

# The Mortimer Society Birling House

## Inspection report

89 High Street  
Snodland  
Kent  
ME6 5AN

Tel: 01634244689  
Website: [www.easisites.co.uk/themortimersociety](http://www.easisites.co.uk/themortimersociety)

Date of inspection visit:  
11 July 2017

Date of publication:  
08 August 2017

### 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

The inspection was carried out on 11 July 2017, and was an unannounced inspection.

Birling House provides accommodation and personal care for people with physical disabilities, learning disabilities, neurological diseases, such as Huntington's Disease, Parkinson's Disease and Multiple Sclerosis. Huntington's disease is a hereditary disease marked by the degeneration of brain cells causing progressive dementia. The accommodation is arranged over two floors. A passenger lift is available to take people between floors. There were 30 people living in the service when we inspected.

There was a registered manager employed at the service. 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 2008 and associated Regulations about how the service is run.

At the last Care Quality Commission (CQC) inspection in 03 June 2015, the service was rated Good in all domains.

At this inspection we found the service remained Good.

The service continued to provide a safe service to people. This included systems in place intended to minimise the risks to people, including from abuse and to safely manage their medicines.

There were enough staff to keep people safe. The provider had appropriate arrangements in place to check the suitability of new staff. People were supported by staff who were trained and supported to meet their needs.

Each person had an up to date, personalised support plan, which set out how their care and support needs should be met by staff. These were reviewed regularly. Staff received regular training and supervision to help them to meet people's needs effectively.

Systems were in place to assess and meet people's dietary and health needs. They also received the support they needed to stay healthy and to access healthcare services.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The provider and staff understood their responsibilities under the Mental Capacity Act 2005.

Staff were caring and treated people with dignity and respect and ensured people's privacy was maintained particularly when being supported with their personal care needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

The registered manager ensured the complaints procedure was made available to people to enable them to make a complaint if they needed to. Regular checks and reviews of the service continued to be made to ensure people experienced good quality safe care and support.

The registered manager provided good leadership. They checked staff were focussed on people experiencing good quality care and support. People and staff were encouraged to provide feedback about how the service could be improved. This was used to make changes and improvements that people wanted.

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Birling House

## 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.

This inspection took place on 11 July 2017 and was unannounced.

The inspection team consisted of one inspector and an expert by experience. The expert by experience had personal experience of using similar services. They had worked with people who have a dual diagnosis of learning disability and mental health and people with autism.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports and notifications about important events that had taken place in the service, which the provider is required to tell us by law. We used all this information to decide which areas to focus on during our inspection.

We spoke with seven people who used the service and four relatives about their experience of the service. Not everyone was able to verbally share with us their experiences of life at the service. This was because of their complex needs. We therefore spent time observing people and how care was delivered.

We spoke with eight care workers, one senior care worker, one team leader, catering manager, maintenance man, deputy manager, registered manager and the head of business affairs and corporate affairs. We also requested information by email from healthcare professionals involved in the service. These included professionals from the community learning disabilities team, local authority care managers, continuing healthcare professionals, NHS and the GP.

We looked at the provider's records. These included four people's care records, which included care plans, health records, risk assessments and daily care records. We looked at eight staff files, a sample of audits, satisfaction surveys, staff rotas, and policies and procedures.

We asked the registered manager to send additional information after the inspection visit, including training records and business plan. The information we requested was sent to us in a timely manner.

# Is the service safe?

## Our findings

All of the relatives spoken with felt that their family member was kept safe at Birling House and had no concern. One person said, "I feel safe with staff. They help me". We also observed that people felt safe in the service and were at ease with staff.

A healthcare professional said, "The staff provided safe care to people. I have never had to report a safeguarding about the home to the local authority".

People continued to be protected from abuse or harm. Since our last inspection all staff had received refresher training in safeguarding adults in June 2017. This helped them to stay alert to signs of abuse or harm and the appropriate action that should be taken to safeguard people. Staff were aware of the company's policies and procedures and felt that they would be supported to follow them. Staff also had access to the updated multi-agency safeguarding adult policy, protocol and practitioner guidance dated April 2016. This policy is in place for all care providers within the Kent and Medway area. It provides guidance to staff and to managers about their responsibilities for reporting abuse. Staff told us that they felt confident in whistleblowing (telling someone) if they had any concerns. The provider also had information about whistleblowing on a notice board for people who used the service, and staff. Records showed that whistleblowing was encouraged through formal discussion held with staff in their supervisions.

