and well-being were assured through a person-centred care plan, having anticipatory medications in place and a haemorrhage pack. A haemorrhage pack is designed to contain the essential items to control bleeding. The leadership team were also recognised for identifying the needs of the care staff as well to ensure their well-being was being met.

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.

- The manager and staff ensured people received information in a way they could understand and process, allowing for disability or impairment, such as poor eyesight or hearing. Information was provided in formats to meet people's individual needs. Pictures were used for information, such as menus and activities, to make this more accessible for people.
- Staff had taken innovative steps to meet people's information and communication needs to comply with the Accessible Information Standard. For example, we observed staff consistently communicating with a deaf person throughout our inspection, using a whiteboard and pen. Staff introduced us and demonstrated how the person liked to use the whiteboard. The person told us staff regularly came to see them, even when they had not been called, which made them feel valued and reassured.

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

- Arrangements for social activities met people's individual needs, and followed best practice guidance, to enable people to live as full a life as possible. People and relatives consistently told us the activities coordinators and staff had enriched the quality of their lives and had a positive impact on their health and emotional well-being.
- Staff supported people to maintain contact with friends and relatives. People and relatives told us they were supported to have family 'get togethers' within the home. On the first day of inspection, we observed a family party in the communal lounge celebrating their family member's 60th wedding anniversary, with a buffet, cake and dancing.
- There were 3 activities coordinators who delivered a published programme of stimulating activities, tailored to meet people's individual needs. People and relatives consistently made positive comments about the range of activities available.
- During our inspection, relatives attending for visits overwhelmingly told us they were always greeted with a smile by all staff and made to feel welcome.

Improving care quality in response to complaints or concerns

- The service had an appropriate, inclusive complaints policy and procedure, as well as information which was provided to people and their relatives when they moved in.
- People and families felt able to make complaints if they wished. People and their relatives knew the manager and senior staff by name and saw them regularly. People and relatives knew what to do and who they would talk to if they had any concerns. They were confident action would be taken if they did raise concerns.
- There had been one complaint since our last inspection, which had been dealt with in accordance with the provider's policy and procedure. The registered manager had used the learning from concerns as an opportunity for improvement.
- People and their relatives were given the opportunity to give their feedback on the service during care reviews, meetings and surveys.

End of life care and support

- No people were receiving end of life care at the time of inspection. However, when required, records demonstrated that the manager and staff had worked closely with health care professionals to provide good end of life care. This ensured people experienced a comfortable, dignified and pain-free death.
- The management team provided an effective response to people's changing care needs and advice on care and support for people and staff at the times they need. Staff were responsive and quickly engaged with family members and relevant health care professionals to ensure their end of life wishes were

respected.

- People's end of life wishes were sensitively considered and their plans explained what was important to them, things they wanted to avoid, and where they wanted to be cared for.
- Staff consistently told us they were supported by the service with empathy and understanding when people had passed away.

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 requires improvement. At this inspection the rating has remained 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.

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

At the last inspection the registered person had not established an effective system to ensure compliance with regulations. This included not sufficiently monitoring the requirements in relation to medicines management, risk assessments, mandatory staff training, staff recruitment and mental capacity assessments. The registered person had also not sought feedback to evaluate and improve staff practice. This was a breach of regulation 17(1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made and the registered person was still in continued breach of regulation 17.

- The provider had failed to identify the concerns we found in relation to people not always receiving safe care. This meant people were at risk of harm because risks were not effectively assessed and mitigated. They were also exposed to the potential risks associated with the unsafe management of medicines.

The provider had failed to fulfil the legal requirements of their role; to ensure compliance with regulations, to assess, monitor and improve the service to ensure that quality and safety were not compromised and to mitigate risks to people. This was a continued breach of Regulation 17(1)(2)(a)(b) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- However, the manager and staff had made significant improvements in other areas, and the service was no longer in breach of regulation 18 (staffing); regulation 11 (need for consent); regulation 19 (fit and proper persons) and regulation 10 (dignity and respect).
- After our last inspection, the management team had made significant improvements to staff training and had completed reviews of each person's care and sought feedback to evaluate the service. Staff had now completed the provider's mandatory training and had training arranged for topics which needed to be refreshed. People's capacity to make specific decisions about their care now contained the required information to show a comprehensive assessment had been completed. The deputy manager now operated safe processes to make sure only suitable staff were recruited.

- The manager had also driven required improvement in the service by effectively implementing our recommendations to ensure people's views, and those of legally appointed representatives, were sought when planning and reviewing their care and support.

