

Birchlands (Haxby) Limited

Birchlands Care Home

Inspection report

Moor Lane
Haxby
York
North Yorkshire
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Tel: 01904760100

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

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: Birchlands Care Home is a nursing home that was providing personal and nursing care to 50 people at the time of the inspection.

People's experience of using this service: People received a safe and responsive service, from staff who were trained and supported in their role. Staff managed risks to people's safety, whilst promoting their independence where possible. Staff understood how to identify and report any safeguarding concerns. People received their medicines as prescribed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff respected people's views and wishes. People were involved in recruitment and health and safety meetings.

People told us staff were kind and caring, and had time to chat with them. People's dignity and privacy were respected.

Care plans were in place to give staff the information they needed to support people in line with their preferences. Care plans were reviewed regularly and updated when people's needs changed. People accessed local facilities and activities and the provider worked with other organisations, including health professionals, to meet people's needs.

People and relatives had the opportunity to provide feedback on the service and there was a system to respond to any complaints. Checks were conducted on the quality and safety of the service. There was a positive person-centred culture at the service.

Further information is in the detailed findings below.

Rating at last inspection: Good (report published 13 August 2016).

Why we inspected: This was a scheduled inspection based on the service's previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 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 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 ●

Birchlands 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 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was conducted by two adult social care inspectors, an inspection manager 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:

Birchlands Care Home is a nursing home. It provides a service for up to 54 older people, younger adults and people living with dementia.

The service had a manager registered with CQC. 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:

The inspection was unannounced. Prior to the inspection we had received information of concern regarding morning and evening routines at the home, so we started our inspection in the early hours of the morning to look at the concerns raised.

What we did:

Before our inspection, we looked at information we held about the service. The provider sent us a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service, such as notifications we had received from the registered manager. A notification is information about important events which the service is required to send us by law. We sought feedback from the local authority contract monitoring team prior to our visit. We used this information to plan the

inspection.

During the inspection we spoke with 10 people who used the service and one relative. We spoke with the deputy manager, regional manager, the care manager, three nurses, three care staff and the maintenance person. We looked at a range of documents and records related to people's care and the management of the service. We viewed four people's care records, medication records, three staff recruitment, induction and training files and a selection of records used to monitor the quality and safety of the service. After the site visit, we spoke with the registered manager over the telephone as they were not available on the day of the inspection.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- People told us they felt safe living at Birchlands Care Home and with the staff who supported them. People's comments included, "I feel safe here. I am almost blind now but I never feel afraid" and "I get confused but they look after me."
- The provider conducted assessments to evaluate and minimise risks to people's safety and wellbeing. We found some choking risk assessments had been incorrectly calculated which we highlighted to the provider who took action to rectify the issue.
- Accidents and incidents were recorded and the registered manager or deputy manager reviewed these incidents to assess if any further action was required. Appropriate responsive action was taken in the event of accidents and incidents.
- The premises and equipment were well maintained. There were contingency arrangements and personal evacuation plans in place, guiding staff how to support people in the event of an emergency.

Systems and processes to safeguard people from the risk of abuse

- People who used the service benefited from staff following safeguarding policies. The provider had appropriately referred any concerns to the local authority safeguarding team when required.
- Staff received safeguarding training and were able to describe indicators of abuse and how to report any concerns.

Staffing and recruitment

- The provider had a system to ensure there were sufficient staff to meet people's needs. They used a dependency tool to calculate the number of staff required. Our observations indicated there was sufficient staff to meet people's needs and staff were not unduly rushed.
- The provider used agency staff occasionally when required, but staff and managers confirmed that regular staff were usually willing to pick up extra shifts if there was any staff sickness or annual leave to cover. This helped maintain continuity of staffing.
- Appropriate recruitment checks were conducted to ensure applicants were suitable to work with vulnerable people.

Using medicines safely

- There were robust systems for the storage, recording, administration and disposal of medicines. Medication administration records showed that people had received medicines as prescribed. This included protocols for medicines prescribed for use 'as and when required.'
- Staff who supported people with medicines received training and checks of their competence.
- Information about people's needs in relation to medicines was recorded in their care plan.

