HICA

The Birches - Care Home

Inspection report

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Date of inspection visit: 30 October & 6 November 2014
Date of publication: 15/12/2014

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

Overall summary

The Birches is a purpose built facility owned by Humberside Independent Care Association, a not for profit organisation. The service provides care and accommodation for up to 31 adults with a learning disability. Accommodation comprises of single room bedrooms set within four bungalows with communal sitting and dining areas.

There was a registered manager in post 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.

This inspection was unannounced and took place over two days. The last inspection of the service took place on 7 November 2013, no issues were identified.

Policies and procedures in place to protect people from harm or abuse. Training records showed staff had been trained in what abuse was and how to identify and report it. Staff told us the management were responsive to any safeguarding concerns they may have.

Summary of findings

Care plans contained up-to-date and appropriate risk assessments for medication; pressure care; falls; nutrition; the safety of wheelchairs; the environment; and behaviour which may challenge the service.

The 30 people who used the service were cared for by 11 support workers throughout the day. In addition, extra support workers were employed throughout the day to provide specific one to one sessions with some people who used the service.

Medicines were stored, administered and disposed of safely. At the time of our inspection visit no controlled drugs were kept at the service. Training records showed the senior staff had received training in the safe handling and administration of medicines. Staff administering medicines also received an annual check of their competency.

The service was clean and tidy. We saw one bathroom in the Birchrise unit was in need of some decoration as a priority. The registered manager told us the bathroom would be redecorated at the earliest opportunity.

Staff told us they had been trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Records confirmed this. These safeguards provide a legal framework to ensure that people are only deprived of their liberty when there is no other way to care for them or safely provide treatment. At the time of our inspection no one was subject to a DoLS authorisation.

Staff were able to describe how they would deal with people who sometimes demonstrated behaviour that challenged the service and others. We saw behaviour management plans were put in place for some people and monitoring charts were used when appropriate.

The service's training records showed the courses staff had undertaken and when they were due to be refreshed. Training was up-to-date. Staff told us they received supervision approximately every six weeks.

We observed the lunchtime experience and saw that a number if meal options were available for people to choose from. Lunch appeared appetising and was served without delays meaning the meal remained hot and everyone could eat at the same time.

The service identified changes in people's needs effectively through the monthly review of care plans. We saw the service had sought input from health and social care support agencies; for example, occupational therapists, clinical psychologists and the community team for learning disability (CTLD).

We observed staff consistently interacting with people. Some staff were engaged in providing one-to-one sessions with some people who used the service. Others were available in the communal areas. Staff we spoke with were able to describe people's life histories and clearly knew and understood people's social preferences.

We saw the service supported people to express their views through a quarterly 'My review' meeting. This meeting took place between the person, their key worker, and a member of the service's management.

Care plans we reviewed were easy to read and were written around the needs of the person as an individual. However, we saw the care plans were not consistently ordered which meant some information was hard to find. We saw care plans had been routinely reviewed on a monthly basis to ensure people's choices, views and health care needs remained relevant to the person.

We noted people's involvement in activities were recorded in daily progress notes. We saw people who used the service had been encouraged to participate in a number of activities in order not to become socially isolated.

Leadership and management of the service were good. There were systems in place to effectively monitor the quality of the service and drive a culture of continuous improvement. Staff told us there was good communication between them and the management.

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?

Good

The service was safe. Staff understood and had received training in how to recognise abuse and how to keep people safe from harm.

Risk assessments were in place which were reviewed regularly so that people were kept safe.

The registered provider recruited staff safely an carried out relevant checks on their suitability to work with vulnerable adults.

The registered provider ensured there were enough suitably skilled staff on duty to meet people's needs.

People's medicines were stored securely and staff had been trained to administer and handle medicines safely.

Is the service effective?

Good

The service was effective. Staff received appropriate, up-to-date training and support.

People who used the service and their relatives told us they felt the staff had the skills they needed and knew them well. People were supported to have a balanced diet.

The service had policies in place that ensured they met the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring. People told us they felt well cared for and happy.

We saw that levels of staff interaction were high. People were encouraged to express their views about the care they received.

People's dignity and independence was promoted.

Is the service responsive?

Good

The service was responsive. Care plans contained sufficient information about people's health care needs, and what they enjoyed doing.

People were supported to access a wide range of activities and educational opportunities within the local community.

