Central Bedfordshire Council

The Birches Residential Home

Inspection report

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Ratings

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

Overall summary

This inspection took place on 24 March 2015 and was unannounced.

The Birches Residential Home provides accommodation for up to 31 older people, some of whom may be living with dementia. At the time of our inspection there were 23 people living at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People were safe at the home and staff were aware of the safeguarding process. Personalised risk assessments were in place to reduce the risk of harm to people, as were risk assessments connected to the running of the home and these were reviewed regularly. Accidents and

Summary of findings

incidents were recorded and the causes of these analysed so that preventative action could be taken to reduce the number of occurrences. There were effective processes in place to manage people's medicines.

There were enough skilled, qualified staff to provide for people's needs. The necessary recruitment and selection processes were in place and the provider had taken steps to ensure that staff were suitable to work with people who lived at the home. They were trained and supported by way of supervisions and appraisals.

People had been involved in determining their care needs and the way in which their care was to be delivered. Their consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards were met.

People were given plenty of choice of nutritious food and drink and staff ensured they ate and drank sufficient to maintain their health and well-being. People were not always supported to maintain their interests and hobbies.

Staff were kind and caring and protected people's dignity. They treated people with respect and encouraged people to be as independent as possible.

There was an effective complaints system in place. Information was available to people about how they could make a complaint should they need to and the services provided at the home. People were assisted to access other healthcare professionals to maintain their health and well-being.

People and staff were encouraged to attend meetings with the manager at which they could discuss aspects of the service and care delivery. People were asked for feedback about the service to enable improvements to be made. There was an effective quality assurance system in place.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff were aware of the safeguarding process and appropriate referrals had been made to the local authority.

Personalised risk assessments were in place to reduce the risk of harm to people.

There were enough skilled, qualified staff to provide for people's needs

Good

Is the service effective?
The service was effective.

Staff were trained and supported by way of supervisions and appraisals.

The requirements of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards were met.

People had a good choice of nutritious food and drink.

Good

Is the service caring?
The service was caring.

Staff were kind and caring.

Staff promoted people's dignity and treated them with respect.

Good

Is the service responsive?
The service was responsive.

People were not always supported to follow their interests and hobbies.

There was an effective complaints policy in place.

Requires Improvement

Is the service well-led?
The service was well-led.

There was a registered manager in place.

The manager and deputy manager were visible and approachable.

There was an effective quality assurance system in place.

Good

The Birches Residential 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 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 24 March 2015 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed the information available to us about the home, such as notifications. A notification is information about important events which the provider is required to send us by law. We also reviewed information about the home that had been provided by staff and members of the public.

During the inspection we spoke with three people and two relatives of people who lived at the home, two care workers, the cook, and the deputy manager. We carried out observations of the interactions between staff and the people who lived at the home. We reviewed the care records and risk assessments for three people, checked medicines administration and reviewed how complaints were managed. We also looked at how the quality of the service was monitored and managed.

Good

Is the service safe?

Our findings

People who used the service told us that they felt safe and secure living at the home. When asked, one person told us, “Yes I feel safe.” Another person told us, “I feel safe. I have people around me at night. I’ve slept better since being here.” We spoke with two relatives of people who used the service. They told us that they had no concerns about people’s safety.

We saw that there was a current safeguarding policy, and information about safeguarding was displayed throughout the home. Staff we spoke with told us that they had received training on safeguarding procedures and were able to explain these to us. One member of staff told us that if they had a concern, “I would report it to whoever was the senior on duty and check that it was referred to the safeguarding authority.” Records confirmed that staff had received recent training on safeguarding. Staff were able to demonstrate a good understanding of what types of abuse could occur.

There were personalised risk assessments for each person who lived at the home. Each assessment identified the people at risk, the steps in place to minimise the risk and the steps staff should take should an incident occur. We saw that, where people had been assessed as at risk of falling, a falls diary was kept and the cause of any fall was recorded. The falls were also recorded in the incident and accident log. Analysis of both of these records enabled the staff to take steps to reduce the risk of a person suffering a fall. Risk assessments were reviewed regularly to ensure that the level of risk to people was still appropriate for them.

Staff told us that they were made aware of the identified risks for each person and how these should be managed by a variety of means. These included looking at people’s risk assessments, their daily records, entries in the communication book and by talking about people’s experiences, moods and behaviour at shift handovers. One member of staff said, “We talk amongst ourselves about risk. By talking to other carers we share information.” This gave staff up to date information and enabled them to reduce the risk of harm.

