

Mr Mark Edward Taylor & Mrs Kirsty Taylor  
**Birchfield Residential Care  
Home**

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Birchfield Residential Care Home is a care home providing personal care to up to 24 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 21 people using the service.

The home is set over 2 floors, and has good sized communal areas, dining room and garden area. There are stair lifts available and there is space for visitors to park.

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

We have made a recommendation about the management of some medicines. People were supported by staff that knew them and their needs well. People were protected from the risk of abuse and risks were assessed and managed well. The home was clean and comfortable, and people were protected from the risk of mistakes being repeated.

People's needs were assessed in line with guidance, and staff had the right skills and experience to do their job. People were supported to maintain healthy lives and supported to eat and drink a balanced diet. 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 were supported by staff that enjoyed their jobs. People spoke highly about the service and a relative told us, "My relative likes all the staff and there is good interaction." The registered manager made changes to improve staff morale. The registered manager understood risk and understood their statutory responsibilities. People, their relatives and staff were listened to and their views helped develop the service.

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

### Rating at last inspection and update

The last rating for this service was requires improvement (published 8 August 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that the provider consider guidance regarding the storage of oxygen, and that accidents and incidents were recorded and monitored. Improvements had been made in these areas at this inspection.

### Why we inspected

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 carried out an unannounced comprehensive inspection of this service on 9 July 2019. 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.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe, effective and well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Birchfield Residential Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Birchfield Residential 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

The inspection was undertaken by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Birchfield Residential 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. Birchfield Residential Care Home is a care home without 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 a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 8 February 2023 and ended on 10 February 2023.

#### What we did before the inspection

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

#### During the inspection

We spoke with 5 people who lived at the home and 8 relatives. We spoke with 10 members of staff including domestic staff, care staff, the deputy manager and the registered manager.

We looked at a range of documents including 3 care plans, medicine records and risk assessments. We looked at 3 staff recruitment files, policies, procedures and audits.

# 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 has changed to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection we recommended the service consulted best practice around the management of oxygen. This had been addressed.

- People were being supported to take their medicines safely however we found that changes were needed regarding the storage and recording of medicines.
- Although staff were checking the temperature of the medicine room and fridge, there were some missing dates, meaning we could not be sure that medicines were always being stored at the correct temperature. This was immediately addressed when we spoke to the registered manager during the inspection.
- For people that had topical creams prescribed, we found that staff had not recorded the date the creams were opened which meant we could not be sure of their effectiveness. The registered manager addressed on the day of the inspection.
- 1 person was prescribed thickener to be added to their drinks. Thickener is added to the drinks of some people to reduce their risk of choking. We found detailed information and guidance for staff to follow and staff knowledge was good. However, staff were not recording how much thickener they added to drinks. We fed this back to the registered manager as guidance states staff should record amounts added. The registered manager confirmed this would be addressed.
- We saw good guidance for staff about medicines prescribed 'as and when required'. We found that some medicines would benefit from a review from the GP to determine whether they could be prescribed 'as and when required'.

We recommend the provider consider current guidance on the storage and recording of medicines and take action to update their practice accordingly.

- Staff were up to date with their medicines training however the registered manager had not yet checked staff competencies. We saw this was on the action plan to be completed within the next month and staff confirmed that they were observed by the registered manager when administering medicines.
- Staff recorded people's information about medicines onto electronic devices. This meant that any issues such as a missed medication would immediately be highlighted. They included a good level of detail about people's needs and risks were identified clearly.
- We saw that staff signed to say they had administered people's medicines.
- There was a detailed medicines policy which was in date.

### Staffing and recruitment

At our last inspection the provider had failed to make sure robust recruitment practises were in place. This was a breach of regulation 19 (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 19.

- People were supported by enough staff and staff had been recruited safely.
- The manager used a dependency tool to work out the right amount of staff needed to support people. There were enough staff and the home employed an activities co-ordinator. Use of agency staff was limited.
- Relatives told us that most staff had worked there for several years.
- We checked staff recruitment records and found that staff had been recruited safely. The registered manager checked references and completed Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Assessing risk, safety monitoring and management

At our last inspection we recommended the provider made sure that accidents and incidents were recorded and monitored. Improvements had been made at this inspection.