Preventing and controlling infection

- Staff received guidance about infection prevention and control. They used personal protective equipment (PPE) when required, such as disposable gloves.
- The provider had worked well with the local infection prevention and control team to manage a recent outbreak of infection at the home.
- Domestic staff were employed and the home was clean.

Learning lessons when things go wrong

- The provider learned from any incidents that occurred and took action to prevent the risk of recurrence. For instance, there had been a fire at the home two months before our inspection. The incident was well managed and nobody was harmed. The provider conducted an investigation and worked with the fire service to identify what lessons could be learned. Changes were made to the storage of laundry as a result.

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

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

Staff support: induction, training, skills and experience

- People and relatives felt staff had the right skills and did a good job. Their comments included, "They (staff) really look after me well. I feel that they understand my special needs" and, "The staff are really good."
- Staff received an induction and training to prepare them for their role. Staff were satisfied with the training they received. One confirmed, "I think it's good."
- The provider conducted very comprehensive competency assessments to check staff understanding and skills in up to 35 aspects of care, depending on their role.
- Staff received supervision and appraisal.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff providing consistent, effective, timely care with and across organisations

- Systems were in place to assess people's needs and choices in line with legislation and best practice.
- The provider conducted an assessment of people's needs, to ensure they could provide an appropriate service for them.
- The provider worked with other health and social care professionals where required, to ensure people's needs were met.

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

- Staff assessed people's nutrition and hydration needs. Information about their dietary requirements and preferences was included in their care plan.
- Food and fluid intake was monitored where required.
- Snacks and refreshment were available throughout the day and staff readily responded to requests for hot drinks whenever people requested them. People were offered a choice of meals.
- We received positive feedback about the food. Comments included, "I like the food here" and, "The food is really nice. There is plenty of choice and someone comes round about 10:00am to take our orders for lunch. If I don't like what's offered they'll do something else for me."

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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The provider assessed people's capacity to make specific decisions and had made DoLS applications where required. We found conditions on people's DoLS were usually met. However, on the day of our inspection the provider found a condition on one person's DoLS authorisation was not being adhered to, and took action to address this. They sent us further information after the inspection to illustrate how the condition was being met.
- Staff we spoke with had a clear understanding about the importance of getting people's consent.
- People confirmed staff asked their views and sought consent before supporting them.
- People's consent to their care was recorded in their care plan. The provider requested evidence where people had a Lasting Power of Attorney (LPA) for health and welfare decisions, to ensure the appropriate people were consulted on any decisions, should this be required.

Supporting people to live healthier lives, access healthcare services and support

- People had access to health care professionals, and staff sought medical advice for people where required.
- Information about people's health needs was recorded in their care plan. One person told us, "I know that my health needs are really well met here."
- A visiting healthcare professional provided positive feedback about the service and told us they believed staff acted on their advice.
- The local GP visited the service on a weekly basis to see anyone who needed it. There were also visiting opticians and chiropodists.

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

- The home was spacious and there was lift access to all floors.
- There was some consideration of the needs of people, including those living with dementia. People had access to mobility aids and adaptations.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and relatives felt that staff were kind and caring. Feedback from people included, "The staff are all very kind and I feel respected" and, "The staff are really kind and caring. I get on very well with them. I can have a joke with them too."
- It was evident from our observations that people had built positive relationships with staff, and they knew each other well. People felt staff had time for them. One person commented, "The lasses (staff) are marvellous, beautiful. I prefer to be on my own so they always come and natter to me. They couldn't be better." Another told us, "The staff are very encouraging, caring and kind. Staff come to my room to chat to me and reminisce."
- Staff received equality and diversity training as part of their induction. There was information in people's care files about any needs in relation to protected characteristics of the Equality Act, including those in relation to disability and age. There was a religious service at the home once a month for anyone who wished to attend.

