

HICA

# The Birches - Care Home

## Inspection report

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Date of inspection visit:  
19 January 2017  
20 January 2017

Date of publication:  
10 March 2017

### Ratings

**Overall rating for this service****Requires Improvement** ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service caring?

**Good** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Inadequate** ●

# Summary of findings

## Overall summary

The Birches is owned by Humberside Independent Care Association, a not for profit organisation. The service provides care and accommodation for up to 31 adults with a learning disability. Accommodation is provided for people in four bungalows and two self-contained flats. All rooms are single occupancy and there is access to dining and seating areas with domestic style kitchens available.

This inspection of The Birches took place on the 19 and 20 January 2016 and was unannounced. There were 28 people living at the service at the time of this inspection.

When we last inspected the service on 22 April 2016 we found the provider was not meeting the required standards and that they were in breach of regulation 15, premises and equipment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements were needed to ensure the environment was well-maintained. The registered provider sent us an action plan to tell us the improvements they were going to make. At this inspection we found that the registered provider had not addressed all the concerns we had at our last inspection. We found that sufficient actions had not been taken in relation to maintaining the environment and the service continued to be in breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found four new breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to staffing, management of medicines, infection control, maintenance of the environment and the systems for assessing the quality of the service provided. You can see what action we told the provider to take at the back of the full version of the report

The service had a registered manager. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we found that people's medicines were not always managed safely.

We found at times there were not enough staff to meet the needs of people who used the service during the night. Four care staff were indicated on the rota, however we saw over a three month period prior to this inspection on 13 occasions only three staff had been deployed. The registered provider addressed this during the inspection and gave us assurances that a minimum of four staff would be on duty during the night. We found that some people who used the service had reduced opportunity to access the community due to staffing levels during the day. The registered provider has agreed to re-assess people's support needs and staffing levels to look at this and make improvements.

We found a number of infection control and maintenance issues that required attention at the service. These included toilet flooring lifting in areas, worn toilet seats, a dirty expel air and significant dirt and dust

under radiators.

The registered provider's quality assurance systems were not effective. They failed to highlight the areas of the service that required improvement and were not used to ensure action was taken to rectify known issues in suitable timescales. There were a number of systems in place in the service but these were not sufficiently robust to identify the shortfalls we found during the inspection. The registered manager and other representatives of the organisation had completed audits to monitor the quality of service and we saw these had highlighted some of the issues identified during our inspection. We saw these had not been addressed in a timely manner. Therefore they were ineffective at driving improvements.

CQC is required to monitor the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection we found where people were receiving covert administration of medicines, there was not always evidence that appropriate decision making processes were in place. Covert administration of medicines may take place when a person regularly refuses their medicine, but they are assessed as lacking the capacity to understand why they need to take the medicine. Covert administration can include the crushing of medicines and adding them to food or drink.

We found that three people had an authorised DoLS in place and two further applications had been made to the local authority; these were pending an outcome. We found that two other people had been assessed as requiring an application for a DoLS; however, these had not been applied for with the authorising body at the time of this inspection. Members of staff we spoke with had a basic awareness of how to gain consent and what restrictions were in place for the people they supported. However, they were less clear in describing the principles of the act and their role with regard to this.

Staff had been recruited safely and appropriate checks were completed prior to them starting work at The Birches. Staff had good knowledge and an understanding of the needs of the people who used the service. Staff received regular supervision and an on-going training programme was provided to assist staff to increase their knowledge and skills.

People living at The Birches said they felt safe and that staff were kind and caring. There were risk assessments in place to help reduce any risks related to people's care and support needs. Staff had received training in how to recognise and report abuse and were confident any allegations would be taken seriously and investigated to help ensure people were protected.

We observed that staff spoke in a positive way to people and treated them with respect. Staff and people who used the service interacted in a positive way and observations showed good relationships existed between them.

We saw people had personalised care plans in place which included their likes and dislikes. People had regular access to the health and social care professionals involved in their care. People's preferences were acknowledged and staff understood people's likes and dislikes.

We received consistent feedback that there were reduced opportunities for people to partake in activities in the community.

People were given choices at mealtimes and they told us they enjoyed the meals. The atmosphere over the lunchtime period in one of the bungalows was calm and relaxed with conversation taking place. Staff

supported people to receive appropriate hydration and nutrition.

People told us they knew how to make a complaint. Information was on display at the service.

The registered manager understood their responsibilities to report accidents, incidents and other notifiable incidents to the CQC as required, and were doing so.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not safe.

