Care Quality Commission

Harcare Limited

The Birches Nursing Home

Inspection report

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Totton
Southampton
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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?	**Requires Improvement**
Is the service well-led?	**Good**

Overall summary

The Birches Nursing Home is registered to provide accommodation and support for 24 older people who may require nursing care and who may have a physical disability. The home is located approximately one mile from Totton town centre and is accessible by public transport. The home has 22 single rooms and one double room. Accommodation is on three floors with a passenger lift to all levels. The home has a lounge / dining area and gardens.

We undertook an unannounced inspection of The Birches Nursing Home on 7 April 2015. On the day of our visit 23 people were living at the home.

There was a registered manager at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Summary of findings

We did not see people engaged in meaningful and stimulating activities. The registered manager told us activities took place as often as possible but this was not always planned and was organised on a daily basis and around people's changing needs.

Staff understood the needs of the people and care was provided with kindness and compassion. People, relatives and health care professionals told us they were very happy with the care and described the service as excellent. A visiting GP told us, "Staff provide excellent care. I have no concerns at all regarding anyone living here. The home contacts us if they are unsure or need advice".

Staff were appropriately trained and skilled to ensure the care delivered to people was safe and effective. They all received a thorough induction when they started work at the home and fully understood their roles and responsibilities.

The registered manager assessed and monitored the quality of care consistently involving people, relatives and professionals. Care plans were reviewed regularly and people's support was personalised and tailored to their individual needs. Each person and every relative told us they were asked for feedback and encouraged to voice their opinions about the quality of care provided.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Whilst no-one living at the

home was currently subject to a DoLS we found the registered manager understood when an application should be made and how to submit one. The registered manager was aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards.

Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were

made in the person's best interests.

Staff talked to people in a friendly and respectful manner. People told us staff had developed good relationships with them and were attentive to their individual needs. Staff respected people's privacy and dignity at all times and interacted with people in a caring and professional manner. People who used the service told us they felt staff were always kind and respectful to them.

Staff were encouraged to raise any concerns about possible abuse. One member of staff said, "We talk about what we would do if we witnessed abuse. If I thought someone was being abused. I would talk to the manager and I know she would report it".

People and relatives knew how to make a complaint if they needed to. The complaints procedure was displayed 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 home listened and learned from people and visitor experiences through annual resident/ relatives' survey. The surveys gained the views of people living at the home, their relatives and visiting health and social care professionals and were used to monitor and where necessary improve the service.

We have made a recommendation about how the provider can reduce the risk of social isolation. You will find this in the responsive section of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People felt safe and the risk of abuse was minimised because the provider had systems in place to recognise and respond to allegations or incidents.

People received their medicines when they needed them. Medicines were stored and managed safely.

There were sufficient numbers of staff deployed to ensure the needs of people could be met. Staff recruitment was robust and followed policies and procedures that ensured only those considered suitable to work with people who were at risk were employed.

Is the service effective?

Good

The service was effective. Staff received training to ensure they had the skills and additional specialist knowledge to meet people's individual needs.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and how to act in people's best interests.

People's dietary needs were assessed and taken into account when providing them with meals. Meal times were managed effectively to make sure people had an enjoyable experience and received the support they needed.

Is the service caring?

Good

The service was caring. Staff knew people well and communicated with them in a kind and relaxed manner.

Good supportive relationships had been developed between the home and people's family members.

People were supported to maintain their dignity and privacy and to be as independent as possible.

Is the service responsive?

Requires Improvement

The service was not always responsive. People were not protected against the risk of social isolation because activities did not take place regularly.

People received care and support when they needed it. Staff were knowledgeable about people's support needs, interests and preferences.

Information about how to make a complaint was clearly displayed in the home in a suitable format and staff knew how to respond to any concerns that were raised.

Summary of findings

Is the service well-led?

Good

The service was well-led. People felt there was an open, welcoming and approachable culture within the home.

Staff felt valued and supported by the registered manager and the provider.

The provider regularly sought the views of people living at the home, their relatives and staff to improve the service.

