

Harcare Limited

The Birches Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

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?

Good ●

Summary of findings

Overall summary

About the service

The Birches Nursing Home is a residential care home providing personal and nursing care to 23 people aged 65 and over at the time of the inspection. The service can support up to 24 people.

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

People told us they felt safe. However, some environmental risks were not managed effectively. Improvements were needed for the safe management of water.

People felt safe living at The Birches Nursing Home and they were very much at the heart of the service. We received positive feedback from people and their relatives about the care provided.

Relevant recruitment checks were conducted before staff started working at the service to make sure they were of good character and had the necessary skills.

Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse. There were enough staff to keep people safe.

Staff working at the service understood people's needs and supported people in a personalised way. Care was provided respectfully and sensitively, considering people's different needs.

Staff received support and one to one sessions or supervision to discuss areas of development. They completed training and felt it supported them in their job role.

People were supported with their nutritional needs when required. People received varied meals including a choice of fresh food and drinks. Staff were aware of people's likes and dislikes

Staff had developed positive and caring relationships with people and their families. Staff were highly motivated and demonstrated a commitment to providing the best quality care to people in a compassionate way. People's privacy and dignity was always maintained.

There were appropriate management arrangements in place and relatives were very positive about the management in the home.

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.

We have made a recommendation about the management of legionnaire and water management.

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 28 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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 effective?

The service was effective.

Details are in our effective findings below

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

The Birches Nursing 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 Care Act 2014.

Inspection team

The inspection was undertaken by one inspector and a specialist nurse advisor in the care of older people.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and six relatives about their experience of the care provided. We spoke with eight members of staff including the provider, registered manager, deputy

manager/registered nurse, activities coordinator and care staff. We also spoke with a visiting professional.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Improvements were needed to assess and identify risks relating to the management of legionella within the service. This included arranging a legionella risk assessment to be completed and collecting samples of water for testing to ensure they were safe and clear of legionella bacteria. Management oversight was also required to ensure regular checks of water temperatures and flushing of outlets were in place and recorded.
- The provider responded immediately after the inspection. They confirmed a water company had been brought in to complete a legionella risk assessment to ensure compliance with legionaries' legislation and will complete any actions as a result of any findings. The water management company will also provide training to senior staff to ensure they are aware of what actions to take to ensure the safety of the building.

We recommend the provider follows current guidance on 'legionnaire water management' to ensure people are kept safe and that the service is complying with health and safety legislation.

- Individual risk assessments identified potential risks and provided information for staff to help them avoid or reduce the risk of harm to people. One relative told us, "The staff appear to understand their roles and I have often witnessed them having continual training as regards fire drills."
- Risk assessments had been completed for the environment and safety checks were conducted regularly on electrical equipment. A fire risk assessment was in place and weekly checks of the fire alarm, fire doors and emergency lighting were carried out. Records showed staff had received fire safety training. Staff were aware of the action to take in the event of a fire and fire safety equipment was maintained appropriately.
- Window restrictors had been placed on upstairs windows since the last inspection.
- The home had a business continuity plan in case of emergencies. This covered a range of eventualities and arrangements were in place in case people had to leave the home in an emergency.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home. One person told us, "I feel very safe in their care." Another person said, "Well looked here, I feel safe here."
- Relatives also told they felt their loved ones were safe. One relative told us, "I believe the service is safe and my husband is safely looked after." Another relative said, "The home is very security conscious and safe. I have never arrived to find the main entrance open without a member of staff to let me in." A third relative said, "I feel happy that she is being safely looked after with dignity."
- People were kept safe as staff had been trained and had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe.

- The home had suitable policies in place to protect people; they followed local safeguarding processes and responded appropriately to any allegation of abuse.

Staffing and recruitment

- People told us they thought there were enough staff. One person told us, "Feel enough staff don't have to wait too long when I press buzzer they come." One relative told us, "There are enough staff to support and fulfil the care needs of my husband. I have not heard any bells ringing which have not been quickly answered including the time my husband inadvertently pushed his button by mistake." Another relative said, "There always appear to be adequate staff and they are timely and responsive to resident's needs. Call bells are quickly attended to."
- There were sufficient staff to meet people's care needs. We observed that staff were not rushed and responded promptly and compassionately to people's requests for support.
- Staff rotas were planned in advance and reflected the target staffing ratio which we observed during the inspection.
- Recruitment processes were followed that meant staff were checked for suitability before being employed by the service.
- Checks to confirm qualified nursing staff were correctly registered with the Nursing and Midwifery Council (NMC) were also held on file. All nurses and midwives who practice in the UK must be on the NMC register.