Although staff were recruited safely, we saw there had been 13 occasions when there was insufficient care staff on duty during the night to meet people's needs.

People were at risk of cross infection due to the poor cleanliness and maintenance of the environment.

People's medicines were not always managed safely.

Staff knew how to recognise and report abuse and had received training about how to safeguard people from harm.

### Is the service effective?

**Requires Improvement** 

The service was not effective.

Maintenance and repairs that had been identified by the registered manager and other external professionals were not always completed by the registered provider in a timely way.

People's mental capacity was assessed. However, appropriate representatives were not always involved in decisions made in people's best interests and some staff members were not clear of their role in relation to MCA and DoLS.

People received care and support from staff who had the skills to support them with their care needs and staff had undertaken various training that supported them to perform their duties.

People were supported to enjoy a healthy, varied and balanced diet.

People were supported to access a range of health care professionals to help ensure that their general health was maintained.

### Is the service caring?

**Good** 

The service was caring.

People were treated with warmth, kindness and respect.

Staff demonstrated a good understanding of people's needs and wishes and responded accordingly.

Where possible, people were involved in the planning of their care.

### Is the service responsive?

The service was not always responsive.

People's care was planned and kept under regular review to help ensure their needs were met.

Staff demonstrated knowledge and understanding about the people they supported.

Some activities were offered which people were encouraged to participate in. However, people were not always provided with the opportunity to undertake activities in the community that they liked, because of staffing levels.

A complaints policy was in place to enable people to raise any issues or concerns they had.

**Requires Improvement** 

### Is the service well-led?

The service was not well led.

The service had failed to implement within the stated time frame, all the action points it set out in an action plan submitted to CQC following a previous inspection.

Quality assurance processes were not effective because audits undertaken that highlighted shortfalls with the environment, staffing levels and medicines failed to ensure actions being taken to improve the quality of service people received. As a result, people received an inconsistent quality of service.

There were systems in place to enable people who used the service, staff and other stakeholders to express their views.

Staff said they felt supported and could approach the registered manager to discuss any concerns or issues.

**Inadequate** 

# The Birches - Care 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 was planned to check whether the registered 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.

This inspection took place on 19 and 20 January 2017 and was unannounced. The inspection team consisted of one adult social care inspector and an inspection manager on the first day and one adult social care inspector on the second day.

The registered provider had completed a Provider Information Return (PIR) prior to the inspection. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We checked our systems for any notifications that had been sent in as these would tell us how the registered provider managed incidents and accidents that affected the welfare of people who used the service.

Prior to the inspection we spoke with a health professional and local authority safeguarding and contracts and commissioning teams about their views of the service.

During the inspection we looked around all areas of the service. We observed how staff interacted with people who used the service throughout the days and during a lunchtime meal. We spoke with ten people who used the service (three of those at length), the registered manager and a regional manager for the organisation, three day care workers, one team leader, one senior care worker, one administration staff, a chef and a visiting health professional.

We looked at four care files which belonged to people who used the service. We also looked at other important documentation relating to people who used the service such as four medication administration records (MARs), visits from health and social care professionals, activities and accidents and incidents. We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf.

We also looked at a selection of documentation relating to the management and running of the service. These included staff rotas, three staff recruitment files, training records, minutes of meetings with staff and people who used the service, quality assurance audits, cleaning schedules, complaints management and maintenance of equipment records.



# Is the service safe?

## Our findings

We looked at how staff were recruited and whether staffing levels were sufficient to ensure people were provided with safe and appropriate care. We noted the recruitment processes in the service were robust enough to ensure people who used the service were protected from the risk of unsuitable staff. Staff files we looked at provided evidence that the required pre-employment checks had taken place before staff were allowed to work without supervision.

There were eight people residing in two of the bungalows (Birchwood and Birchdale), seven people in a third bungalow (Birchwalk), four people in the fourth bungalow (Birchrise) and one person was living in one of the self-contained flats above the main core of the building, which was included in the occupancy of one of the bungalows (Birchdale) but located in a different area of the service.

We saw from the staff rota that there was one core member of staff allocated to each of the four bungalows over two shifts between 7am and 10pm, and a team leader who supported the care staff. In addition to this some people who used the service in three of the four bungalows were allocated additional funding for staff to provide one to one support throughout periods of the day; people's one to one support was included on the staff rota which made it difficult to identify the specific hours, where the extra staff were deployed and who they were supporting on a one to one basis in accordance with their assessed needs that had been identified by the commissioners of services.