The Birches Nursing Home

Detailed findings

Background to this 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.

The inspection took place on 7 April 2015 and was unannounced.

The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who use this type of care service. The expert by experience had knowledge and experience of residential and nursing services for older people.

Before our inspection we reviewed the previous inspection report and other information we held about the home. This included reviewing notifications the home had sent to us. A notification is information about important events that the provider is required to tell us about by law.

During our visit we spoke with the provider, registered manager, one nurse, four care staff, the cook, five people living at the home, six relatives and a visiting GP. Following our visit, we telephoned two health care professionals to discuss their experiences of the care provided to people.

The service does not specialise in dementia care. However, four people who had been living in the home for a long time had developed dementia and their nursing and care needs continued to be met by the staff.

We visited all the communal areas of the home and some bedrooms. We observed people's support whilst they were in communal areas and made observations at lunchtime.

We pathway tracked four care plans for people using the service. This is when we follow a person's route through the service and get their views on it. This allows us to capture information about a sample of people receiving care or treatment. We looked at staff duty rosters and four staff recruitment files. We also looked at feedback questionnaires from relatives, complaints records, maintenance records and a range of internal audits.

We observed interaction throughout the day between people and care staff. Some of the people were unable to tell us about their experiences due to their complex needs. We used a short observational framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who are unable to talk with us.

We last inspected the home on 15 November 2013 where no concerns were identified.

Good

Is the service safe?

Our findings

People said they felt safe. They told us that if they were concerned they would talk to a member of staff or the registered manager if it was more serious. One person said, “I am very safe and comfortable here”. Another person told us, “I feel very safe and secure here. All the staff are helpful”. Relatives told us they felt their family members were safe. One relative said, “I have no worries at all. Dad is looked after very well”. Another said, “This is a very caring home. Mum is extremely well cared for. "I feel she is safe because they encourage her to stand on her own. If her knees are bad they help her stand. It’s important Mum is encouraged to be as independent as possible because this enhances her quality of life”.

Staff received training in protecting people from the risk of abuse. Staff had a good knowledge of how to recognise and respond to allegations or incidents of abuse. They understood the process for reporting concerns and escalating them to external agencies if needed. We asked staff about whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff’s care practice. All staff said they would feel confident raising any concerns with the registered manager. They also said they would feel comfortable raising concerns with outside agencies such as CQC if they felt their concerns had been ignored.

Risks to individuals were recognised and assessed. Staff had access to information about how to manage the risks. For example, one care record showed the home had involved a Tissue Viability Nurse (TVN) to seek advice on the management of one person’s care who was at risk from pressure sores. The home had access to specialist equipment to try and minimise risk and this had been effective. The registered manager told us the service had a good relationship with the local community nursing team and if a person was considered to be at risk they were immediately referred to the team. We spoke with the local community nursing team and they confirmed this was the case.

Equipment used to support people with their mobility needs, including hoists, had been serviced to ensure it was safe to use and fit for purpose. Staff had received training in moving and handling, including using equipment to assist people to mobilise. One staff member told us it was important to know how to move people safely and they felt confident that they and their colleagues were fully competent with this.

Staff were able to discuss in depth how they would deal with challenging behaviour. We witnessed staff attending to a person who became agitated when they were being helped to move from their chair. Staff explained what they were going to do before they did it and the person agreed, but the resident took aversion suddenly to one member of staff helping. The situation was dealt with in calm, professional and respectful manner, the member of staff moved away and another staff member assisted instead.

Recruitment practice was robust. Application forms had been completed and recorded the applicant’s employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. We saw a Disclosure and Barring Service (DBS) check had been obtained before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with children and adults, to help employers make safer recruitment decisions. 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.