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

- People confirmed care staff listened to them, involved them in decisions and respected their views.
- People and relatives were involved in the monthly health and safety meetings at the home and a relative confirmed that staff had taken action in response to issues they had raised.
- Some people had been involved in interviewing staff for the service.
- One person had an advocate and there was information on display in the home about local advocacy organisations, for anyone who they felt may benefit from independent support with decision making.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected and promoted.
- Staff gave us examples to demonstrate how they maintained people's dignity when providing them with personal care. For instance, one staff member told us, "I talk to people first to reassure them. I cover people with a towel, working downwards covering as I go. We make sure doors and curtains are shut."
- Staff promoted people's independence by tailoring their support according to people's skills and wishes. One person told us that staff were good at recognising their physical limitations and what things they were able to do for themselves.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Personalised care

- Feedback from people who used the service indicated staff were responsive to their needs and preferences. One told us, "They know what I need in my circumstances" and another said, "They can't do enough for me."
- We had received concerns prior to the inspection about people's choice in terms of daily routines. Our observations of care and people's feedback confirmed that people had choice about what they wanted to do. Staff took account of people's wishes and previous routines.
- The provider developed a care plan for each person, which contained sections about different aspects of their care. Care plans were regularly reviewed and updated when people's needs changed.
- Care plans contained information about people's communication needs and any sensory impairments. A relative told us, "[My relative]'s sight disability is recognised and catered for. They have 'talking books' and a CD player." The support staff provided was in line with the requirements of the Accessible Information Standard (AIS). The AIS is a legal requirement for all providers who receive any public or NHS funding.
- Staff recorded the care they provided in a range of monitoring records, such as daily charts and repositioning charts. This enabled the management team to check that care was provided in line with people's care plan.
- The provider employed an activities co-ordinator and their working hours were planned flexibly to accommodate events or activities people may want to do. We observed care staff engaging people in activities, such as games and nail care. Staff supported people to access facilities in the community, such as the local pub and cinema. One person regularly went to a 'knit and natter' group at the local church. There was a poster on display in the home inviting people and relatives to a forthcoming cheese and wine meeting.
- Staff had also enabled people to achieve their aspirations. One person had been supported to get a voluntary job in a local charity shop.

End of life care and support

- The provider worked alongside other health professionals to ensure people received appropriate and sensitive end of life care.
- Staff received training and guidance in this area.
- We viewed numerous thank you cards and compliments from relatives, praising staff for the care provided at the end stage of people's lives.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure, which was displayed in the home.
- There was a system for recording any complaints or concerns received.
- People we spoke with confirmed they knew how to raise a complaint and would feel comfortable doing so. One person told us, "I haven't got any complaints but if I did I would speak to someone about it."

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

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

- There was a registered manager in post, who was supported by a deputy manager and a care manager.
- The registered manager was aware of their role and responsibilities and kept up to date with best practice. They had usually submitted notifications to CQC as required. We received four notifications retrospectively due to a misunderstanding of the requirements, but the provider made changes to their systems to ensure this would not recur.
- Information related to people who used the service was stored securely to ensure the integrity of confidential information.
- There were daily 'flash meetings' with staff from each department, to ensure effective communication about key issues and make sure staff were clear about their tasks and responsibilities.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The provider had a quality assurance system and a range of audits were regularly conducted to monitor the quality and safety of the service. Actions identified in audits were compiled into a home improvement plan, and action was taken as a result.
- The provider promoted a positive person-centred culture. There was a values statement on display in the home and staff were clear about the importance of providing care which was focussed on people's wishes.
- Staff provided positive feedback about the management of the service.

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

- Staff told us they felt supported. One commented that managers were, "Approachable if you have any problems."
- Staff meetings were held.
- Staff were involved in the management of the rotas. The registered manager told us this had, after some initial difficulties, proved to be very successful in ensuring shifts were effectively planned. Staff told us there was good team work and a willingness to be flexible for the benefit of people.
- Feedback was sought from people who used the service and relatives, in surveys and in quarterly audits conducted by the regional manager. Where people wished, they were also involved in health and safety meetings at the home.

Continuous learning and improving care

- The registered manager demonstrated a commitment to continual improvement of the service.
- Since our last inspection, the provider had made some changes to develop the service and care provided. For instance, a dementia specialist had been commissioned to make observations of care and advise on best practice.

Working in partnership with others

- The provider worked in partnership with other organisations and built links in the community. They supported people to access a range of local facilities.
- The registered manager attended a local provider forum and had agreed to share learning from the recent fire at the home with other care homes locally, for the wider benefit of others.