People knew about the complaints policy and were certain any issues would be dealt with by the registered manager or staff.

Is the service well-led?

Good

The service was well led. The service was well organised which enabled staff to respond to people's needs in a proactive and planned way.

Regular staff meetings took place and were used to discuss and learn from accidents and incidents.

Summary of findings

People who used the service and their relatives were asked for their views about the care and the service.

The Birches - Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 October and 6 November 2014 and was unannounced. The inspection team consisted of one adult social care inspector.

Before the inspection, the provider completed 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. The local authority safeguarding and contracts teams were contacted before the inspection, to ask them for their views on the service and whether they had investigated any concerns. They told us they had no current concerns about the service.

We used a number of different methods to help us understand the experiences of the people who used the service. We used the Short Observational Framework for Inspection (SOFI) in two communal areas. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with 14 people who used the service, four support workers, the registered manager, the duty manager, the trainee nurse, and three cleaning staff.

We looked around the premises, including people's bedrooms (after seeking their permission), bathrooms, communal areas, the laundry, the kitchen and outside areas. Five people's care records were reviewed to track their care. Management records were also looked at and these included: staff files, policies, procedures, audits, accident and incident reports, specialist referrals, complaints, training records, staff rotas and monitoring charts in people's bedrooms.

Good

Is the service safe?

Our findings

The service had policies and procedures in place to protect people from harm or abuse. Staff told us they felt confident the management would respond to and investigate any concerns they raised. The training records showed staff had received training in safeguarding adults from abuse within the last two years. Members of staff we spoke with were able to describe in detail about the types of abuse that may occur and what systems were in place to report abuse. Staff were also aware of the registered provider's whistleblowing policy and how to contact other agencies with any concerns.

Our records showed the registered manager was aware of the requirement to notify the CQC of all safeguarding allegations and investigations. The registered manager discussed with us how two recent incidents leading to safeguarding investigations had resulted in them taking disciplinary action against two employees.

People who used the service and their relatives told us they felt safe. One person said, "I am really happy here and I am safe."

We reviewed five care plans all of which contained up-to-date and appropriate risk assessments to promote people's safety in the service. Risk assessments included those for medication; pressure care; falls; nutrition; the safety of wheelchairs; the environment; and behaviour which may challenge the service or others. We saw risk assessments were in place to support and promote people's independence. For example, the service used a 'keeping safe' risk assessment which was written with the person who used the service. The risk assessment identified what the person wanted to do, why they wanted to do it, what could go wrong, and how can it be made safer.

Risk assessments were updated monthly to ensure they reflected any changes in people's needs. We saw that when risk assessments had changed, amendments had been made to care plans also. Where possible, risk assessments had been signed by people who used the service to confirm they understood. The registered manager was able to show us how checks were carried out each month on the risk assessments to ensure there was evidence of people's involvement with them and that no unnecessary restrictions were in place. People's care plans also contained information about how to safely evacuate the person if there should be a need, for example in the event of fire.

Staff demonstrated a good understanding of how to deal with varying behaviours that may challenge the service and there was specific training in this area. Our observations showed the training was embedded within the routine practise of the staff. We saw staff were able to recognise people's agitation and anxiety and gave them time to calm themselves.

Staff rotas showed the 30 people who used the service were cared for by 11 support workers including one senior care assistant during the day. In addition, extra support workers were employed throughout the day to provide specific one to one sessions with some people who used the service. The registered manager was supernumerary. One member of staff told us, "We manage quite well with the staffing arrangements." The registered manager was able to describe how each person's dependency levels were assessed monthly. They told us this allowed them to adjust the staffing if necessary. People who used the service told us there were enough staff to meet their needs. Comments included, "The staff are always in the lounge with us" and "My keyworker is with me most of the time."

We spoke with two relatively new members of staff who described how they had been recruited into their roles safely. Both told us they had their references checked and were cleared to work with vulnerable adults by the disclosure and barring service (DBS) before commencing their employment.

We looked at the way medicines were stored, administered and disposed of. All medicines were stored securely; only the senior carer and registered manager had access to the storage room. At the time of our inspection visit no controlled drugs were kept at the service. We were told that only the senior staff were permitted to administer medicines; records showed all the senior staff had been trained in the safe handling and administration of medicines. We were shown copies of staff supervisions which included an annual check of their competency in handling and administering medicines.