Using medicines safely

- People and their relatives were happy with the support provided with their medicines. One relative told us, "Medicines are given, as prescribed and senior staff keep me well informed on condition and outcome of GP visits."
- Overall, staff followed a safe process for the storage and disposal of medicines, but we did find a small number of opened liquid medicines and insulin pens with no date of opening recorded. Eye drops however did have open dates on them.
- There were appropriate arrangements in place for the recording and administering of prescribed medicines and medicine administration records (MARs) confirmed people had received their medicines as prescribed.
- Medicines that were required to be kept cool were stored in an appropriate locked refrigerator and temperatures were monitored and recorded daily. However, the room temperature was not recorded by staff to ensure it did not get too hot for the safe storage of medicines.
- The home administered medicines that required stricter controls called controlled drugs. In line with current legislation, two staff had signed when these medicines had been given.
- There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance.

Preventing and controlling infection

- Staff followed a daily cleaning schedule and most areas of the home was visibly clean. There were no malodours around the home.
- However, we found not all bins in the bathrooms had closed lids in line with best practice for infection control. The registered manager conformed to us they had ordered new bins with lids after our inspection.
- Staff demonstrated a good understanding of infection control procedures. Staff had completed infection control training.

Learning lessons when things go wrong

- The registered manager had systems for monitoring incidents and accidents to ensure that there had been an adequate response and to determine any patterns or trends. Following incidents, they had made

changes to minimise the chance of the incident happening again.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- When people moved to the home, they and their families, where appropriate, were involved in assessing, planning and agreeing the care and support they received.
- People's healthcare needs were considered within the care planning process. Assessments had been completed on people's physical health, medical histories and psychological wellbeing.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience

- People and their relatives felt staff were skilled and effective in their role. One relative told us, "They both understand his needs and appear to be fully trained." Another relative said, "Staff do appear to understand their roles and duties, appear trained for the task and regularly update their paperwork."
- People were supported by staff who had completed a range of training to develop the skills and knowledge they needed to meet people's needs and to understand their roles and responsibilities. Staff praised the training provided.
- New staff confirmed they completed a comprehensive induction programme before working on their own.
- Arrangements were in place for staff who were new to care to complete the Care Certificate. The Care Certificate is awarded to staff that complete a learning programme designed to enable them to provide safe and compassionate support to people.
- Staff told us they received effective supervision. Supervisions provide an opportunity for managers to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop.
- Staff had annual appraisals of their work performance and a formal opportunity to review their training and development needs.

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

- People told us they enjoyed the food. One person told us, "Food is very good, nice beef casserole, if don't like it can choose something else. I always like the food." Another person said, "Food is very nice."
- Care plans detailed the support people required from staff at mealtimes and we observed staff assisting people to eat appropriately.
- Staff made mealtimes a positive and sociable experience for people. There was a relaxed atmosphere in the dining room, the meal was unhurried, and people chatted with staff.

- Aids to support people to maintain their independence and dignity were available such as plate guards and adapted cutlery.

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

- People and their relatives told us they were happy living at the home and all felt it was homely and comfortable. One person told us, "Nice room, on the top floor one of the bigger rooms, nice up there." A relative told us, "It has a nice homely atmosphere. With the staff knowing the residents well."

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

- Health care professionals told us the service delivered high quality care. One visiting professional said, "Staff here are excellent I trust them completely as do my colleagues. I carry out medication reviews regularly to make sure they should still be on their medicines and check care plans regularly and formal care plan reviews twice a year. I have no concerns about this home."
- During our inspection one person told us they wanted to ask the doctors about some new hearing aids. While we were chatting, the doctor came around and was already aware of the request. We saw the person later in the day and they informed us that the referral was done, and they were very pleased with that.