The manager had carried out assessments to identify and address any risks posed to people by the environment. These had included fire risk assessments and the checking of portable electrical equipment. Each person had a personal emergency evacuation plan that was reviewed regularly to ensure that the information contained with it remained current. These enabled staff to know how to keep people safe should an emergency occur.

Accidents and incidents were reported to the manager. We saw that they kept a record of all incidents, and where required, people’s care plans and risk assessments had been updated. The records were reviewed by the manager to identify any possible trends to enable appropriate action to be taken to reduce the risk of an accident or incident re-occurring.

There were enough qualified, skilled and experienced staff to meet people's needs. People who used the service told us there was always staff available to help them. One person told us, “They have got a lot of staff.” Another person thought there was not enough staff but went on to say, “If I pull my cord they come quickly.” Relatives we spoke with told us that there was always staff available to talk to them. However staff we spoke with told us that although any unexpected absence of staff was normally covered by agency staff during the week this did not always happen at weekends and sometimes care workers struggled to provide the care that was needed. We spoke with the deputy manager who showed us evidence that where there had been unexpected absences during a weekend and no agency staff had been available, both the manager and the deputy manager had attended to cover the absences.

The deputy manager showed us staff rotas and explained that staffing levels had been determined based on the level of dependency of the people who lived at the home. This calculation had included the dependency caused by dementia that has developed whilst people had been living at the home as well as physical frailty.

There had been no recruitment of new staff as the provider for the home had recently changed. The existing staff members were in the process of transferring their employment to the current provider. We saw that there were robust procedures in place, which mirrored the provider’s recruitment procedures, to ensure that staff were suitable for the posts in which they were employed. Staff had completed application forms and identity and criminal records checks were completed for each member of staff being transferred to the current provider.

Good

Is the service safe?

There were effective processes in place to manage people's medicines. Medicines were stored securely and there was a system in place for the management of controlled drugs, although none were prescribed to people living at the home at the time of our inspection. Checks showed that the amount in stock was recorded correctly, and the medicines administration records (MAR) we checked were completed correctly. We observed a medicines round and saw this was done in accordance with safe working practice. Staff sought consent from people before medicines were administered and ensured that people took their medicines correctly. MAR sheets were signed after medication had been administered and staff were knowledgeable about medicines that had special instructions for administration. Protocols were in place for medicines that were to be given on an 'as and when needed' (PRN) basis. Audits of medicines were completed regularly as part of the quality assurance programme.

Good

Is the service effective?

Our findings

People told us that staff had the skills that were required to care for them. One person told us, "They appear to be trained and seem to do their job properly." Another person said the staff were, "…good, very good." Relatives told us that they thought staff were, "…generally well trained."

Staff told us that there was a mandatory training programme in place and that they had the training they required for their roles. This was supported by records we checked. One member of staff told us, "We have had more training recently. I am now qualified in First Aid." They went on to explain that the training they had received had changed the way that they delivered care. They had changed the way that they addressed people and now gave them more time to make choices. The training had reminded them that they were to be focussing on the wishes of the person to whom they were providing care. We saw that staff gave people plenty of time to make their choices for their meals or what they wanted to drink throughout the day.

Staff also told us that they received regular supervision and felt supported in their roles. One member of staff told us, "I have supervision monthly and discuss roles and training. They obviously watch you as they talk about how you do things." Other members of staff also told us that they had supervisions every month. Staff were able to discuss the training they had received and any that they wanted to maintain or improve their skills during their supervision meetings. This meant that they were supported to enable them to provide care to a good standard.

People's capacity to make and understand the implication of decisions about their care were assessed and documented within their care records. Although not all staff had received training on the requirements of the Mental Capacity Act 2005, and the associated Deprivation of Liberty Safeguards, we saw evidence that these were followed in the delivery of care. Authorisations of deprivation of liberty were in place for two people who lived in the home as they could not leave unaccompanied and were under continuous supervision. People told us that staff always asked for their consent before delivering any care. One person told us, "They ask me if I want to be washed or if I want to do it myself." One staff member told us, "I ask people if they want care. I would ask something like 'Would you like to go on the commode?" However, there was no evidence contained within the care records that people, or relatives on their behalf, had agreed with or given consent to the content of their care plans.

People told us that they had a good variety of nutritious food and drink. One person told us, "The food is actually quite good. There is a very good choice. There are one or two things, I don't like milk puddings, but I am offered fruit or ice cream. Last week I had cooked breakfast four times. [The deputy manager] has been encouraging me to eat more and I have done." Another person told us, "I quite enjoy the food. I had liver and bacon today."