We saw one person's care plan showed they had been prescribed a medicine used for controlling behaviour on a 'when required' basis. The registered manager was able to

Good

Is the service safe?

show the person's behaviour management plan which described the trigger point for the use of this medicine which was to be used only as a last resort. We confirmed the medicine had only been used twice in the last year; the details of which had been recorded clearly.

We reviewed the medicines administration records (MARs) and found they were completed accurately; this had been checked monthly by the registered manager. We saw people's consent for the service storing and administering medicines had been recorded in the care plans.

The registered manager and members of the senior staff were aware of the National Institute of Health and Care Excellence (NICE) guidelines for managing medicines in care homes. We were told, "We talk about the NICE guidelines at the duty managers' meetings."

During our inspection visits we noted the service was clean and the building was free from mal odour. The service employed four cleaning staff for a total of eighty five hours per week. On the day of our first visit we spoke with three of the cleaning staff who were all able to describe to us the cleaning schedule and deep cleaning that took place weekly. The cleaning staff confirmed they had all received training in infection prevention and control (IPC).

We were told the deputy manager acted as the link for infection control within the service and we saw evidence they attended regular update meetings organised by the local clinical commissioning group. The service used the NHS 'Essential Steps' tool to assist them with auditing their IPC systems.

We told the registered manager we had identified a number of light pull cords that were dirty and needed replacement. We also saw one bathroom in the Birchrise unit was in need of some decoration as a priority.

Good

Is the service effective?

Our findings

Staff told us they had been trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Records confirmed this. The registered manager told us they worked closely with the three local authority safeguarding teams to identify any potential deprivation of people's liberty. At the time of our inspection no one was subject to a DoLS authorisation. We saw the registered provider had notified CQC of the outcome of any previous DoLS applications made.

We reviewed five care plans and saw some contained an assessment of the person's mental capacity. The registered manager showed us copies of a 'decision making tool' with which they had just completed working with people who used the service. The registered manager said, "This tool allows us to assess where everyone is at this moment in time." We saw the tool covered what decisions the person was able to make, what they needed support to do, and what was the next step. Next steps were identified as being the need for a mental capacity assessment, the need for a best interests meeting, or the re-writing of the support plan. We were told the follow-up work would be completed within the next few months and this, in turn, would determine any future applications to deprive someone of their liberty. This showed any decisions made on the person's behalf were done so after consideration of what would be in their best interest and the least restrictive.

One person who used the service received their medicines covertly, that is medicines which may be crushed and disguised in food. We saw a mental capacity assessment was in place for the person and a multi-disciplinary best interests meeting had taken place to agree this course of action.

Where people who used the service had been assessed as lacking capacity we saw records of multi-disciplinary best interest meetings using advocacy services where appropriate.

Two people's care plans we reviewed included 'do not attempt resuscitation' orders. We found these had been reviewed in accordance with current guidance and had been signed by a GP following a best interests meeting.

We reviewed the service's records which showed the training courses staff had undertaken and when they were due to be refreshed. We confirmed that training was up-to-date. We saw the registered provider considered training in infection prevention and control, Mental Capacity Act 2005, moving and handling, food hygiene, fire safety, health and safety, and safeguarding adults all to be essential. This meant the staff received the training needed to provide good quality care. Records showed the majority of staff had gained a nationally recognised qualification in health and social care at either level two or three.

Staff told us they received supervision approximately every six weeks. They also said they received an annual appraisal of their work in which their aspirations and personal development was discussed. One member of staff told us, "It's all about how we are feeling and how we are doing; it's very supportive."

We observed the lunchtime experience. The menu was displayed in each of the four units using pictures and easy to understand text. People were able to choose from a number of options. The lunch was well presented and was served quickly so that it remained hot. People who took longer to eat than others were afforded the time to do so. We noted some people were supported to go to the kitchen and choose their own meals.

The registered manager showed us the results from a pictorial survey given to people who used the service. This included the types of food they would consider to be their favourites and what they would like to see on the next season's menu. Comments from people who used the service included, "The food is gorgeous", "I like the dinners" and "I really, really like the food here." One person's relative told us, "XX loves the food and is always telling me what he has had to eat."

People's weights were recorded each month in their care files. In addition the home completed a nutritional risk assessment tool monthly which, in turn, informed the eating and drinking support plan. We noted some people had been referred to the Speech and Language Therapy team (SALT) as they had been identified as being at risk of choking. We saw meals of various textures were provided to people in accordance with the recommendations from SALT.

