

Sanctuary Care Limited

# Birchwood Court 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 caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Birchwood Court Residential Care Home is a residential care home providing personal care to up to 43 people. The service provides support to people aged 65 years and over, some of whom are living with a dementia. At the time of our inspection there were 37 people using the service.

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

People and their relatives were positive about the support provided by staff. People were happy and felt safe living at the home. One person said, "I am quite happy here, all hunky dory." Relatives were very pleased about the positive effect staff were having on people. Their comments included, "I can't thank the staff enough, they have all been absolutely fantastic" and "The staff here are lovely."

People had person-centred care plans which reflected their needs and choices. People and their relatives were involved in their care planning and during reviews. People received their medicines safely. Staff were suitably trained and had their competencies assessed regularly. There was enough staff to safely support people.

Risks to people had been fully assessed and mitigated to help keep people safe. People's care plans were individual and included involvement from other healthcare professionals.

Staff wore PPE and followed government guidance in relation to COVID-19. The home was clean and suitably decorated.

The registered manager had an effective quality and assurance system in place which allowed them to monitor and improve the quality and safety of the care provided. People, relatives and staff were asked for feedback to help improve the care provided. Lessons learned from incidents were also used to improve the service provided.

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.

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

This service was registered with us on 15 September 2020 and this is the first inspection.

The last rating for the service under the previous provider was good, published on 20 February 2020.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

#### 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 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 ●

# Birchwood Court 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 carried out by an inspector and two Experts 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

Birchwood Court 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. Birchwood Court 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

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 also reviewed the information we held about the service. This included any statutory notifications received. Statutory notifications are specific pieces of information about events, which the provider is required to send to us by law. We sought feedback from the local authority contracts monitoring and safeguarding adults' teams and reviewed the information they provided. We used all of this information to plan our inspection.

#### During the inspection

We reviewed documentation, inspected the safety of the premises and carried out observations in communal areas.

We spoke with three people who used the service, 16 relatives, and 12 members of staff including the registered manager, a member of the domestic team and care support staff.

We reviewed the care records for three people, medicine records for four people and the recruitment records for three members of staff. We looked at a range of records. This included staffing rotas, training records, meeting minutes, policies and procedures, environmental safety and information relating to the governance of the service.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to keep people safe from the risk of abuse. Staff had received training around identifying abuse and knew what steps to take to keep people safe. One staff member commented, "I feel I can use whistleblowing if I had any concerns. I am confident in going to my manager or area manager to raise any concerns."
- Safeguarding incidents were fully investigated by the registered manager and were used to improve the overall quality and safety of the care provided.

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

- Risks were safely managed and assessments in place to keep people safe. Lessons were learned from incidents to improve the quality of care provided.
- People had personalised risk assessments which detailed the steps staff had to follow to mitigate any risk. One person told us, "I definitely feel safe here, there is always someone around if I need them."
- Environmental and COVID-19 risk assessments were in place to help keep all people, staff and visitors safe whilst at the home.

Staffing and recruitment

- Staff were safely recruited and there was enough suitably qualified staff on duty to support people.
- Pre-employment checks were in place to make sure all new staff were appropriate for working in care. For example, all new staff had references and Disclosure and Barring Service (DBS) checks in place. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People told us that staff were always available for support. One person commented, "If I need anything then I press that (call bell) and they (the staff) respond really quickly. I do get two staff most of the time as the staff know my needs."

Using medicines safely

- Medicines were managed safely. Staff had received training around safe medicines administration and had their competencies assessed regularly. A staff member told us, "I have had medication training and been observed."
- Medicine administration records were accurate and there were regular checks of these by the management team. People were receiving their medicines as prescribed.
- Staff administered medicines in line with best practice guidance. People and relatives had no concerns around their medicines. One person said, "I have not had any issues with my medication, I get it when I

should. The GP reviews it every few months."

#### Preventing and controlling 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 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.
- Professional visitors were required to provide a negative lateral flow test before entering the home.
- Relatives visited people within their bedrooms and communal areas. People could visit out of the home if they wished.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People had comprehensive and in-depth assessments of their needs which reflected best practice guidance, the law and national standards.
- People, relatives and other healthcare professionals were involved in all aspects of care planning and reviews. One relative told us, "The staff know her well, they know her likes and dislikes."

Staff support: induction, training, skills and experience

- Staff received regular training and supervisions. New staff were provided with a comprehensive induction which included the Care Certificate. The Care Certificate 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 told us they felt they received enough training and could request additional training if needed. One staff member said, "I have completed training and enjoy learning new things I also keep all training up to date."

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

- People were supported to maintain a balanced diet by staff. One person told us, "The meals are absolutely beautiful."
- Care records showed that people were monitored, assessed and steps put in place to reduce their risk of malnutrition. Some people required a special diet and care records showed that these were being followed.
- Risks associated with eating and drinking, for example choking, were clearly documented. One relative commented, "My relative is on a special soft diet as they can choke, and everyone is aware of what they can or cannot eat."