We observed the lunch time experience for people who lived at the home. The tables were nicely presented and people were asked what meal they would prefer. Staff understood that people's needs for assistance to eat their meal fluctuated from day to day. They checked with people as to whether they required assistance or wanted to eat independently. People's care plans indicated whether they were likely to require assistance. One care plan indicated that the person may have required assistance to cut their food up. Where assistance was required this was provided in a way that enhanced the meal time for the person and staff encouraged them to eat where necessary.

People's cultural, spiritual and religious dietary requirements were identified and addressed within their care records. A large board was displayed on the back of the kitchen door which detailed people's preferences and specific dietary needs, such as a gluten free or diabetic diet. The team leaders completed the board which the kitchen staff used when serving meals. There was no one living at the home at the time of our inspection that required a special diet for cultural or religious reasons. The cook told us that people had been asked for their likes and dislikes in respect of food and drink and the menus had been planned taking their preferences into account.

People's weight was monitored and food and fluid charts were completed for people where there was an identified risk in relation to their food and fluid intake that provided detailed information on what they had consumed. Each person had a food diary completed for the first week following their admission to the home. Where needed, referrals had been made to the local dietetic service and the speech and language therapists.

Good

Is the service effective?

People told us that they were assisted to access other healthcare professionals to maintain their health and well-being. One person said, “They have a doctor come every Tuesday who I can see whenever I want. A hairdresser comes twice a week and I have my hair done every Saturday. I have my eyebrows and nails done. They come to the home.” Another person told us that they saw the chiropodist regularly. Records showed that referrals were made to other healthcare professionals, such as the Community Mental Health Team for Older People, when this was appropriate.

Good

Is the service caring?

Our findings

People and the relatives we spoke with told us that the staff were kind and considerate. One person told us, "It is very pleasant living here. It is like home." Another person said, "The staff are nice. I couldn't wish for a better place to be in." Relatives we spoke with described the staff as, "…very caring."

Positive, caring relationships had developed between people who used the service and the staff. Staff we spoke with were aware of the life histories of people who lived at the home and were knowledgeable about their likes, dislikes, hobbies and interests. They had been able to gain information on these from the lifestyle profiles, including a 'Map of Life' and 'Who am I' section, within people's care records and through talking with people and their relatives. The lifestyle profiles had been developed in discussion with the people and their relatives to give as full a picture of the person as possible. This information enabled staff to provide care in a way that was appropriate to the person. One staff member told us, "I know most people and who feels comfortable. It helps when you know someone. In the beginning I talk with them to understand what they like, to know what to ask and who likes to talk when you are helping them."

We observed the interaction between staff and people who lived at the home and found this to be friendly and caring. Staff told us that they also used body language and other non-verbal forms of communication, such as facial expressions, to understand people's needs, such as looking uncomfortable when they may require personal care. One member of staff told us, "I like to feel that I am a friend. After all this is their home."

People told us that the staff protected their dignity and treated them with respect. One person told us, "They treat me well." Staff members were able to describe ways in which people's dignity was preserved, such as, in communal areas, asking quietly if they require personal care, ensuring that doors and curtains were closed when providing personal care and covering people when helping them to wash. Staff explained that all information held about the people who lived at the home was confidential and would not be discussed outside of the home to protect people's privacy.

People told us that they were encouraged to be as independent as possible. One person told us, "I love doing things for myself if I can." People told us that their relatives were free to visit them at any time and the relatives we spoke with confirmed that they could visit any time during the day and evening.

There were a number of information leaflets available in the reception area of the home which included information about services available from the provider and their 'Philosophy of Care'. Information was also provided on safeguarding, complaints, transport for appointments, fire evacuation instructions and details about local charitable organisations that offered support to older people and those living with dementia.

Requires Improvement

Is the service responsive?

Our findings

People and their relatives told us that they had been involved in deciding what care they were to receive and how this was to be given. One relative told us, "Someone came to [relative's] house and interviewed us. We gave extensive details about what care was needed." The care plans followed a standard template which included information on their personal history, their individual preferences and their interests. Each was individualised to reflect people's needs and included clear instructions for staff on how best to support people with specific needs.

People told us that they or their relative were involved in the regular review of their care needs. We saw evidence that relatives were kept informed of any changes to a person's health or well-being and that care plans were updated to reflect people's changing needs.