The registered manager told us Birchwood did not have any additional staff support and in Birchwalk there were two hours per day of additional staffing allocated for one person. Birchrise had additional funded staff dedicated to two of the four people during daytime hours and Birchdale had additional funded hours of 40 per week which included specific hours for people living in the flats.

During the day we saw that on occasions staff were moving around bungalows to provide support when other staff were taking people using the service out, which made it difficult to determine how many staff should have been available and where. The majority of staff we spoke with raised concerns about staffing. Comments included "We have done it [worked] with one staff on Birchrise before when someone has rang in sick. Everything is so rushed on a weekend and you don't get any decent interaction with people and you rely on the service users to help" "We have minimal staff on a weekend" and "Staff don't want to pick up hours as we don't know what we're doing from one week to the next as the rotas aren't available"

One person using the service told us, "They [staff] will say there are not enough of them on and they're on their own at the minute. My keyworker is on her own today and I can't go out as there is only one staff on." Feedback from people failed to show that the correct numbers of staff were available to provide people with the support they required.

When we looked at the staff rota we saw four members of staff were on duty during the night. We found that over three months prior to this inspection on 13 occasions there had only been three staff on duty during the night. The registered manager told us this was due to staff going home ill during the night and other staff

leaving employment and not providing notice. The also told us seven of the people who used the service required staff to support them with moving and handling needs; this meant other people who used the service were alone and potentially at risk while staff were occupied elsewhere in the building. Whilst we could not demonstrate that people had come to harm from this, the potential for risk to people's safety was present.

This was a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities 2014) Regulations.

We asked the registered manager how people living in the self-contained flats were supported during the night. They told us that staff would intermittently check this area of the service to ensure the people were safe and also that there was an alarm system in place to call for staff assistance if they required it. .

We discussed our concerns with the registered and regional manager who gave us assurances that the staff levels during a night would be maintained at four and that a full needs analysis would be completed based on each person's dependency levels, the layout of the building and observations in each bungalow to determine if there were any key times that staffing levels needed to be improved. Monitoring records were also implemented to ensure hourly checks were made during the night with people who lived in the flat.

People we spoke with who were able to tell us about their experiences had no concerns about their safety in The Birches. One person told us, "I like it here and I am safe" and another said "I feel safe because I have friends here looking after me." A health professional told us, "The service seeks support from social care for any risks/concerns. Safeguarding alerts are submitted when required."

We inspected the medicine systems in operation in the service. We looked at how medicines were ordered, stored, administered, recorded and disposed of. There was a monitored dosage system (MDS) in place, the pharmacy pre packed people's medicine to assist staff to dispense medicines safely. People's medicines were stored in individual cabinets secured to a wall in their bedrooms. Extra stock of medicines was stored in appropriate cabinets in a secure room in the core part of the building. The medicine refrigerator and the room temperature of where the stock was kept was checked and recorded to ensure that medicines were being stored at the recommended temperatures. We noted however this did not apply to medicines kept in people's rooms.

Some medicines are controlled under the Misuse of Drugs legislation. These medicines are called controlled medicines. We found controlled medicines in use at the service and appropriate storage facilities and recording was in place.

We checked the balance of four people's medicines. One person's medicine had been signed as administered on their medication administration record (MARs) however the tablet remained in the MDS. There was no indication as to why the person had not been given their medicine. In another person's records we saw one of their 'when required' medicines had been administered and signed for appropriately but deducted on the wrong stock sheet.

We found the processes for managing topical medicines such as creams and lotions were not always effective. Some of the medicines, such as creams and liquid medicines were not clearly labelled with the date of opening and expiry. This could mean people were at risk because the medicines properties were altered after a long period of time in use. Topical medicine records (TMR) had been put in place to show staff where and when to apply the creams/lotions but we found they were not consistently signing the charts and therefore we could not be assured they were being used as prescribed. We also found inconsistent

instructions between TMR and MARs. For example, one person's TMR said 'Apply to both feet twice per day after personal care', when we looked at the MAR this stated 'apply daily'.

We found one person had 'paracetamol' liquid in their cabinet which was not on their MARs; the same person also had a TMR for 'cavalon' cream that had been signed as applied to the person's body. However, this was not printed on their MARs as prescribed by the person's GP. Both of these items were removed from the person's cabinet by a member of staff during the inspection. We received confirmation following our inspection that a full audit of topical medicines prescribed for people was taking place. This meant that people were not always receiving their medicines as prescribed.