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 Act 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager had ensured that these authorisations had been applied for where necessary and these were reviewed when required.
- Most people had capacity to make their own day to day decisions and they told us that their choices and wishes were respected by staff.
- We observed staff seeking consent from people before providing care and support. Staff showed an understanding of the MCA. They were aware people were able to change their minds about care and had the right to refuse care at any point.

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

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

- People told us they were well cared for and staff treated them with compassion. One person told us, "Staff are nice people, good staff, look after me well." Another person said, "Everybody very nice the girls. Very nice all nice very helpful." One relative told us, "During my visits, I am impressed with the friendly and empathetic attitude of all the staff, from the home owners to the junior staff they are all very caring."
- Staff demonstrated a detailed knowledge of people as individuals and knew their personal likes and dislikes. Staff showed respect for people by addressing them using their preferred name and maintaining eye contact
- Staff had built up positive relationships with people. Staff spoke about their work with passion and spoke about people warmly. One staff member told us, "Just find it a very friendly like a family, pleasure to come to work I never feel that I don't want to come to work, there all so sweet the elderly." One relative told us, "The staff all know what they are doing and get on with it - also they do so with a nice attitude and friendly manner."
- All the interactions we observed between people and staff were positive and friendly. Staff communication with people was warm and friendly, showing a caring attitude. One relative told us, "Every week when I visit I am amazed at the love and care given by all the staff to the people living there."

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

- People and their relatives, where appropriate, were involved in developing their care plan. One person told us, "Happy here and the lovely thing if you don't feel happy about something they will do something about it."
- People's care records included information about their personal circumstances and how they wished to be supported. One person told us, "[Staff members name] always go through care plans with me to make sure all is ok. We went through food as I wasn't liking choices." Another person said, "Go through my care plan with me to make sure I'm happy."
- All the people we spoke with and their relatives stated that there were no restrictions to visiting. One relative told us, "Were happy always feel very welcome when I come."

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect. One person told us, "Always do treat me with privacy and dignity, always do." Another person said, "If having personal care, treat me with dignity." One person told us, "Staff treat me with dignity, I can turn and help do a little bit for my independence."
- Staff understood the importance of respecting people's privacy and dignity, particularly when supporting

them with personal care. Staff were observed to knock on people's doors and identify themselves before entering. Staff ensured doors were closed and people were covered when they were delivering personal care.

- People were encouraged to be independent as possible. Care staff knew the level of support each person needed and what aspects of their care they could complete themselves.

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 good. At this inspection this key question has remained the same. 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; End of life care and support

- People told us they received a personalised service that was responsive to their needs. One relative told us, "I am happy with the service delivered regarding my husband and I would say it delivers high quality care and keeps me fully informed." Another relative said, "All the staff give my sister excellent care, as a human being and as an individual. They often go beyond the call of duty."
- Care plans contained detailed daily routines specific to each person. Assessments were undertaken to identify people's individual support needs and their care plans were developed, outlining how these needs were to be met.
- Overall, the care plans were relatively person centred. However, there was a lack of focus on how people's social and emotional needs might be met, and although there was information in the care notes about the residents' life history, this did not appear to translate into a meaningful social and emotional wellbeing care plan and the emphasis did appear to be more around physical healthcare.
- People's daily records of care were up to date and showed care was being provided in accordance with people's needs. Care staff were able to describe the care and support required by individual people. Through talking with staff and through observation, it was evident that staff were aware of people's care needs and they acted accordingly.
- Care plans were in place to provide staff with guidance on people's preferences and wishes including religious, cultural and spiritual needs in the event they required end of life care. Staff training included end of life care.
- Staff told us how the service involved external healthcare professionals to support people at the end of their life. Staff had completed training on end of life at the local hospice.

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.

- People had communication care plans in place to support staff which gave detailed guidance.

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

- People told us they were happy with the activities on offer. One person told us, "Always got plenty to do if you want to keep yourself occupied."