We saw that when people's weight dropped below a set level, the registered manager made a request for an immediate referral to a dietician or the SALT team.

We observed people were offered drinks regularly and were encouraged to make their own drinks if they wished.

Good

Is the service effective?

The service identified changes in people's needs effectively through the monthly review of care plans. We saw the service had sought input from health and social care support agencies; for example, occupational therapists, clinical psychologists and the community team for learning disability (CTLD). Records showed people were supported to attend outpatient appointments at the hospital as well as GP, dental and optician appointments.

Good

Is the service caring?

Our findings

Throughout the two day inspection visit we observed staff consistently interacting with people. Some staff were engaged in providing one-to-one sessions with certain people who used the service. Others were available in the communal areas. We saw the staff asking people if they were alright and if they needed anything. We carried out two observations using the Short Observational Framework for Inspection (SOFI) for 30 minutes on each of the two days of the inspection visit. This showed us staff interacted positively with people. We observed staff speaking with people in a calm, sensitive manner which demonstrated compassion and respect.

People who used the service told us they were happy. Comments included, "Yes, they look after me well here", "We have quite a lot to do and they (the staff) are very kind" and "I love it here, much, much better than my last home; I don't want to ever leave."

One person's relative who visited the home on the day of our inspection told us, "XXX has been here for a few months and really wants to stay here. I can't praise the staff enough. He is never left just sat here and is always doing something; he has lots of friends here."

Staff we spoke with were able to describe people's life histories and clearly knew and understood people's social preferences. Staff told us the care plans gave them sufficient information about people and they were encouraged to read them regularly to ensure they knew people well. One relatively new member of staff told us, "Before I started working with people I had to read the care plans. I found them informative and they allowed me to get to know people really well."

Staff were sensitive when caring for people with limited communication and understanding. They spoke softly and calmly and gave people time to respond. We saw each person who used the service had a communication support plan which informed the staff how to communicate effectively. For example, one person was profoundly deaf. The support plan gave clear instructions about addressing the person face-to-face and speaking slowly so they could lip read.

Staff told us they viewed the service as the person's home and respected their privacy, always knocking on doors and waiting to be asked to enter. During our observations we saw people who used the service were always asked for their consent before any care tasks were undertaken. The five care plans we reviewed also contained the person's or their representative's written consent to each section of their care plan.

We observed members of staff asking people if they needed assistance in a quiet, discreet way. All of the people we spoke with said they felt they were treated with respect and that their privacy was respected.

A GP was visiting the service during the first day of our inspection; they told us, "I have never had any concerns with the care in this home, it's wonderful. In fact, I feel very comfortable with the care here."

We saw people were supported to air their views through a quarterly 'My review' meeting. This meeting took place between the person, their key worker, and a member of the service's management. Pictures and easy-to-read text were used to explore whether the person was happy or sad about things and what they would like to change. Their own aspirations and thoughts about the future were also discussed.

The registered manager showed us the schedule of annual reviews with social workers and commissioners. The majority of review meetings had included, where possible, the person who used the service and their relatives or representative. Records showed people used independent advocacy services to assist them in making decisions about their life choices. Advocates had been used during the review process.

We saw people's relatives and friends were free to visit at any time without notice. People who used the service were supported to remain as independent as possible and many had access to local community groups. One person's relative told us, "XX goes to a club in Scunthorpe; he has lots of friends there. The home support him to do this."

Good

Is the service responsive?

Our findings

We reviewed five care plans which we found were easy to read and written around the needs of the person as an individual. However, we saw the care plans were not consistently ordered which made some information hard to find. The registered manager told us they were in the process of addressing this issue.

We saw that when components of the care plan were amended following a change in a person's needs, a review of any associated risk assessment had also been carried out. This showed the service responded to people's changing needs effectively.

Care plans contained sufficient information about people's health care needs, what they enjoyed doing, and their daily routine preferences.

Each care plan included individual support plans for mobility, personal care, health, communication and night-time care. Each of these plans started with the phrase, "What's important for XX to be as independent as possible?" The support plans we reviewed showed this question had been answered during the writing of the support plan so that people who used the service were treated as individuals.