The care records included information about people's hobbies and interests. There was a schedule of planned activities available in the entrance hall so people and their relatives could plan their time. However, the activities coordinator worked only five hours each week which meant that organised activities were limited. One person told us, "They used to have different things. We need to have more activities. We are going to make Easter bonnets. They do jigsaw which I used to love but now makes my neck ache. We have a lovely view and can see all the traffic." Another person said, "My family bring Storm, a former police dog, to visit me. I spend my time chatting and watch a little bit of TV." A third person told us, "I read the paper. There is nothing else to do. They don't arrange anything. It's generally okay, no problem at all. You can wander wherever you want." One member of staff told us that they made time to sit and talk with people. They told us, "Many people don't want to do anything. It is hard to get them to do anything."

There was an effective complaints policy in place, and the provider's leaflet inviting people and their relatives to provide comments, compliments and complaints were on display in the reception area. Although the people we spoke with were aware of the complaints system they said that they had no cause to use it. One person told us, "I have nothing to complain about at all." A relative told us, "[Relative] has no complaints and they are one for complaining." The deputy manager told us that there had been no complaints received but if any were they would be dealt with in accordance with the provider's policy and procedures and monitored by the provider's central complaints department.

People told us that they could raise concerns with staff at any time. One person told us, "If I had any concerns I would talk to [deputy manager] or [manager]." Relatives we spoke with said, "The door to the staff room is always open if we need to talk."

People were also invited to regular meetings at which they could provide feedback on anything to do with the home. One person told us, "I've not been to a residents meeting yet but I think I will go to the next one." We saw that people had provided feedback on a variety of topics, including activities and food menus. Minutes of the meetings were made available to people and their relatives.

Good

Is the service well-led?

Our findings

The provider for the home changed in August 2014. The provider appointed a registered manager to the home and most of the staff continued to work at the home under an agreement made between the current and former providers. Care staff were to transfer to the employment of the current provider from 01 April 2015. People told us that the change of provider had been managed effectively and had not affected the care that they had received. Staff we spoke with told us that the transition had gone smoothly and they had felt supported throughout the change.

People had confidence in the manager and deputy manager and found them to be approachable. One relative said of the deputy manager, "…brilliant. She is lovely. There is no problem at all talking with her." During our inspection we saw that the deputy manager walked around the home frequently and had a good rapport with people and the staff.

Staff also told us that the management team was approachable and supportive of them. One member of staff told us, "It's not the best ever but it is alright." Staff were knowledgeable about their roles and what was expected of them. They were able to talk about the provider's values and how these were integrated into the way care was delivered at the home. One member of staff told us, "I was given a leaflet from Central Bedfordshire Council which gave information about their visions and values. It is common sense. People should be treated right."

A survey of people who lived at the home had been completed in October 2014 in which they had asked people for suggestions for ways in which their experience at the home could be improved. The results of this survey were displayed in the reception area. People had suggested that the home should have pets. As a result two guinea pigs had been purchased and they lived in a large cage in an open area by the corridor. People had also made suggestions for changes to be made to the menu, to include lamb, liver and bacon and kippers on the menu. On the day of our inspection people had been offered the choice of liver and bacon for their lunch. People had also requested that activities included baking days, which were now included on the activities schedule once a month. This showed that people were involved in developing the service.

In addition, people and staff were encouraged to attend meetings with the manager at which they could discuss aspects of the service and care delivery. Minutes of a meeting of people who lived at the home held in January 2015, showed they had discussed activities, including a request for a trip to a local safari park, which we saw had been organised for April 2015. They had also requested that a run be purchased for the guinea pigs so that they could go in the lounges. The manager had discussed the introduction of key workers for people. These were care staff who had direct responsibility for discussing people's needs and reviewing and updating their care plans with them. The names and a photograph of people's key workers were displayed on their bedroom doors.

Records of staff meetings held in January 2015 showed that discussions had included safeguarding, staff responsibilities, report writing and cleanliness and infection control issues. This showed that staff were given the opportunity to be involved in the development of the service.

There was an effective quality assurance system in place. Quality audits completed by the manager covered a range of areas, including a monthly audit of care plans, infection control and medicines management. We saw that action plans had been developed where shortfalls had been identified and the actions were signed off when they had been completed.

We saw that there were robust arrangements for the management and storage of data and documents. People's written records were stored securely and data was password protected and could be accessed only by authorised staff. However, the organisation of the content of the written records was sometimes confusing, with daily notes having been completed out of order. This increased the risk of staff missing important information, although there was no evidence to suggest that this had presented a problem to date in the home.