People told us their medicine was given to them on time. One person said, “They are very good at giving me my tablets. I find it hard to swallow them so they always make sure I have a glass of water when I take them”. At lunchtime we saw people being given their medicines. This was done safely and people were provided with their medicine in a polite manner by staff. There was a clear medication policy and procedure in place to guide staff on obtaining, recording, handling, using, safe-keeping, dispensing, safe administration and disposal of medicines. People’s medicine was stored securely in a medicine trolley that was located in the treatment room and secured to the wall. Only staff who had received the appropriate training for handling medicines were responsible for the safe administration and security of medicines. Medication administration records were appropriately completed and identified staff had signed to show that people had been given their medicines.

Good

Is the service safe?

The registered manager told us that reports of accidents and incidents were recorded and were reviewed to assess if there were any trends in order to identify and make improvements to the support people received. We saw this system was used and had resulted in referrals to the falls prevention team where needed. People felt there were enough staff working in the service to meet their needs. They told us that if they needed help then staff were 'quick to respond'. Relatives also said they felt there were enough staff to give their relation the care they needed. One relative told us there had been occasions when staff were 'extremely busy' but people never appeared to wait to long for help.

The service planned for emergency situations and maintained important equipment to ensure people would be safe. There were regular checks on the fire detection system to make sure they remained safe. Hot water outlets were regularly checked to ensure temperatures remained within safe limits. There was an emergency plan in place to appropriately support people if the home needed to be evacuated.

Good

Is the service effective?

Our findings

People told us they enjoyed eating the food at the home. Comments included, "The food is good" and "The food is nice". People were supported in maintaining a balanced and nutritious diet. A cook was employed who was responsible for ordering food supplies and planning the menus with the registered manager.

The cook based the menu around people's likes and dislikes. There was also a detailed list of whether people needed a soft diet or their food cut up into small pieces. Informaton was also available about people's specific dietary needs, for example, if they were diabetic. Most people took their meals in the dining room and this was encouraged to enable people to socialise. We observed part of breakfast and joined people at lunchtime. The majority of people required support with their meals at lunchtime. Staff sat next to people who required support to eat and assisted them eat at their own pace. Some people talked to each other and others preferred to eat quietly. We saw that lunchtime was a positive experience for people.

The home had procedures in place to monitor people's health needs. People's care plans gave clear written guidance about people's health needs and medical history. Each person's care plan focused on their health needs and the action that had been taken to assess and monitor them. This included details of people's skin care, eye care, dental care, foot care and specific medical needs. A record was made of all health care appointments including why the person needed the visit and the outcome and any recommendations.

New staff had received an in-house induction which was based on Skills for Care's "Common Induction Standards (CIS)".CIS were the standards people working in adult social care staff were required to meet before they were assessed as being safe to work unsupervised. The registered manager was aware of the recent introduction of The Care Certificate and told us this would form part of the induction of new staff in the future. New staff had also shadowed senior staff. This was to provide evidence that staff had the skills, knowledge and experience to care for people. There was an on-going programme of development to make sure that all staff were kept up to date with required training subjects. These included health and safety, fire awareness, moving and handling, emergency first aid, infection control, safeguarding, and food hygiene. Specialist training had been provided to most staff in communication, continence management, dementia awareness, diabetes awareness, and people with swallowing difficulties. Staff had the training and specialist skills and knowledge they needed to support people effectively.

Support for staff was achieved through individual supervision sessions and an annual appraisal. Staff said that supervisions and appraisals were valuable and useful in measuring their own development. Supervision sessions were planned in advance so that they were given priority. Staff told us that they received regular training. It was provided through training packages, external trainers and in-house, which included an assessment of staff's competency in each area.

Some people were living with dementia or had Acquired Brain Injury (ABI) which meant they required support to make important decisions. The Mental Capacity Act 2005 (MCA) contains five key principles that must be followed when assessing people's capacity to make decisions. Staff we spoke with were knowledgeable about the requirements of the MCA and told us they gained consent from people before they provided personal care. Staff were able to describe the principles of the MCA and tell us the times when a best interest decision may be appropriate. One member of staff said, "It's something we look at every day for some people who have fluctuating capacity. For example, X has days when they don't want to use their walking frame because they do not understand the risk in not using it. In this case we would talk with them and offer to use a wheelchair to ensure their safety in moving about the home".