We saw care plans had been reviewed monthly to ensure people's choices, views and health care needs remained relevant to the person. Where possible people who used the service had signed to say they had been included in these discussions. One visiting relative told us, "The staff make sure I know what's going on with XX's care and if there are any changes." One member of staff told us, "The manager checks how we have completed the care plans and daily notes as it's really important that we make sure we reflect how the person wants to be treated and what they want to do with their day."

Each care plan contained detailed information under the headings of 'My activities', 'New skills I have learned' and 'My relationships.' We saw people who used the service had been involved in the creation and review of these documents, often using pictures and easy-to-read text. The staff we spoke with were able to describe the contents of these documents, confirming they had a good knowledge of the person for whom they were caring. We saw evidence of people having regular contact with their families; this had been recorded in the care plans and was monitored. Staff told us if someone had not received a visit for a while they would contact the family, if the person wished them to, in order to arrange a visit.

We reviewed the notes from the duty managers' handover meeting which took place at the shift changeover. We found the care for each person who used the service was discussed as well as anything that may be an issue for them that day. The handover also discussed issues that may affect the running of the service; a strike by the fire service was one example.

Whilst the registered provider employed a dedicated activities co-ordinator, they were away from the service at the time of our inspection visit. The registered manager told us all staff provided activities throughout the day. We saw some people were supported to access specific activities in the community as part of their allocated one-to-one time with staff. People who used the service told us, "We get to go out quite a bit", "We have things to do, we don't just sit here you know" and "They (the staff) helped me go to The Hub [a community centre for people with learning disabilities], today I made some Christmas cards." The registered manager told us how one person had been supported to attend college and had recently gained some A level qualifications.

We noted people's involvement in activities were recorded in the daily progress notes. We saw people who used the service had been encouraged to participate in a number of activities in order not to become socially isolated.

People told us they would know how to complain if they needed to. One person said, "I would know who to talk to if I wasn't happy about anything". We saw the complaints policy was displayed in an easy read format around the service.

People were encouraged to express their views about the care they received. We saw notes from the monthly 'Be Heard' meetings to which all people who used the service were invited. We noted people discussed their opinions about the food, activities, and engagement with the local community.

Good

Is the service well-led?

Our findings

We found there were effective systems in place to monitor the quality of the service and people who used the service were included in the day-to-day running of the service.

The members of staff we spoke with told us the management of the service was good; comments included, "We [the staff] have a good relationship with the manager, the door is always open and we can talk about anything" and "When we've had issues, we've talked about them openly with the manager and she acted on things, I have a lot of confidence in her." We found the service was well organised which enabled staff to respond to people's needs in a proactive and planned way.

The registered manager showed us the monthly quality audit they were required to complete and submit to the registered provider. This included an audit of IPC, infections, complaints, pressure sores and accidents and incidents, including falls. In addition, the registered manager carried out monthly audits of medication and care plan documentation, including whether people who used the service had been involved in the review of their care plan. We saw when shortfalls were identified, action plans had been put in place and followed up.

Records showed accidents and incidents were recorded and appropriate immediate actions taken. An analysis of the cause, time and place of accidents and incidents was undertaken to identify patterns and trends in order to reduce the risk of any further incidents. By examining records of accidents, incidents, injuries, and safeguarding referrals we confirmed the registered provider had sent appropriate notifications to CQC in accordance with CQC registration requirements.

The pressure sore audit showed how and where pressure sores had developed and what the associated response by the staff had been. It also analysed the effectiveness of the interventions from external professionals.

The registered manager showed us the complaints and compliments log. We saw they recorded the number of complaints each month and had followed them up with actions and acknowledgements to complainants. In addition, we saw a full audit trail of complaints and resolutions was included in the registered manager's monthly report to the registered provider. We also saw that issues identified in any complaints and been discussed openly in staff meetings in order to promote a learning culture.

Records showed staff meetings and meetings for the senior staff took place regularly. Comments from members of staff included, "Staff meetings are quite useful" and "We have regular seniors meetings which discuss everything about the running of the home." Notes from minutes showed staff had been consulted about changes to care plan formats and their views had been listened to and acted on. One member of staff said, "We are asked for our opinions on things; we all have different views but ultimately it's about what's best for the resident, at least we can talk about it."

We reviewed the results of surveys sent to people who used the service and staff in June/July 2014. One survey was sent people's relatives to ask them about the levels of activities. Another to staff asked them to identify areas of improvement for the levels of 'active support' to people who used the service. We saw the registered manager was in the process of developing an evaluation and action plan following the surveys.