- Activities were planned for the month and included, arts and crafts, music, quizzes and pampering and outside entertainers. During the inspection we observed people enjoying arts and crafts, quizzes and pampering sessions.
- We spoke with one of the activity coordinators who told us, "I do a lot of reminiscing as I can remember as I'm older than other staff, enjoy relating to things they remember. listening to their lives especially the men as they would talk about the war."
- The service also made staff available each afternoon for 'social care'. This was to enable staff to engage with people on a one to one basis and to reduce the risk of social isolation for those people who did not want to partake in group activities or were cared for in their rooms.

Improving care quality in response to complaints or concerns

- People told us they would know how to raise concerns if they needed to. One person told us, "All very nice no complaints. If I don't like something I would say." Another person told us, "Look after me very good no complaints at all very well looked after."
- The complaints procedure was displayed on the notice board in the home. It included information about how to contact the ombudsman, if they were not satisfied with how the service responded to any complaint. There was also information about how to contact the Care Quality Commission (CQC).
- The provider kept a complaints and compliments record. The provider had received two complaints during 2018 and these had been investigated and responded to within the time frames set out in the provider's complaints procedure. No recent complaints had been received.

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and their relatives told us they felt the service was well led. One relative told us, "I would say the service delivers high quality care." Another relative said, "My sister is very happy at Birches, her health has improved, and she has managed to join in some activities downstairs. There is nothing we are unhappy with - in fact it's the contrary." A third relative said, "The quality of care at Birches is very, very good."
- There was an open and transparent culture in the home. The previous inspection report and rating was displayed prominently in the reception area.
- The provider notified CQC of all significant events and was aware of their responsibilities in line with the requirements of the provider's registration.
- The provider had appropriate policies in place as well as a policy on Duty of Candour to ensure staff acted in an open and transparent way in relation to care and treatment when people came to harm.

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

- People and their relatives were happy with the management. One person told us, "Management are all approachable and nice." One relative told us, "I like the friendly, cheerful atmosphere at The Birches from both management and staff." Another relative said, "We are very pleased with what they do for her, we really like all the staff, and, most importantly my sister is happy there, and she is in better health than she was at home."
- The registered manager had systems for monitoring incidents and accidents to ensure that there had been an adequate response and to determine any patterns or trends. Following incidents, they had made changes to minimise the chance of the incident happening again.
- There were processes in place to monitor the quality of people's care records and medicines and the registered manager carried out daily walks around the home. The provider conducted regular checks to ensure the environment and equipment were regularly maintained and safe.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Meetings were held with people on an individual basis and not formally. The registered manager told us the provider chatted with people and asked for ideas for improvements for the home. For example, plans for the garden as some trees had been removed and they wanted to improve the outside features of the garden.

However, these were not recorded, but people we spoke with told us they had been asked for ideas for the garden.

- The provider sought feedback on the quality of the service by using an annual quality assurance survey sent to people and their families. The feedback from the latest survey showed people were satisfied with the service and the care provided. Comments included, 'When I leave my sister I know she is being cared for by a group of lovely people. They are kind and cheerful and this is priceless as far as I am concerned'. 'Staff always very happy, pleasant and helpful. They treat my aunt with the greatest empathy and respect. My expectations of an efficient caring nursing home have been met easily. I am happy for the home to continue as they are'.
- The provider also sought feedback from professionals. All feedback seen was very positive and comments included, 'an outstanding home. It is a privilege to be their GP everyone is always very helpful and supportive there is a very low staff turnover, so the staff really know the clients well'. Another GP had commented, 'this is an amazing home. The staff are 100% committed and always do their best with a smile. They know all the clients really well'.
- Staff felt supported in their role. One staff member told us, "Definitely [registered managers name] really good boss, go out of her way to listen and be patient been fantastic always willing to listen." Another staff member said, "Management approachable go above and beyond to help. [providers names] always around and doing little jobs and fixing things they are amazing." As well as, "Manager lovely really friendly."
- The provider sought feedback from staff through a staff survey. Results showed staff were happy working at the service with one staff member saying they would like more staff meetings. Records showed that staff meetings were not frequent, the registered manager told us and speak to staff every day. They were planning on holding more meetings with staff.
- The service worked in partnership with the local authority and the local doctor's surgeries.
- People were supported to go out into the community as much as possible. For example, walks to the local café and luncheon clubs and regular input from local churches.