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 manager assumed responsibility when mistakes had been made and understood their responsibilities to inform people when things went wrong. Staff embraced the ethos of collective responsibility and the importance of open and transparent reflection to identify important lessons and take action to prevent any further occurrences.
- Where accidents and incidents had occurred, the management team had completed investigations and spoke directly to people and relatives, to explain the circumstances, action they had taken and apologise.
- The manager adopted an open approach and pledged to work with people and their families. Relatives praised the management team for being honest whenever they had raised concerns.

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

- People, relatives and professionals described the service as well managed. Relatives told us that the manager and deputy manager were approachable, highly visible and readily available if they wished to discuss anything. People made positive comments such as, "I see [manager] regularly, she will come in to see you, a very nice lady. You can always see [deputy manager] if you want to" and "The manager comes round every morning for a chat. If you want to see her, you could. I know I could talk to anyone [staff] here." A relative told us, "If I want to see [manager and deputy manager] I can. I have met the new manager. We get communication through regular e-mails. I get a newsletter. I am extremely happy with everything [all aspects of management]."
- The manager placed people and their needs at the heart of the service by ensuring their dignity, independence and choices were prioritised. The service had a strong, person-centred culture, reflected in the approach of all staff, which achieved successful outcomes for people.
- Staff told us the manager inspired trust and confidence and made them feel valued and respected. People and relatives consistently praised the staff for being kind, whenever they were worried or required support.
- The diverse staff group consistently demonstrated an open, inclusive approach, where people of all cultures and backgrounds were welcomed and appreciated for the value they brought to the home.

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

- The manager engaged in meaningful conversations with people and staff, particularly during their morning walkabout. This enabled them to seek people's views on a regular basis and involve people in any changes. The management team delivered care to people regularly and knew them well. People and relatives told us they felt fully involved in care decisions and that they experienced good communication with the manager and staff.
- Staff were enthusiastic about their role in supporting people and spoke positively about the home and the manager. The manager readily acknowledged staff achievements and praised work well done in supervisions and team meetings. One staff member told us, "The manager has done really well. Under previous managers there was no support for us [staff] and we just felt down-trodden, demoralised. It's still not perfect but we've got a smile back on our faces and want to come to work."
- Staff told us the manager valued their opinion, which they were encouraged to share during supervisions, handovers, team meetings and at any time they needed to talk. We observed two handovers, a staff meeting regarding continued improvement, and the daily management huddle. All of these meetings were open and

inclusive, where staff readily engaged and gave their opinions which were valued and acknowledged.

Continuous learning and improving care

- Since our last inspection the manager had developed systems to monitor and improve the service. This meant that people's care had improved and was consistently responsive to their needs and people were being supported in a way that was personalised to them.
- The management team had completed comprehensive audits that identified shortfalls and how these needed to be actioned. The management team assessed and monitored action plans, to ensure identified improvements to people's care were implemented. This had driven continuous learning and significant improvement within the service. Staff received constructive feedback from the manager, which motivated them to improve, enabled them to develop and understand what action they needed to take.
- Staff recorded accidents and incidents, which were reviewed daily by the management team. This ensured the manager and provider fulfilled their responsibility to identify trends and took required action to keep people and staff safe.
- Health care professionals told us there had been a significant sea change in the management culture of the service, which was more open and transparent and quick to seek expert guidance and advice when required. A health care professional told us they had been impressed with staff who engaged in reflective practice regarding improvements required in relation to pressure area management. The learning from these circumstances had become embedded in staff practice. A person transferred from another care setting with multiple deep tissue injuries experienced an exceptional outcome. This was due to the clinical lead quickly seeking relevant guidance, which staff followed in practice.
- The manager kept up to date with developments and best practice in health and social care, to ensure people received positive outcomes and experienced care following best practice. This included regular updates from the local authority, the CQC and Government agencies.

Working in partnership with others

- The manager had cultivated positive working relationships with other partners. This was frequently reflected in positive feedback from health and social care professionals regarding the willingness of the management and staff to embrace their support. One healthcare professional said, "The care home is escalating concerns through clinical review meetings. This is a real positive approach and change by the leadership team within the home, this has improved many patient outcomes."
- Health and social care professionals highlighted partnership working to be a strength of the service, regularly commenting on the manager's openness to implement their guidance regarding best practice.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>Risk assessments did not always contain sufficiently clear guidance to enable staff to manage risks to people safely. People's medicines were not always managed safely.</p> <p>Regulation 12(1)(2)(a)(b)(g)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provider had failed to fulfil the legal requirements of their role; to ensure compliance with regulations, to assess, monitor and improve the service to ensure that quality and safety were not compromised and to mitigate risks to people.</p> <p>Regulation 17(1)(2)(a)(b)</p>