This was a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When we undertook a tour of the building with the registered manager we found the cleanliness to be below an acceptable standard. We found the underneath of several radiators in people's bedrooms were very dusty as were some handrails in people's en-suites; some of which were also rusting. We found an expel air on the ceiling in a utility area was thick with dust and dirt, and in the same room three mops were stored head down. One toilet and sink was stained and two toilet seats needed replacing. Flooring in people's en-suites was lifting away from the edge of the wall which meant that any water spillages would be able to leak under the floor and therefore the floor could not be cleaned effectively. We saw two people's bed bumpers were perishing and ripped and the head of one person's bed was worn and the veneer was falling off.

In one bathroom we saw the enamel was coming off the bath and the vanity unit which had the sink in it, was split. The floor base to the bath lift was significantly rusting and there was an old bath chair on the floor beside the bath. In a shower room we found two people's personal slings were hanging up behind the door. A member of staff told us they had been washed and were drying in there. These were removed and placed in the people's own rooms during the inspection. In the cleaning store cupboard we found a hand wash sink was available for staff to wash their hands however, there was no hand wash liquid in there. This was addressed during the inspection.

Exposing staff and people who used the service to preventable risk of cross infection is a breach of regulation 12 (2) (h) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that the service had systems in place to manage safeguarding incidents and that staff were trained in safeguarding people from abuse. One person raised a concern with us during the inspection. This feedback was given to the registered and regional manager and we saw a safeguarding concern was submitted immediately to the local authority.

Staff demonstrated knowledge of what constituted abuse, what the signs and symptoms of abuse might be and how to refer suspected or actual incidents. One member of staff told us, "Abuse can be physical, neglect, psychological or emotional. I would try and stop it and contact our head office or CQC and the local safeguarding team." We saw staff were trained in safeguarding adults and records were held in respect of handling incidents and the referrals that had been made to the local authority safeguarding team. These corresponded with what we had been informed about by the service through formal notifications to us. All of this ensured that people who used the service were protected from the risk of harm and abuse.

People's risks were well managed through individual risk assessments that identified the potential risks and provided information for staff to help them avoid or reduce the risks. Risk assessments contained plans for supporting people when they became distressed or anxious. These plans described the circumstances or

presentation of the person that may trigger these behaviours and ways to avoid or reduce these such as, sensory stimulation, a consistent approach and not leaving the person alone. If people became agitated staff used distraction or calming techniques and avoided the use of physical restraint. Discussions with the registered manager and staff confirmed that restraint was not used within the service. Records seen confirmed this and showed that low level interventions and distraction techniques were effective in diffusing incidents of behaviours that were challenging to the service and others.

We saw that the service had maintenance safety certificates in place for utilities and equipment used in the service that were all up to date. These included, for example, fire systems, electrical installations, gas appliances and hot water outlets. A business continuity plan was available for use in emergencies, such as flooding or outbreaks of infection. These safety measures and checks meant that people were kept safe from the risks of harm or injury.

We found that accidents and incidents were monitored by the registered manager, to ensure any triggers or trends were identified. Details of actions taken to keep people safe and prevent further reoccurrences were recorded whenever an accident or incident occurred.

## Is the service effective?

### Our findings

At the inspection in April 2016 this domain was rated as requires improvement. We found during that inspection there was a breach of Regulation 15 (1) (e), premises and equipment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements were needed to ensure the environment was well-maintained. The registered provider sent us an action plan and stated they would be compliant with this plan and therefore meet the requirements in the Health and Social Care Act 2008 and associated Regulations by July 2017. At this inspection on 19 and 20 January 2017 we reviewed the content of the action plan submitted to CQC. All points of the action plan were due to be completed by 31 July 2016.

We found two actions in the plan had not been completed by the timeframes committed to. For example, an area of damaged carpet was to be cut away and replaced; we saw this had been cut away but the piece of carpet had not been replaced. We also saw in Birchwalk and Birchwood the corridors had not been repainted as per the action plan. We saw in Birchrise the painting of the corridors had begun but was not completed. This meant the registered provider had not ensured it was compliant with parts of the action plan, to a timescale they suggested.

In addition to this, we found further maintenance concerns with the environment that had not been addressed during this inspection. For example, an area of ceiling was stained, a drawer front and a wardrobe door was missing from people's furniture. We saw a bath side was in a poor state and hanging off and some handrails in toilets were rusting. On the second day of the inspection 9 handrails were replaced in people's en-suites. We received an update after this inspection to tell us a replacement piece of carpet had been sourced and would be fitted week commencing 23 January 2017, the painting in Birchrise was undergoing completion and the remaining painting would be addressed by the end of February 2017.