- People were protected from risks and safety was monitored and managed.
- We checked health and safety documents such as electrical safety testing and gas safety testing. This had been completed recently.
- The home employed a full-time maintenance manager who kept records of actions required and issues were addressed timely.
- The registered manager assessed risks to people's health and wellbeing regularly. For example, risks regarding use of bed rails and falls.

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

- People were protected from the risk of abuse.
- There was a thorough and up to date safeguarding policy.
- The registered manager provided safeguarding training, and this was up to date. Staff could describe what they would do if they had concerns.
- A relative told us, "My relative has lived in that home for about 3 years and he's safe and happy there. I've never seen anything to set alarm bells ringing. I've had no concerns at all."

#### Preventing and controlling infection

- People were protected from the risk of the spread of infection.
- 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 PPE effectively and safely.
- We were assured that the provider's infection prevention and control policy was up to date.
- The homes visiting policy was in line with guidance.

#### Learning lessons when things go wrong



- People were protected from the risk of mistakes being repeated.
- There was a good incident recording process. Staff completed thorough forms with checklists for next steps. These were reviewed regularly by the registered manager to identify themes.
- The registered manager planned to commence audits of incidents.

# 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

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, and some hospitals, 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.

At our last inspection the provider had failed to make sure people had maximum choice and control over their lives. This was a breach of regulation 13 (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 13.

- We found that staff were working in line with the MCA and DoLS.
- Staff completed MCA assessments and understood the principles of the MCA guidance.
- The registered manager provided relevant training, and this was up to date.
- Where people had DoLS authorisations in place, conditions were being met.

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

- People's needs and choices were assessed in line with guidance.
- The registered manager completed thorough assessments at the point of referral and people's needs were reviewed regularly.

- A relative told us, "It is a person-centred home and they are delivering good quality care."

Staff support: induction, training, skills and experience

- People were supported by staff that had the right training, skills and experience.
- The registered manager provided a mixture of electronic and face to face training and made sure staff were up to date.
- Staff were encouraged to complete their NVQs in care.
- The registered manager provided thorough inductions to new staff.

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

- People were supported to eat and drink to maintain a balanced diet.
- There was a full-time chef who had good knowledge about people's needs and preferences.
- We saw a good amount of fresh fruit and vegetables available and people had choices.
- Staff made referrals to the dietician if required.

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

- Staff worked with other agencies to provide care and supported people to live healthy lives.
- Staff made referrals to other agencies such as the dietician, district nurses and podiatry.
- Staff supported people to attend their health appointments.

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

- The home was homely and comfortable and decorated to a high standard.
- There was a good amount of communal space and people could personalise their bedrooms.

# 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 changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to make sure effective quality assurance systems and processes were in place. This was a breach of regulation 17 (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 17.

- Managers and staff understood quality performance, managed risk and their regulatory requirements.
- Risks to the service and people were assessed and regularly reviewed.
- There was a schedule of audits and these were used to make improvements to the service.
- The registered manager monitored outcomes such as falls and identified if changes were needed.
- The registered manager made the necessary notifications such as safeguarding alerts and other incidents.

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

- People benefitted from a positive culture at the home.
- People enjoyed living at the home, one person described it as, "A home from home." Another person said, "I love it, I have been at another home and this one is the best."
- Staff enjoyed their jobs and received good support from their managers. Staff noted that the registered manager who was relatively new in post had made many positive changes to the service, which had improved staff morale.

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 their responsibilities under the duty of candour.
- People and their relatives told us staff kept them up to date with any issues and concerns.

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

- The registered manager engaged well with people, their relatives and staff.

- A relative said, "The manager is approachable and proactive. I've been impressed by how much she has achieved so far." People and relatives had the opportunity to fill in feedback questionnaires and residents' meetings were planned.

Continuous learning and improving care; working in partnership with others

- The registered manager was committed to continuous learning to improve care.
- Staff were encouraged to complete their NVQ level 3 in care and to bring their ideas to team meetings to discuss areas for improvement.
- Staff worked in partnership with others, such as the local hospice to arrange end of life training sessions for staff.