People continued to be protected from avoidable harm. Staff had a good understanding of people's individual behaviour patterns. Records provided staff with detailed information about people's needs. Staff knew people well and had a good understanding of people's different behaviours. People were supported in accordance with their risk management plans. We observed support being delivered as planned in people's care plans. Risk assessments were specific to each person and had been reviewed in June 2017.

The risk assessments continued to promote and protect people's safety in a positive way. Records demonstrated the service had identified individual risks to people and put actions in place to reduce the risks. Care plans included relevant risk assessments, such as nutrition and hydration, and medicine administration. These included preventative actions that needed to be taken to minimise risks as well as clear and detailed measures for staff on how to support people safely. The assessments provided outlines of what people could do on their own and when they required assistance. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions. Risk assessments were reviewed and were updated when there was a change in a person's condition.

Staff maintained an up to date record of each person's incidents or referrals, so any trends in health and behaviour could be recognised and addressed. Staff told us that they monitored people and checked their care plans regularly, to ensure that the support provided was relevant to the person's needs. The staff members were able to describe the needs of people at the service in detail, and people's care plans confirmed this. This meant that people could be confident of receiving care and support from staff who knew their needs.

There continued to be enough staff to support people. Staffing levels were planned to meet people's needs. In addition to the registered manager and deputy manager there were 12 care workers and one senior care worker available to deliver care in the morning and in the afternoon. Care workers were managed by a senior care worker throughout the day. At night, there were four care workers delivering care managed by a senior care worker. Cleaning, maintenance, cooking and organising activities were carried out by other staff so that staff employed in delivering care were always available to people. This level of staffing meant staff were able to monitor people so they could immediately engage with them if they needed support or if they become anxious. We noted an air of calm in the service and staff were not rushed.

The registered manager and provider continued to maintain recruitment procedures that enabled them to check the suitability and fitness of staff to support people. Records showed the provider carried out criminal records checks at three yearly intervals on all existing staff, to assess their on-going suitability.

Suitably trained staff continued to follow the arrangements in place to ensure people received their prescribed medicines. These were stored safely. The registered manager had plans in place for refresher training on medication administration in 2017. People's records contained up to date information about their medical history and how, when and why they needed the medicines prescribed to them. People were protected from the risks associated with the management of medicines. The senior staff member administering medicine to people at lunch time did so safely and with people's consent. The medicines were given at the appropriate times and people were fully aware of what they were taking and why they were taking their medicines.

Medication administration records (MAR) for people were fully completed. Where people had refused their medicines, this was recorded. We found the stock held matched the amount of outstanding medication recorded on people's MARs. There were no gaps in the recording, which meant people received their medicines as prescribed. Staff members knew the action to follow should they identify a medicine error which included seeking medical advice.

Management of topical creams and ointments records showed people received these as prescribed. Some medicines were prescribed for use 'as and when required'. We saw records which demonstrated under what circumstances PRN medicines should be given which meant people were protected from the unnecessary use of medicines.

Controlled drugs (medicines which are at higher risk of misuse and therefore need closer monitoring) were stored securely. These medicines were administered by two members of staff and the amounts checked daily. Body maps were in place to guide staff were to apply topical and prescribed creams, and in order to rotate pain patches to help maintain healthy skin. Monthly audits were carried out of all medicines which checked all aspects of the administration and storage of medicines.

The service continued to have plans in place for a foreseeable emergency. This provided staff with details of the action to take if the delivery of care was affected or people were put at risk, for example, in the event of a fire. Each person had a personal emergency evacuation plan (PEEP) in place. A PEEP is a Personal Emergency Evacuation Plan. It is for individuals who may not be able to reach a place of safety unaided or within a satisfactory period of time in the event of any emergency. The service also had an out of hour's policy and arrangements for people which was clearly displayed in care folders. This was for emergencies outside of normal hours, or at weekends or bank holidays. Risks associated with the premises continued to be assessed and relevant equipment and checks on gas and electrical installations were documented and up to date.



# Is the service effective?

## Our findings

People said that staff always sought their consent before supporting them. One person told us, "Staff always ask my permission before they do anything".

A visiting relative said, "Staff go that extra mile for the residents. I am so happy my family member is so well looked after".

A visiting healthcare professional said, "Fantastic. They care and they are proactive. They are very good in making appropriate referral to us".