All premises and equipment used by the service provider must be properly maintained. This was a breach of Regulation 15(1) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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. The application procedures for this in care homes and hospitals are 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 were being met. We found that one person was receiving their medicines covertly. We saw evidence that a referral had been made appropriately to the

authorising body in relation to the person's capacity to consent to care and treatment; and this had been granted. We reviewed the capacity assessment and best interest meeting in relation to the decision for medicines to be administered covertly; we saw this had involved a community nurse and the service. There had been no consultation with the person's GP who was the prescriber of the medicines. We discussed this with the registered manager who agreed to address this.

We saw records from a visit in May 2016 by the local authority that stated five people who used the service had been identified by the service as requiring referrals for DoLS. When we checked the records held at the service we found three people had authorised DoLS and a further two had been applied for and were awaiting an outcome from the authorising body. The registered manager told us that two further people had been identified as requiring a referral for a DoLS but these had not been completed. Following this inspection we received confirmation from the registered manager that the applications had been submitted to the authorising body.

Staff had received MCA/DoLS training in 2016/2017. When we asked staff about assessing people's capacity they were unclear in their responses. Staff we spoke with were also unsure of how many people using the service currently had a DoLS in place. The most recent staff surveys in December 2016 contained comments made about staff not fully understanding the requirements of the MCA. This showed us that staff required further support to improve and embed their understanding of MCA/DoLS. We discussed this with the registered manager who confirmed that face to face training had been requested for staff.

People had been consulted about the way their care was planned. People who had been assessed as having capacity to make decisions had signed agreement or given verbal consent to their care plans. We saw records of this. Where people had been assessed as lacking capacity, their care plan had been discussed with their next of kin, or other representative. These representatives had signed to show they understood and agreed with the plans. One person using the service told us, "Yes I have signed something and they [staff] asked about me and what I like. I told them I like bowling and going to the pictures" and another person told us "I have signed my plan and I have a review coming up."

We looked at staff training records. Records showed that staff completed an induction and had access to a range of essential training and also training specific to some of the needs of people who used the service. This included safeguarding, fire, first aid, infection control, challenging behaviour, dementia and epilepsy awareness and VNS. A Vagus Nerve Stimulator (VNS) is a device used to treat seizures when seizure drugs are not effective and surgery is not possible.

We noted that only 18 of the 49 staff identified on the training record had completed any training in learning disabilities. One member of staff told us, "We have all done epilepsy and VNS, but we've done nothing on learning disabilities. I have a workbook I am completing at the moment on dementia." Another member of staff told us, "I have requested learning disability training and [Name of registered manager] is looking into this now." The regional manager told us during feedback that the organisation is currently creating a pathway strategy for learning disability and is looking at what needs to be delivered and how to deliver this within services.

We saw from records that staff received supervision; this afforded them the time to discuss any work related issues or practice issues. One member of staff told us, "I have supervision every four to six weeks. You tell them [managers] what your concerns are and you can talk about your progress."

Staff told us they had systems for making sure relevant information was passed on the next shift, this included information about changes in people's needs and the people's general wellbeing. One member of

staff said, "Twice a day we have a handover and every unit has a communication book. We have a staff room which we use for handovers."

People told us they were able to access healthcare professionals when needed. They also told us they enjoyed the meals provided by the service. Comments included, "I've got someone that comes here to see my teeth," "Oh yes the staff will help me if I need to see my doctor," "The food is nice. We have fish and chips on a Friday" and "The food is nice, we've got a menu in the unit and you can have a drink when you want one."

People's care records confirmed they had been supported to maintain good health and access to healthcare services when required. The care plans we looked at contained a record of health professional visits, which recorded any involvement that had been required from healthcare professionals. We saw that people were regularly seen by their clinicians and when concerns were raised staff made contact with relevant healthcare professionals. A health professional told us, "I have asked if they [staff] can make sure things are done for people and from my perspective they do what they need to. I am always received really well" and another said "During assessments ideas can be discussed and the manager and staff seek support or advice when required. Updates through emails are provided to social care when required."

We saw that the service used equipment for assisting people to move around the premises and that this was used effectively. People were assessed for its use and there were risk assessments in place to ensure no one used it incorrectly. Bed rail safety equipment was in place on people's beds and these had also been risk assessed for safe use. Where it was considered appropriate we saw people used adaptive cutlery and crockery aids so that they could maintain their independence. All equipment in place was there to aid people in their daily lives to ensure independence and effective living.

