

Vital Care Services North East Limited

Birkinshaw Manor

Inspection report

Front Street West
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Northumberland
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Birkinshaw Manor is a residential care home providing the regulated activity Accommodation for persons who require nursing or personal care for to up to 54 people. The service provides support to older people, including those living with dementia, people with a physical disability and younger adults. At the time of our inspection there were 40 people using the service.

Birkinshaw manor is a purpose-built care home offering care and accommodation for up to 54 people. The home consists of purpose-built accommodation with rooms spread over 3 floors. All rooms have en suite facilities and there are a range of communal facilities such as lounge areas, dining room, a cinema room, library and other amenities.

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

People were cared for effectively and safely. Some risk assessments needed more detail. Any safeguarding concerns were reported and investigated. There were sufficient numbers of staff to support people with their care needs, although some people commented on the high use of agency staff. The services tried to use regular agency staff members, so they were familiar with people's needs. Medicines were managed safely, and medicine records were up to date. The home was clean and tidy and appropriate infection control procedures were followed. Accidents and incidents were recorded and monitored. The provider had acted on previous recommendations regarding mealtimes and activities at the home.

People, relatives and staff told us management of the home had improved significantly. Staff told us morale had improved and there was a good working team at the home. Relatives told us they had witnessed significant improvements in care and the overall running of the home. A range of checks and audits were undertaken. Some records were not always up to date or well-maintained. We have made a recommendation about this. The service looked to involve staff and people in care decisions and worked closely with outside professionals.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 10 August 2022)

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.

At our last inspection we recommended that the provider review activities at the home and ensure that people's mealtimes were a positive experience. At this inspection we found provider had acted on these recommendations. Activities had improved and were praised by people, relatives and staff. Meals times were appropriate to people's needs.

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.

We carried out an unannounced comprehensive inspection of this service on 29 and 30 March 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, good governance and compliance with the duty of candour regulations.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Birkinshaw manor on our website at www.cqc.org.uk.

Recommendations

We have recommended the provider review and improve the keeping and storage of daily records and some audit records.

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 well-led?

Good ●

The service was well-led.
Details are in our well-led findings below.

Birkinshaw Manor

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 team consisted of one inspector.

Service and service type

Birkinshaw Manor 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. Birkinshaw Manor 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with three people who used the service and three relatives of people living at the home. We spoke with the registered manager, two senior care workers, a care worker, a member of the domestic staff and an activities co-ordinator. We also spoke with the provider's management associate. We looked at four care plans and a range of other clinical and management documents including medicine records and audit documentation.

Following the inspection, we received email testimony from three staff members, two relatives and a health professional. We also spoke with a relative on the telephone.

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.

Using medicines safely

At our last inspection the provider had failed to have in place robust processes relating to the safe management of medicines. 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(2)(g).

- The service was working with the local medicines optimisations team to ensure medicines management was safe and effective.
- Regular checks were undertaken on medicines to ensure documentation was up to date and remaining medicine totals tallied with those given. Staff had been observed by senior staff to ensure they were competent to manage medicines.
- Controlled medicines were stored safely and appropriate procedures were in place to ensure they were handled safely. Clinical rooms were clean and tidy; regular checks were carried out on the temperature of the rooms to ensure medicines were stored appropriately.
- A multi-agency plan was in place to support people who received their medicines covertly. Covert medicines are given in people's drinks and food.
- Some topical medicine records were not well completed. There was no clear guidance as to whether staff should sign to show they had omitted the application because the person did not require it. The registered manager made changes to the topical medicines records to ensure a record was always made of the status of creams and lotions.

Preventing and controlling infection

At our last inspection the provider had failed to have in place robust systems to effectively manage infection control and ensure the cleanliness of the home. 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(2)(h).

- The home was clean and tidy and the number of domestic staff on duty had increased. Domestic staff told they had sufficient time to carry out their duties.
- Personal toiletries and clean linen were no longer stored in bathrooms and shower areas.
- Regular infection control audits were undertaken by senior staff at the home.

- The home was following national guidance on the use of PPE, when appropriate.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to have in place robust systems to effectively manage risks related to care and support. 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(2)(a)(b)(d)(e).

- Risk assessments had been carried out in relation to the environment of the home. Hot kettles had been removed from kitchenette area to prevent scalding.
- Regular checks were undertaken on fire equipment and other items used to support people's safety at the home, such as lifts and hoists. A small number of personal evacuation plans needed updating because people had moved rooms.
- People's care plans contained risk assessments related to their care. It was not always immediately clear what action staff should take to mitigate some of these risks. We spoke with the registered manager about this and she took action to update care records.

Systems and processes to safeguard people from the risk of abuse

- The provider had in place a safeguarding policy.
- Where safeguarding issues had been noted the registered manager took appropriate action and informed the local authority and CQC. Actions to mitigate future risk had been implemented.
- People and relatives told us they felt care at the home was safe and they were well cared for by staff. A professional told us, "Any errors that have occurred are reported within a timely manner, with an openness and reassurance that are investigated internally so lessons can be learned."