The Mental Capacity Act 2005 (MCA 2005) 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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA 2005. The 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 2005 and whether any conditions on authorisations to deprive a person of their liberty were.

People's consent and ability to make specific decisions had been assessed and recorded in their records. Where people lacked capacity, their relatives or representatives and relevant healthcare professionals were involved to make sure decisions were made in their best interests. Staff had received training in MCA 2005 and DoLS and understood their responsibilities under the act. People who lived in the service were subject to DoLS and appropriate standard authorisations were in place because they require a level of supervision in the home and in the community that may amount to their liberty being deprived.

People continued to be supported to have enough to eat and drink and given choice. Staff were aware of people's individual dietary needs and their likes and dislikes. Care records contained information about their food likes and dislikes and there was helpful information on the kitchen notice board about the importance of good nutrition, source and function of essential minerals for both staff and people to refer to.

The kitchen was clean and we noted that there were sufficient quantities of food available. Food was stored safely and was still within the expiry date. Food in packaging that had been opened was appropriately labelled with the date it was opened so that staff were able to ensure food was suitable for consumption.

Since our last inspection, staff had undertaken mandatory training and refresher trainings in topics and subjects relevant to their roles. The provider had also implemented the Care Certificate. This is a nationally recognised training, which sets out the minimum standard of training that care staff must receive. The Care Certificate aims to equip health and social care support workers with the knowledge and skills which they need to provide safe, compassionate care. This also helped staff keep their knowledge and skills up to date.

All staff had been set objectives which were focussed on people experiencing good quality care and support which met their needs. The registered manager checked how these were being met through an established programme of regular supervision (one to one meeting) and an annual appraisal of each staff members work performance. Staff told us they felt well supported by the registered manager.

People continued to be supported to maintain good health. Staff ensured people attended scheduled appointments and check-ups such as with their GP or consultant overseeing their specialist health needs. During our inspection, the district nurse visited to check on people's health and they told us that they were satisfied with people's health progress in the home. People's individual health action plans set out for staff how their specific healthcare needs should be met. Staff maintained records about people's healthcare appointments, the outcomes and any actions that were needed to support people with these effectively. A healthcare professional stated, 'The support plan and risk assessments were updated at the time of their review. The care plan was updated to ensure that all aspect of their medical history is included in their care'.

# Is the service caring?

## Our findings

Although most people were unable to verbally tell us about their experience at Birling House, we observed that staff were caring. Staff showed kindness and compassion towards people they cared for. There were positive interactions between people and staff. People looked at ease and comfortable in staff member's presence, responding positively to their questions and readily asking for help and assistance.

The registered manager continued to ensure people's individual records provided up to date information for staff on how to meet people's care needs. This helped staff understand what people wanted or needed in terms of their care and support.

Relatives were happy with the service provided by Birling House. One relative said, "My family member loves it here. It feels like it is home from home. I would like to move in myself". Another said, "The managers make everybody welcome. All the carers are brilliant" and "Staff go that extra mile for the residents. I am so happy my family member is so well looked after".

A visiting healthcare professional said, "Staff are caring".

People were supported by staff to undertake tasks and activities aimed at encouraging and promoting their independence. People were supported to maintain their family relationships, which was important to them. A visiting relative said, "Everybody is kind and helpful. I feel happy my niece is placed here. We can come in when we want to".

Staff had a good understanding of treating people with respect and dignity. They also understood what privacy and dignity meant in relation to supporting people with their care. Staff did not enter people's rooms without first knocking to seek permission to enter. Staff kept doors to people's bedrooms and communal bathrooms closed when supporting people with their personal care.

People had free movement around the service and could choose where to sit and spend their recreational time. People were able to spend time the way they wanted. Some people chose to spend time in the communal lounge, their bedroom or just walking around the home.

Advocacy information was on the notice board and available for people and their relatives if they needed to be supported with this type of service. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

## Is the service responsive?

### Our findings

Health and social care professionals said the service was responsive. A healthcare professional commented, "The placement is stable and the service user's physical health is good. The service user is settled and comfortable; the staff are familiar with the service user and able to anticipate their needs". Other comments were, "The service user is supported to access the community, goes to the pub and visit his mother in London three times a year as they are unable to travel due to aged related frailty".