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. Whilst no-one living at the service was currently subject to a DoLS, the registered manager and staff understood when an application should be made and how to submit one. The registered manager was aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

Good

Is the service caring?

Our findings

People made positive comments about the way the staff supported them. One person told us, “Staff help me a lot, always very gentle”. Another person said, “The staff here are all lovely, very patient and always make me smile”. The home had received a number of compliments from relatives about the caring nature of the home. These included, “All the staff are good at what they do. “The staff are always very friendly and nothing is too much bother for them”.

All the visitors we spoke with said they were very happy with the home, in particular the staff. People’s comments included; “It’s a nice place”, “Mum is very well looked after” and “The staff always greet us with a smile”. Some people were able to make everyday choices. One person told us, “I like to go and sit in the garden to watch the birds. I need help to get out there but the staff are always available to take me there when I want to go out”.

Care plans contained guidance that maintained people’s privacy and dignity whilst staff supported them with their personal care. This included explaining to people what they were doing before they carried out each personal care task. Staff communicated with people in a kind and attentive manner. Staff chatted easily with people and we heard a lot of joking and laughter. Staff also knew when to stand back so that people could talk to one another and make their own decisions and choices about how to plan their day. People’s ability to express their views and make decisions about their care varied. To make sure that all staff were aware of people’s views and opinions these, together with their past history, were recorded in people’s care plans. This enabled staff to understand people’s character, interests and abilities if they were not able to verbalise them and so help to support people to make decisions in line with their known preferences on a day to day basis.

Staff knocked on people’s doors before entering rooms and staff took the time to talk with people. People’s bedrooms were personalised and contained pictures, ornaments and the things each person wanted in their bedroom. People told us they could spend time in their room if they did not want to join other people in the communal areas. We observed staff seeking permission before undertaking any care and support with a person. We saw one staff member ask a person if they wanted assistance with their meal which the person accepted. Another person who had not eaten their pudding was offered an alternative. The person declined this initially however staff returned a few minutes later and repeated the question. At this point the person accepted an alternative pudding.

Records contained information about what was important to each person living at the home. People’s likes, dislikes and preferences had been recorded. There was a section on people’s life history which detailed previous employment, religious beliefs and important events. Staff explained information was used to support them to have a better understanding of the people they were supporting and to engage people in conversation. People’s preferences on how they wished to receive their daily care and support were recorded. One person explained that they liked to get up later in the morning and preferred to have a late breakfast. We saw that this was clearly documented in their care plan for staff to follow.

Staff were respectful to people at all times during our visits. Staff had received training in dignity and respect which helped to ensure people’s dignity and privacy was maintained. One staff member explained that if someone was receiving personal care in their room, the door would be closed. This ensured staff did not enter the room during this time. A staff member said they tried to treat people as they themselves would like to be treated.

Requires Improvement

Is the service responsive?

Our findings

People and relatives told us there was an activities programme but said it 'didn't often happen'. We did not see people engaged in meaningful and stimulating activities. The registered manager told us activities took place as often as possible but this was not always planned and was organised on a daily basis and around people's changing needs. Staff told us they organised activities as often as they could however this was not always possible because peoples care needs were prioritised. The home employed an activities co-ordinator two days a week but the registered manager recognised this was an area they needed to improve and was able to show us that arrangements were in place to address this by the introduction of a 'social support carer, who would arrange and promote meaningful activities every afternoon from Monday to Friday. The action plans we saw showed us this was due to commence two weeks after our inspection.

People we spoke with told us they could talk to staff or the registered manager at any time if they had any worries or concerns about their care. One person told us, "The manager is always available to talk to if I have something I want to say. The owners are also in the home most days and always come and see us. If I needed to talk to them about anything I could". A visiting GP said, "We visit the home routinely every week and visit at other times if needed. The home contact us in a timely way for advice and guidance and it works very well".

Staff explained some people were able to tell them if something was upsetting them, and they would try and resolve things for the person straight away. If they could not do so, they would report it to the registered manager. Staff said that other people could not verbalise their concerns and that changes in their mood and / or body language would identify to them that something was not right and needed to be investigated further.