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and, if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- The registered manager kept a record of people's DoLS and when they needed to be reviewed.
- Where people did not have the capacity to make decisions about their care then best interests decisions had been made, in consultation with professionals and family members.

Staffing and recruitment

- There were enough staff to support people with their care needs.
- The provider followed appropriate procedures for the safe recruitment of staff. New staff were subject to disclosure and barring checks and the taking up of references. The provider had recently recruited trained

nursing staff from overseas to work as senior care staff at the home.

- The registered manager used a monthly dependency assessment to determine levels of staffing. Duty rotas showed these levels was exceeded on most occasions.
- There was high use of agency staff to maintain levels. People and relatives told us this could sometimes effect care, although the provider looked to ensure familiar care staff worked at the home.
- New staff were subject to an induction process and received regular supervision and competency checks to ensure they had the skills to provide effective care.

Visiting in care homes

- The registered manager ensured that people were able to maintain contact with friends and relatives. Relatives told us they could visit at any time and were always welcome.

Learning lessons when things go wrong

- The provider had taken action to address shortfalls noted at the previous inspection.
- Action had been taken to address recommendations made at the last inspection regarding activities at the home and people's dining experience.
- The registered manager maintained a log of accidents and falls. Whilst there was a monthly overview of such events, it was not always clear if work had been undertaken to look at trends and precursors. We spoke with the registered manager who said they would review the accident checking process.

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.

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

At our last inspection the provider had failed to have in place robust systems to effectively manage safety and quality monitoring in the service. This was a breach of regulation 17 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 17(1)(2)(a)(b).

- The provider and registered manager had instigated a range of audits and checks to promote quality and safety in the home.
- There was some evidence that actions were followed up although it was not consistent. The registered manager said they would review the processes to ensure all actions were completed. The registered manager had an overarching action plan for the home, detailing areas for improvement or matters that required addressing. Newly identified actions were continually added, and actions archived once that had been dealt with.
- Some daily records were not always consistently completed, although staff had a good understanding of people's day to day needs.
- Monthly reviews of care plans were not always person centred and looked more at processes rather than the individual.

We recommend the provider reviews daily records, and quality monitoring records, to ensure they are appropriate and consistently completed. We recommend the provider support staff to write monthly reviews of care which consider the needs and wishes of the individual as part of the process.

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

At our last inspection the provider had failed to have in place robust systems to effectively respond to incidents and accidents and comply with their responsibilities under the duty of candour regulations. This was a breach of regulation 20 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 20.

- The provider had in place a policy and procedure to identify and record events that fell under this regulation.
- Records showed that such accidents and events were assessed against criteria and, where necessary, action taken to alert the family and carry out an investigation.
- The provider offered both an initial verbal apology and followed this up with a letter, explaining the circumstances of the event and offering written apology for any shortfall.

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

- Staff and relatives praised the registered manager for their work in improving the home. Comments included, "Throughout the blood sweat and tears I feel (registered manager) has been focused on trying to strive for improvement"; "There are challenges, like any care home, but these are generally met head-on in a friendly, cooperative, progressive way" and "(Registered manager) is my rock and I know if there is anything I need to talk about she is there to listen and support."
- Staff spoke about how they looked to deliver high quality care. They spoke about delivering the type of care they would want for their own family members. Comments included, "We have all tried our best to go above and beyond every day. We are certainly not perfect in any way but always strive to be" and "(Registered manager) has set something up called dreams and wishes, where a resident will tell them what they would like to do once in their life and (registered manager) will go out of her way to make it happen where possible."
- Relatives told us the home had vastly improved over the last few months. They praised the registered manager but also the wider staff team. One relative told us, "(Relative) had a fall in February of last year. The staff were very attentive to their needs and encouraged them to return to a better degree of mobility. This included implementation of the physio's plans. Without their intervention, I don't think they would have returned to anything near their current state."

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

- The registered manager made efforts to ensure that people, relatives and staff were engaged in the running of the home.
- There were regular staff meeting and residents' meetings. Action had been taken in response to suggestions made by residents. For example, after concerns about missing items from the laundry the manager met with laundry staff to look at ways of addressing the problem.
- Relatives told us they were fully involved in their relation's care. They told us they received regular telephone calls, emails and a monthly newsletter about activities at the home.

Continuous learning and improving care

- The manager looked to instil in the home a culture of learning and development.
- Staff told us they were fully supported to take on additional training or responsibilities, if they wished to do so.
- The home had a number of identified champions to promote best practice in care, including a wellbeing champion who specifically looked at staff welfare and providing emotional support. They told us, "I am a shoulder to cry on or someone to shout at. I am there for all the staff anytime they need me, to chat and off load about either work or home."

Working in partnership with others

- The home worked in partnership with a number of agencies.
- Care records showed that people had been assessed by a range of professionals and staff followed the professional guidance given.
- One professional told us they worked closely with the home and management and felt there had been much improvement. They commented, "I look forward to my weekly ward rounds but also am supportive and accessible throughout the week to the home and often will be contacted for advice or they will update me, when necessary."