People continued to receive personalised support which met their specific needs. Each person had an up to date care plan which set out how staff should support each person to meet their individual needs. Care plans contained information about people's likes, dislikes, allergies and their preferences for how care and support was provided. For example, people's allergies were clearly documented in their care plans for staff and healthcare professionals to note.

Care plans were reviewed annually or amended when people's needs had changed. Where changes were identified, people's plans were updated promptly and information about this was shared with all staff. Staff knew people well and what was important to them. This was evidenced by the knowledge and understanding they displayed about people's needs, preferences and wishes. Staff spoken with said they always read the care plan in case people needs have changed.

The provider continued to have systems in place to receive people's feedback about the service. The provider sought peoples and others views by using annual questionnaires to gain feedback on the quality of the service from the people who used the service. Family members were supported to raise concerns and to provide feedback on the care received by their loved one and on the service as a whole. The summary of feedback received showed that people were happy with the service provided. The completed questionnaires demonstrated that all people who used the service, families and those who worked with people were satisfied with the care and support provided. A healthcare professional commented, "I carried an annual review for a service user who lives at Birling House and there were no concerns identified or raised at the time".

The provider continued to maintain appropriate arrangements for dealing with people's complaints or concerns if these should arise. The complaints procedure was made available in the service and used pictures and simple language to help people state who and what had made them unhappy and why. Complaints raised were resolved verbally at first by the registered manager and responded to in writing within 28 days. The registered manager was able to describe how written complaints would be handled and where the action would be recorded. A relative confirmed our findings and said, "Any problems identified are quickly resolved by the registered manager".

## Is the service well-led?

### Our findings

The registered manager continued to promote an open culture where people, relatives and staff were able to approach management with their contributions which will move the service forward. A member of staff said, "If I ever want to raise an issue, I will not hesitate to approach any of the management team".

People knew who the registered manager was. For example, people freely approached the registered manager while walking around the home to discuss things with them. This demonstrated that people felt confident and comfortable to approach the registered manager.

There continued to be a management team at Birling House. This included the registered manager, head of business affairs and corporate affairs and the Chief Executive Officer. Support was provided to the registered manager by the head of business affairs and corporate affairs in order to support the service and the staff. The head of business affairs and corporate affairs office is on the top floor of Birling House, which made them available to staff at working hours of the day. They carried out audit visits regularly and were well known to both people who used the service and staff. The head of business affairs and corporate affairs supported the registered manager with the inspection.

Staff told us that they could approach the registered manager and the head of business affairs and corporate affairs at any time. Staff told us that the management team continued to encourage a culture of openness and transparency. Members of staff said, "Management is good. The manager changed things for the better. We work as a team. I can talk to all of them easily. They listen and act on it". We observed this practice during our inspection.

There continued to be monthly meetings held with people and staff. At these meeting people and staff were actively encouraged to look at what could be done better. Staff told us that they felt able to speak out at meetings and were confident that managers would respond positively to suggestions and would take actions to make improvements where possible. Staff were given the opportunity to complete monthly feedback questionnaires about the service. These were responded to by the registered manager. Actions were then monitored at the next staff meeting to ensure they had been completed.

The registered manager continued to understand the principles of good quality assurance and used these principles to critically review the service. They completed monthly audits of all aspects of the service, such as medication, kitchen, infection control, care records, learning and development for staff. The provider also carried out series of audits either monthly, quarterly or when required to ensure that the service runs smoothly. They used these audits to review the service. Audits routinely identified areas they could improve upon and the registered manager produced action plans, which clearly detailed what needed to be done and when action had been taken.

The registered manager had a good knowledge of their legal responsibilities to notify CQC and other appropriate agencies of incidents and accidents. Records demonstrated that notifications had been sent to CQC and other agencies where necessary. We used this information to monitor the service and to check how

any events had been managed.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had clearly displayed their rating at the entrance in the hallway and on their website.

The service worked well with other agencies and services to make sure people received their care in a cohesive way. Health and social care professionals reported that staff within the service were responsive to people's needs and ensured they made appropriate referrals to outside agencies. The registered manager told us that they worked in a joined up way with external agencies in order to ensure that people's needs were met. For example, the district nurse visited the home during our inspection. There was joint working with the speech and language therapist, which ensured that people's needs were continually met.

The service had a comprehensive range of policies and procedures necessary for the running of the service to ensure that staff were provided with appropriate guidance. Staff were confident about being able to access these policies and procedures.

People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.