People who used the service were provided with a varied diet. We saw people's food preferences were recorded in their care plans along with their likes and dislikes and any support they required. A screening tool was used and updated regularly to identify people at risk of malnutrition. Records showed that staff documented people's food and fluid intake (where required) and we also saw that people were regularly weighed. These records enabled staff to monitor and identify any issues or concerns.

Information was available to staff about people's dietary needs, preferences for food and drinks and any food allergies. Staff we spoke with were aware of people's special dietary needs. The chef told us, "I go over to the bungalows with people's lunches and dinner and I know the residents really well. We currently provide specialised diets for [Name and Name] and these are on Stage 3 which is fork mashable consistency. [Name] has a fish allergy and [Name] is diabetic."

The food we saw during the visit looked appetising and well presented. The majority of the people sat in the dining room to eat their meal and others remained in their chairs in the lounge area. This was observed to be a social occasion with lots of chatting between themselves and the staff. The dining room was pleasantly set out. People were offered drinks with their meals. Staff discreetly assisted those people who needed help to eat their meal in a kind and sensitive manner.



# Is the service caring?

## Our findings

People we spoke with told us they got on very well with staff. One person said, "They [staff] help me with my breakfast and get me a drink. My keyworker looks after me, she took me to see the new Star Wars film" and "The staff talk to me and listen to me as well. It's nice living here and all the staff are my friends and are kind to me. If I get upset I tell the staff and they listen to me." A health professional told us, "The service users I have supported have flourished in the environment at The Birches."

We saw comments from a recent survey by friends and family of people who used the service included, "Thank you for the care of [Name], she seems happy," "Communication is excellent" and "[Name] is happy and well cared for."

We saw that staff had a pleasant manner when they approached people. Staff chatted with the people who used the service, even though not everyone was able to engage in verbal discussion. We saw people respond to staff and acknowledged them through smiles, eye contact and other gestures. People were seen to approach staff with confidence; they indicated when they wanted their company, for example when they wanted a drink and when they wanted to be on their own and staff were seen to respect these choices. People were seen to be given time to respond to the information they had been given or the request made of them, in a caring and patient manner. Throughout the two days of our inspection there was a calm atmosphere within the service.

We saw people who used the service looked well cared for, were clean shaven and wore clothing that was in keeping with their own preferences and age group. One person using the service told us, "I choose my own clothes and sometimes I wear them for two days, but that's okay isn't it?" and another person told us "I get up and dressed myself."

During our inspection we saw staff asked people if they were alright or if they needed anything and they listened to what people said and acted upon it. Staff addressed people by their preferred name and they knocked on people's bedroom doors before entering. A member of ancillary staff told us, "I have worked at several homes and this is by far the best. They [care staff] always treat people with dignity and the staff know exactly what they're doing." We saw care was provided in people's own bedrooms or in bathrooms with the doors closed which helped to protect people's privacy and dignity. One person using the service told us, "They give me a knock and I say 'come in'."

Staff were able to speak about the needs of people using the service and had a good understanding of their current needs, what they needed support with and encouragement to do and what they were able to do for themselves. One member of staff told us, "Intensive interaction has helped [Name] so much and we can now do a lot more with him. He has come on so much. We have completed training on intensive interaction and [Name] now has reduced anxiety and seizures, is more alert and has put weight on."

We saw some information was provided on notice boards around the service. This included information on advocacy services, complaints, dignity, fire marshals and first aiders. Advocacy is a means of accessing



independent support to assist with decision making. Care records showed that people were supported to access and use advocacy services to support them to make decisions about their life choices.

Staff understood the importance of keeping people's information safe and not allowing unauthorised access to it. One member of staff told us, "I have done data protection training and records are locked away and we don't discuss people." Care plans were kept locked away and other confidential information only accessed when necessary, for example staff recruitment and supervision records.

## Is the service responsive?

### Our findings

People who used the service told us there were things to do to keep them occupied and they felt able to raise complaints or concerns in the belief they would be addressed. Comments included, "I go to [Name of social club] and I draw and colour," "They [staff] do colouring and sometimes I go out when it's my birthday," "I would tell [Name of registered manager] if I wanted to complain" and "If I was unhappy I would see [Name], she is the manager."

Health professionals told us, "I see four people here and this is my third visit. The manager always responds to me. There are always people about when I visit and if someone is busy they [staff] will direct me to someone who can support me" and "Staff have supported the service users in promoting effective communication, implementing aids where needed and tailoring support that is individualised for the person."

