

## Parkcare Homes (No.2) Limited

# The Birches

### Inspection report

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### Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

The Birches is a residential care home providing personal care to up to seven people. The service provides support to adults with mental health needs. At the time of our inspection there were seven people using the service.

The Birches accommodates people in one adapted building across three floors. There are communal living and dining areas and an accessible garden with outdoor seating.

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

People were protected from harm and abuse, staff had received training in this area and understood how to report any concerns. People's medicines were safely managed, and staff were recruited safely. There were sufficient numbers of staff available to meet the needs of the people using the service. Risks which affected people's daily lives were assessed and monitored. We were assured that the provider had sufficient infection, prevention and control measures in place.

Staff training was relevant and up to date, there was effective systems in place to support and supervise staff. People were encouraged and supported to cook their own meals and people planned what they would like to eat. Staff sought guidance from external professionals when required.

Staff were respectful and maintained people's dignity, privacy and independence. People were given the opportunity to be involved in their care planning and how they wished to be supported, care plans contained information on people's lifestyle choices, preferences and decisions.

People's needs were regularly reviewed, and support was adjusted as required. People were supported to access their chosen hobbies and interests and relatives told us staff kept them up to date with relevant information about their family members' care.

There was a positive, person-centred approach to the delivery of people's care. The provider and registered manager had a good oversight through the regular audits they carried out. We found the systems in place to be robust and identified areas for improvement which were then actioned.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 16 May 2019). The provider completed

an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# The Birches

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

The Birches is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Birches is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with one person who used the service and two relatives about their experience of the care provided. We spoke with nine members of staff including the deputy managers, service managers, senior support workers and support workers. We also spoke with the provider's quality improvement lead. We reviewed a range of records, this included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to ensure medicines were managed safely this was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

### Using medicines safely

- Regular checks were completed of the medication stock and records, we reviewed these records and we found that people had their medication administered safely and in line with the prescribing instructions.
- Medicines were administered by trained staff. Staff received regular observations of their practice to ensure medicines were administered safely.
- Stock levels of medicines corresponded with the records in place, staff recorded the checks they made to ensure stock levels were correct to reduce the risk of errors.
- There was clear guidance for staff for safe administration of 'when required medicines' (PRN). This meant people received these medicines when they needed them.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from harm and abuse, staff had received training in this area and understood how to report any concerns to the registered manager, provider and relevant professionals.
- Safeguarding incidents had been correctly reported, recorded and investigated. We found appropriate actions and referrals to relevant professionals had been made to reduce the risk of reoccurrence.
- People and their relatives told us they felt the service was safe. One person told us "Yes, I feel safe here." A relative told us, "[Person] has been at the service a long time, they are safe and settled."

### Assessing risk, safety monitoring and management

- Risks which affected people's daily lives, in relation to their mental and physical health were documented and known by staff. The management team monitored and regularly assessed those risks and took appropriate actions that ensured people received care in a safe and consistent way.
- People had individual care plans in place which detailed information and advice that had been sought from external professionals. The care plans provided guidance for staff on how to positively support people in the event the person experienced feelings of distress.
- Environmental risks were well managed, regular checks had been carried out which included water temperature checks and fire safety.

### Staffing and recruitment

- Staff were recruited safely. The service followed safe recruitment processes to ensure people were suitable for their roles. This included undertaking appropriate checks with the Disclosure and Barring Service (DBS) and obtaining suitable references. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to keep people safe and meet their individual needs. People were supported by regular staff members who they were familiar with. People, staff and relatives also confirmed this.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

### Visiting in care homes

- The provider ensured visiting was facilitated safely and in line with people's preference and choice. This had been risk assessed and appropriate safety control measures were found to be in place.

### Learning lessons when things go wrong

- Accidents and incidents were reviewed and investigated by the management team, we found appropriate actions had been taken to reduce the risk of re-occurrence.
- The registered manager shared the outcomes of audits with the staff in monthly governance meetings, so appropriate action was taken to ensure people's safety and mitigate any risks.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's needs had been carried out prior to people using the service. The assessments ensured the person and where appropriate their relatives and healthcare professionals were involved to ensure the service was able to meet the person's needs and preferences.
- People's care plans were regularly evaluated and updated to reflect people's changing needs.
- People's individual lifestyle choices had been identified and were respected by staff.

Staff support: induction, training, skills and experience

- Staff training was relevant and up to date. Staff completed a comprehensive induction when joining the service which included training specific to the people they would be supporting.
- The service had effective systems in place to support and supervise staff. Staff received regular supervision. This included one to one sessions and checks of their competencies which included feedback on their performance.

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

- People were encouraged and supported to cook their own meals and people were involved with planning what they would like to eat.
- Guidance had been sought from external health care professionals where people required additional support or risks such as choking had been identified. The guidance external professionals provided had been included in people's care plans and risk assessments.
- People were supported to maintain a balanced diet and stay hydrated. Staff had a good understanding of people's likes, dislikes and dietary needs.