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

- Staff worked in partnership with other healthcare professionals to provide a continuous level of care which was responsive to their needs. People were supported to access their GP and other healthcare professionals. Care plans reflected the guidance provided.
- People and relatives told us that staff escalated any concerns to other healthcare professionals to make sure people got the care they needed. One person said, "If I am not feeling too good, they get the doctor out to see me really quickly which makes me feel safe and reassured I'm being looked after well."

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

- The home was appropriately adapted and designed to meet people's needs. There was regular cleaning of all areas of the home.
- People told us they were happy with their rooms and could personalise these. One relative commented, "Their room is lovely and kept spotless."

#### 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.

- Care was delivered in line with MCA. People's capacity was reviewed regularly, and new assessments updated to reflect a change in support needs or decision making.
- Staff had received training around MCA and DoLS.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Staff treated people kindly and respected equalities and diversity. A relative said, "I can't thank the staff enough, they have all been absolutely fantastic. They have been so welcoming to all of us. They are absolutely wonderful. They are all genuinely kind people."
- Staff had received training around equality and diversity and the provider had processes in place to promote this.
- People and relatives were positive about the support provided by staff. One person commented, "It helps me having good carers who really care about me."

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

- People were supported by staff and relatives to express their views and choices about their individual care.
- Staff told us that they asked people for their choices and consent to care daily. One staff member said, "I respect resident's wishes, preferences and support them to make sure they are happy and feel safe."

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted, and their privacy and dignity respected. Staff knew people very well and were aware of what tasks they could do independently.
- People told us that staff helped them in a respectful way but also allowed them the time to do things themselves with support. One person discussed their personal care routine and that staff supported with bathing tasks but still waited for them to brush and style their own hair in case they needed any further support.
- Relatives confirmed that people were treated with respect. A relative commented, "They don't rush our relative with anything, they say to them "Just take your time, we'll get done when can."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Staff completed comprehensive assessments of people's needs and used these to create individual care plans in partnership with people, relatives and other healthcare professionals.
- People's care plans reflected their needs and were reviewed regularly. People told us that if they felt they needed extra support staff took the time to listen and review things with them.
- Relatives told us that during the pandemic they were updated and involved with people's care reviews. One relative said, "We had good communication by phone during covid, there was always someone there to communicate with by phone."

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.

- People had their communication needs fully assessed by staff. Strategies were in place to support people with communications.
- All information was available in large print, easy read and audio. Staff talked through all information in a language people understood. Relatives commented that staff spent time explaining things to people so that they understood any changes to their support or to get their preferred choices.

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 took part in activities that were meaningful to them and staff supported them to maintain relationships that were important to them.
- Staff told us that people liked to plan what activities would take place at the home. One staff member told us, "Residents at Birchwood Court like to feel included and some like to organise and host their own activities such as bingo, quizzes or dominos sessions. The fundraising part and hosting events is very fun and enjoyable for residents and staff."
- Relatives told us that they were always welcomed at the home and that people had access to different activities during the day. One relative discussed a recent 'Relatives Meeting' where they had put forward ideas for activities and these were put in place the following month.

Improving care quality in response to complaints or concerns

- There was a complaints process in place and the registered manager investigated all complaints in line with this. Outcomes from complaints were used to improve the delivery of care provided.
- People and relatives had not made any complaints recently but said they would be confident to raise these with the registered manager. One person commented, "I have had no issues since living here. I am confident to raise concerns if need be."

#### End of life care and support

- At the time of the inspection no one was receiving end of life care and support. Staff had received training around the delivery of this and had previously supported people with end of life care.
- People's care records showed that staff had discussed people's end of life choices and wishes in partnership with their relatives.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- There was a positive staff culture at the home which helped to achieve good outcomes for people.
- Staff feedback detailed how much they enjoyed working at the home and with the registered manager. One staff member said, "Care is very person-centred. I feel all staff have the best interests of the residents at heart."
- People and their relatives were positive about the staff team and the support they provided. One relative told us, "I would recommend this home. My relative is settled here and that is thanks to the staff which I appreciate."

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; Continuous learning and improving care

- When things did go wrong the registered manager and staff apologised and used learning from these incidents to improve the service.
- Lessons learned from incidents at the service, the wider provider network and other care homes were used by the management team to reflect on their current practice and to improve the care provided at the home.

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

- The registered manager was fully aware of their legal responsibilities and was open and transparent. They submitted notifications to the commission for significant events that had occurred at the service, for example accidents and incidents.
- The quality and assurance systems in place had been reviewed and embedded throughout the service and were used to continuously improve the service and quality of care provided to people.

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

- People, staff and relatives were asked for their feedback of the service provided. People told us they could make suggestions at any time to staff. One staff manager told us, "The manager takes the time to speak to residents and ask how they are doing, if there are any problems and has a walk around to see how everyone is."
- Staff had regular team meetings and could approach the registered manager with suggestions. A staff member said, "Any issues or suggestions raised are certainly listened to and if possible actioned"

accordingly. Feedback is always given, and regular supervisions are undertaken."

Working in partnership with others

- Staff worked in partnership with people, relatives and other healthcare professionals.
- Care records showed involvement from other agencies and staff had used the advice/guidance provided to help with people's care planning.