People had their needs assessed before they moved into the service. Information was gathered from a variety of sources. For example, any information the person could provide, their families and friends, and any health care professional involved in their life. This helped to ensure the assessments were detailed and covered all elements of the person's life. It also ensured the service was able to meet the needs of people they were planning to admit to The Birches. The assessment was then used to develop a number of personalised care plans which provided staff with the information to deliver appropriate care such as, personal care, eating and drinking, communication, medical, moving and handling, finances and behaviour management. Each care plan had a corresponding risk assessment (where required) to ensure people were supported consistently and effectively according to their needs and preferences.

People received care which was personalised and responsive to their needs. People were allocated a member of staff, known as a keyworker, who worked with them to help ensure their preferences and wishes were identified and their involvement in the support planning process was continuous. They also liaised with family members and other professionals when required.

The care plans we reviewed contained person-centred information and included individual information about a person's previous lifestyle, what was important to the person, how this would happen, who will help and how often, likes, dislikes and preferences. For example, one person's care plan for sensory specified they liked staff to massage their head and use touch as interaction, the plan also recorded the person like sensory toys that were noisy. People's care records were reviewed and updated monthly and as people's needs changed to make sure people received the care and support they required.

The care plans included a detailed account of all aspects of people's care, including personal and medical history, any care and treatment and the involvement of family members. People were assisted by staff to maintain relationships with family and friends. One person told us, "I went home to see my mum in December" and another said "I have two sisters and a brother in law. My sister comes to see me here."

We received mixed responses when we asked people who used the service about activities. People told us

there were some activities held in-house with staff, whenever they had spare time to facilitate them and people also went out into the community on planned activities. Comments included, "I have been to the coffee morning at the church today and on a Sunday I go to church. Sometimes in an afternoon I go to the deli and I have a cup of tea," "I used to go to Scunthorpe College and learnt about nature and football. I like doing jigsaws and we do some activities and watch DVDs," "Sometimes if I want to go to [Name of shop] to get a magazine I can't because there isn't enough staff on" and "I need somebody to take me out and if they are short of staff I can't go out anywhere. I don't get to go out often and I would like to." Staff told us, "People seem to be stuck in and they want to go out into the community but can't "and "If there isn't enough staff on the floor it has a social impact on people."

Staff told us that it was important to provide people choice in all things. People had a choice of main menu each day and if they changed their mind the chef usually catered for them. Where possible, people chose where they sat, who with, when they got up or went to bed, what they wore each day and whether or not they went out or joined in activities. People's needs and choices were therefore respected.

We saw that the service's complaints procedure was displayed and included in the service user guide. We noted this was not available in any other formats. We checked the complaints log and saw that any complaints were recorded and action taken appropriately. Staff told us that they would deal with minor complaints and concerns themselves if they could. They said they would inform the registered manager of any more serious concerns. Staff were confident that people's complaints would be listened to and dealt with. One member of staff told us, "I would always sit and listen to the person and make some notes. I would then speak to the managers."

People told us they had no complaints about the service but said they felt able to raise any concerns without worry. When we asked people who they would raise any complaints with, they told us they could speak to the staff or management. One person told us, "I always come over and see [Name of registered manager], she does listen to me" and another person said "I would see [Name of registered manager] and tell her."

## Is the service well-led?

### Our findings

There was a system in place to monitor the quality of the service, and this had identified some, but not all, of the key issues that we identified during our inspection. We saw that action had not been taken to address the issues such as the maintenance and cleanliness of the environment, staffing levels, and medicines.

We saw an environment audit had been completed by a regional manager of the organisation in June 2016 and a visit by a board member in September 2016 had both identified issues with the environment that required action. We could see no dates for completion of these issues. We saw a focused audit had been completed in September 2016 which looked at the completion of works in line with the service action plan that had been submitted to CQC in relation to the breach of regulation 15 from the last inspection. The report made reference to areas of the service that still required improvement, to the paintwork and a piece of carpet required replacing on a stairwell. In response to these audits we saw a health and safety meeting had been held in November 2016 which discussed the issues identified and the actions required. Despite all of this, at the time of our inspection we saw some issues with the environment were outstanding and had not been addressed.

We saw monthly checks were completed of the cleaning schedules in place at the service. We checked these records for October, November and December 2016 and saw none of the issues we identified during this inspection were highlighted. We saw the weekly cleaning schedules for three of the bungalows which included laundry, en-suites and bathrooms. However, these did not include a detailed deeper clean of the environment and it was evident during our tour of the building that this was needed.