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

- People were supported to access healthcare. For example, records showed us that appropriate referrals had been made when a person experienced difficulty swallowing.
- Relatives told us they felt people were supported promptly with any health concerns. A relative told us "[Staff] were straight on it when they noticed [person] had lost weight, they keep me updated."
- Staff worked with external professionals to reduce the risks they had identified. We saw staff regularly supported people to healthcare appointments, information and guidance provided was then used to update people's care plans.

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

- People had personalised their bedrooms with pictures and items of their choice.
- People were encouraged and supported to add to the decoration in the service, we found people's artwork on display throughout the service.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Mental capacity assessments were carried out where applicable, these were detailed and completed correctly.
- Staff had received training in MCA and understood how to support people in line with the Act
- People were supported to access advocacy services. Advocates are independent of the service and support people to decide what they want and communicate their wishes.
- Where people were deprived of their liberty, DoLS were in place and people were supported in line with their agreed plans.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff received training in diversity and inclusion and understood how to apply this training in the support they provided. One staff member told us, "There is a 'family like' feel in the home, we spend time with everyone and get to know and understand them."
- People and their relatives consistently told us they were happy with how staff treated them or their family members. A relative told us, "The staff are lovely and polite, they have got to know [person] well and what they like." A person told us staff were, "nice and helpful, good to have a talk with."
- Care plans contained information about people's choices and personal relationships, and the support staff were to provide to ensure people's individual needs were met.

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

- People were given the opportunity to be involved in their care planning and how they wished to be supported. People were given the opportunity to regularly review their care plan to see if any changes needed to be made.
- People and their relatives had contributed to their care planning, where appropriate. Care plans provided staff with information on the person's views, preferences and decisions.

Respecting and promoting people's privacy, dignity and independence

- We found staff were respectful and maintained people's dignity, privacy and independence. For example, staff knocked on people's doors and sought permission before entering and staff encouraged people to do things for themselves which promoted their independence.
- People's records were stored securely which maintained people's confidentiality. The provider was meeting their responsibilities under the General Data Protection Regulation (GDPR).
- People had detailed individual development programmes in place which promoted their independence. The plans detailed the person's targets, and these were regularly reviewed and updated with the progress people had made.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Following an assessment of people's needs, care plans were developed in how they wanted to receive their care. Care plans provided staff with detailed information and guidance.
- People's needs were regularly reviewed, and support was adjusted as required. Staff documented people's achievements, which meant progress towards identified goals was monitored and evaluated.
- Staff spoke with knowledge and understanding of the people they were supporting. One staff member told us about the support and reassurance the staff provided to a person when they experienced feelings of distress, we found this to be consistent with the guidance in the person's care plan.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were identified and detailed within initial assessments. This information was used to develop their care plans.
- Alternative formats were available if required, such as large print or easy read. We asked about this and were assured that relevant support would be provided if required as the provider had a range of formats available for staff to use.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships that were important to them. Relatives told us staff kept them up to date with relevant information.
- People were supported to access their chosen hobbies and interests. Staff supported people to plan their day to day activities. Relatives confirmed this, one relative told us, "They [staff] put a lot of effort in, they are planning a trip to Blackpool, [person] is looking forward to this."

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place. We reviewed complaints the service had received and found these had been investigated and resolved promptly.
- People and their relatives told us they knew how to complain and were given the opportunity to raise

concerns or queries.

#### End of life care and support

- The service was not supporting anyone who was receiving end of life care at the time of our inspection.
- We discussed end of life care with the management team, who told us they would ensure additional training would be provided for the staff team to support people if this need was identified.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive person-centred approach to the delivery of people's care. This was demonstrated by the staff's understanding of the people they were supporting.
- Staff, people and their relatives spoke positively about the registered manager and the deputy manager. A staff member told us, "They are really good, they recognise achievements and you can always go and speak to them."

Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Since our previous inspection, improvements had been made to the quality and safety monitoring systems in place. We found the systems in place to be robust and identified areas for improvement which were then actioned.
- The management team were knowledgeable about the duty of candour. We reviewed the records in place and found the correct actions had been taken to meet this regulation.

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

- The provider and registered manager had a good oversight of the service through a structured schedule of audits which checked all aspects of the service. In addition to this, the provider's quality team also carried out a quarterly audit of the service.
- Staff were clear about their role and responsibilities. Staff had received training which ensured they provided care and support to the required standard.
- Effective systems and processes were in place to monitor accidents, incidents and safeguarding concerns. The registered manager regularly analysed these and shared lessons learnt with the wider staff team.

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

- People and their relatives had regular opportunities to provide feedback on the service in various ways through meetings and questionnaires. We reviewed this feedback and found it to be positive and complimentary about the care and support staff provided.
- Staff meetings regularly took place, we reviewed the minutes of these meetings and found key information was shared which included the findings from audits and updates to policies and procedures.

- People's equality characteristics were respected. This information was recorded in people's care plans and was known and supported by staff.

#### Working in partnership with others

- The service worked in partnership with other professionals such as GP's and psychologists to support people to access healthcare when they needed it which had improved people's outcomes.