People's needs were assessed before they moved into the home so that a decision could be made about how their individual needs could be met. These assessments formed the basis of each person's plan of care. Care plans contained detailed information and clear directions of all aspects of a person's health, social and personal care needs to enable staff to care for each person. They included guidance about people's daily routines, communication, well-being, continence, skin care, eating and drinking, health, medication and activities that they enjoyed. Care plans were relevant and up to date. Each care plan demonstrated a clear commitment to promoting, as far as possible, each person's independence. People's needs were evaluated, monitored and reviewed each month. Care plans showed that people were involved in reviews of their care and social needs together with relatives, family members and other health care professionals. Each care plan was centred on people's personal preferences, individual needs and choices. People weighed regularly and this was recorded monthly so that prompt action could be taken to address any significant weight loss, such as contacting the dietician or doctor for advice.

Staff were given clear guidance on how to care for each person as they wished and how to provide the appropriate level of support. For example, one person with a visual impairment liked to complete jig saw puzzles. Staff ensured he was given a board with a contrasting colour which made identification of jig saw pieces easier. Daily reports and monitoring sheets were completed so that any changes in need could be monitored. A staff handover also took place at each shift change so everyone was made aware of any change in care and support people needed.

The complaints procedure was displayed on the notice board in the home. A complaints procedure for visitors and relatives was displayed also. 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 complaints log showed that there had not been any complaints about the home during the last year. Feedback from people and relatives in the home's quality assurance survey confirmed they did not have any complaints about the home.

We recommend the provider researches best practice to ensure people are not at risk from social isolation and develops, based on best practice, activities which promote social contact and companionship.

Good

Is the service well-led?

Our findings

People felt the service was well organised and managed. One person commented, “It is good here. The manager runs a tight ship”. People felt they had opportunities to comment on the running of the service. One person said, “They always ask our views and opinions”. A visiting GP told us, “This home is managed very well. I have confidence in all the staff. The manager leads them very well”.

People we spoke with told us there was an “open atmosphere” in the home and the registered manager was approachable and available if they wanted to speak with them. One person said, “You can speak to the manager when you want. She is around every day”. Staff were confident they could speak to the registered manager or the provider if they felt they needed. One staff member said, “I feel confident in raising any issues.” Staff told us they had confidence to question the practice of other staff and would have no hesitation reporting poor practice to the registered manager. Staff said they felt confident concerns would be thoroughly investigated.

The provider used a resident/ relatives’ survey to gain the views of family members and people. In the most recent survey in September 2014 people and relatives had scored the care as ‘very satisfied’. Their written comments included, “Friendly home. Open door to the manager and RGN’s” and “Everyone working there is part of a family. An excellent showing of nursing care”.

Staff meetings were held on a regular basis and we saw from the meeting minutes that staff were kept informed of developments to the service. Staff also participated in an annual staff survey. The registered manager was active in the home throughout the day and engaged with people, staff and relatives in a warm and friendly manner. A relative said, “She is always running about the home doing things and talking to people. She leads by example”.

We observed the registered manager and staff talking with people throughout the day and walking around the home ensuring people’s needs were being met. Visitors were always greeted by a member of staff and if necessary taken to the person they were visiting, after signing the ‘visitor’s book’. This was used to monitor the whereabouts of people in the event of a fire.

People told us they were asked their opinions on a daily basis about their needs and how they liked certain things such as the meals. One staff member commented, “The manager is very approachable – for us and the residents”. Another staff member told us, “The manager is very good. She involves and includes us in everything. She listens and takes on board our views”. Staff also felt valued by the provider. One staff member said, “The provider visits the home most days. They always have time to talk to staff and residents. It’s good that they are so involved”.

Policies and procedures were reviewed on an annual basis to ensure they remained relevant and staff spoken to confirmed that they were aware of these policies and that they were accessible to them. The registered manager carried out some quality audits including health and safety checks and fire safety checks The provider visited the home frequently and spent time discussing the service with people and staff.