We saw two audits of the environment/infection control had been completed recently. Both of these had identified areas in need of improvement such as 'no cleaning programme in place for curtains,' 'many stained carpets' and 'corners dusty.' An action plan was in the process of being written up in response to these concerns however, although the action plan contained a date for completion of February 2017, we saw not all of the areas identified in the audits were on the action plan. The registered manager told us the author of the action plan was currently being coached in the development of action plans and the one we saw was not the final document. Although infection control audits had been completed these had not resulted in prevention of the risk of cross infection due to poor cleanliness.

We found inconsistencies in the recording and monitoring of people's medicines. Separate stock sheets of people's medicines were kept in each bungalow and the medicine room in the main building which made it difficult to determine an accurate balance of medicines kept at the service. We were unable to see any regular auditing of people's medicines that highlighted any of the shortfalls identified during this inspection.

As part of quality monitoring systems we saw surveys had been distributed to people who used the service, their relatives and staff so they were able to make their views known to the registered manager. We saw comments from these surveys included, 'Service users' needs have increased and staffing levels have not,' 'We think you need more activities, day centre etc.,' 'Not enough staff' and 'Care staff do not have time to undertake and support residents in activities they enjoy if it involves being out in the community.' The

surveys we saw had been completed in October and November 2016. We were unable to see any action plan indicating who was responsible for addressing the comments received, with timescales, made in the surveys from people who used the service, staff and relatives; this made it difficult to audit if these had been addressed and if people had been notified of the results. This meant that issues within the service had not being recognised and addressed by the registered provider.

During the inspection we identified a number of breaches of regulations. We noted that some of these issues had not been identified by the registered manager or provider. This demonstrated that the service was not governed effectively and the quality monitoring system in place was ineffective.

Not ensuring the service had consistent oversight to monitor the quality of service provided to people was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meetings had not been held on a regular basis with staff. One member of staff told us, "They [the service] do have some general staff meetings, the kitchen staff have their own meeting and we discuss any issues that are relevant at that time. The last one was probably a month back" and another told us, "Meetings are held in the bungalow by the team leader or senior. They are not that regular." The registered manager confirmed that staff meetings were irregular and showed us a plan for team briefings to be held every two months, throughout 2017. We saw the agenda for these meetings included, daily handovers, care plans, service users and any feedback from managers meetings.

We saw 'B Heard 'groups were held with people who used the service and representatives from an advocacy service, the minutes of these meetings were available in picture format. We looked at the minutes from meetings in July and December 2016 and saw people had talked about the activities they had been on and what they were planning on doing next. A residents meeting had been held in January 2017 where we saw six people had attended and discussed how they had enjoyed Christmas and what other celebrations were coming up such as, Easter and Valentine's Day.

Staff spoke positively about the registered manager, they felt supported in their role and that they worked as a team in order to meet people's needs. Comments included, "I really like working here [The Birches], I like the residents and the job. I am always supported," "[Name of registered manager] always asks me how I am doing" and "In general the management is good, our needs as staff are met on the whole. [Name of registered manager] has been like a rock to me over the last year. If she can accommodate you she will."

People we spoke with felt the service had a pleasant atmosphere. One person said, "I think it's a lovely home and I wouldn't want to change anything" and another said "Its brilliant." A member of staff we spoke with said the culture of the service was, "Good," they went on to say "We have a good team and I never dread coming to work, although I would like to see the residents get out more."

We asked the registered manager about how they kept up to date with best practice guidance. They told us they had managed the service for the past 14 years. They went on to say they received information on any changes around legislation and policy from the organisation, attended regular regional meetings and received good support from their regional manager.

The registered manager was aware of their responsibility to notify the CQC of incidents which affected the safety and wellbeing of people who used the service and in completing the Provider Information Return (PIR) when required. We received notifications and the PIR in a timely way.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  People who used the service received care and support in an environment that was not cleaned effectively and posed a cross contamination risk. Regulation 12 (2) (h)  The registered provider had not ensured that service users were protected by the proper and safe management of medicines. Regulation 12 (2) (g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  The registered provider was not maintaining the environment and equipment in the service. Regulation 15 (1) (e)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  People who used the service were not supported by suitable numbers of staff. Regulation 18 (1)

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The governance systems used in the service failed to highlights some areas of concern found during the inspection. Known areas of concerns were not acted upon in a timely way.</p>

### **The enforcement action we took:**

Warning notice