

Anchor Hanover Group

Birkenhead Court

Inspection report

Challis Street
Birkenhead
Merseyside
CH41 7DH

Tel: 01516520250

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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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Birkenhead Court is a residential care home providing personal care for up to 60 people. At the time of the inspection 58 were receiving support. The service primarily provides support to people with dementia and has four units with their own facilities.

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

Risk assessments now held appropriate information. Feedback we received from people and their relatives was positive. Care plans and risk assessments were person centred and they detailed how people wished and needed to be cared for. They were regularly reviewed and updated as required. We saw evidence of how the registered manager and staff ensured people beliefs, choices and rights were respected.

The recruitment of staff was safe and there were enough staff on duty on the day of inspection to meet people's needs. Risks to people's health and safety had been assessed and mitigated and equipment had been serviced and maintained. Accidents and incidents were recorded and reviewed in order to minimise the risk of reoccurrence.

There were a range of effective provider and manager quality assurance processes in place, the provider had learnt lessons from the previous inspection and improved service delivery.

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.

People received support in a caring, responsive and patient manner. People were comfortable in the presence of staff and positive relationships had developed. Relatives told us, "I would say they are super and outstanding, a great home", and "Well its very comfortable and kind and very considerate."

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 the service under the previous registered provider was requires improvement, (published on 24 November 2021) and there was a breach of regulation. 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 regulation.

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.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

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

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Birkenhead Court

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

This inspection was carried out by one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Birkenhead Court 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. Birkenhead Court 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 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 two people living in the home, nine relatives, five members of staff including the registered manager. We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were 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 under the previous provider registration. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) 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.

- People's care plans now held a wide range of assessments identifying potential risks.
- Records showed that measures were in place to mitigate those risks. Risk management considered people's physical and mental health needs and showed that measures to manage risk were as least restrictive as possible.
- Risks to the environment had also been assessed to help ensure people were safe. The provider had systems in place, ensuring regular safety checks on equipment were taking place.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training to ensure they had up to date information about the protection of vulnerable people.
- Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have.
- There was a policy in place to ensure people were protected from the risk of harm and abuse. Referrals had been made to the local authority safeguarding team when abuse had been suspected.
- People we spoke with felt safe living in the home, we were told, "Yes I feel safe. It is run smashing." Relatives also said they felt their loved ones were safe. We were told, "Yes I do think she is safe. I go down quite regularly. They have two doors with codes and I am quite happy they monitor the doors very carefully to be honest." Another relative told us, "Yes I do (feel relative is safe). She tells me she feels safe."

Staffing and recruitment

- A robust recruitment and selection process was in place and staff had been subject to criminal record checks before starting work at the service. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People and their relatives we spoke with felt there was usually sufficient staff on duty. People told us "I have never seen a shortage of staff however there are times they are pushed." Another person said "Yes

there seems to be plenty of staff are around if I need to ask anything. All seems fine to me."

- Appropriate disciplinary processes were in place and followed when it was appropriate to do so.

Using medicines safely

- Medicines were managed safely.
- Staff who administered medication received training.
- Appropriate measures were in place for controlled medicines and these were regularly audited.
- Time specific medicines were recorded safely and staff were provided with relevant information in relation to 'as and when' medicines, which helped support safe administration.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. One relative told us, "They are quite sticklers regarding COVID-19, any sign of anything they contact me and shut it down. They take every precaution. They wear their masks at all times."
- 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 was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- There were appropriate forms and processes in place for recording and investigating accidents and incidents. There were systems in place to learn lessons when things went wrong.
- There was a proactive and robust approach to managing performance of staff. Staff were supported to improve their practice.

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 outstanding under the previous provider registration. At this inspection the rating has changed to 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 were unique to an individual and contained information and guidance specific to each person's needs and wishes.
- Staff were aware of the relevant standards and guidance and used this effectively to assess people's needs and plan their care.

Staff support: induction, training, skills and experience

- Staff received an induction in accordance with recognised standards for care.
- Staff had the appropriate skills and training. They demonstrated good knowledge and skills necessary for their role. The training matrix and training documentation confirmed that staff had achieved the required competencies. This was supported in discussion with staff.
- Staff received an appropriate level of support for their role through regular supervision and appraisal. Staff told us how they felt supported by the registered manager and provider.

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

- People's nutritional and hydration needs and how they were to be met were recorded in their care plans. Where needed, people were supported with specific diets associated with their individual needs.
- The chef told us how they were kept informed of any changes to people's dietary requirements or new people moving into the home.
- People and their relatives told us that they were happy with the food provided by the home. Comments included, "Absolutely smashing and I like a good roast and chips too" and "I can get a drink and snack anytime I want one." A relative told us, "From what I have seen the food is at an excellent standard."

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

- People were referred for healthcare assessments promptly if required. We were told, "They call me every time [person's] health changes or they feel they need to call a GP."
- When other health and social care professionals were involved in people's care, any advice given was incorporated within their plans of care.

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

- People's bedrooms were personalised and looked clean and well maintained.

- The service had recently been refurbished.
- There was an ongoing improvement plan within the home. There were plans for the external areas to be improved.
- Call bells were in place and regularly checked. We observed that the system was in working order.

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.

- Care plans stated if relatives had the legal right to make decisions on behalf of people living in the home, the registered manager was in the process of updating the documentation to reflect the evidence of this.
- DoLS applications had been made appropriately. A system was in place to monitor authorisations and when they needed to be reapplied for.
- Staff obtained consent for people's care and support. Staff understood the principles of the MCA and people were supported wherever possible to make their own decisions.
- Where necessary, mental capacity assessments had been completed and a best interest processes were followed and documented.

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 under the previous provider registration. 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

- People and family members spoke positively about the home. One person said, "The staff are smashing, seriously I mean that." A relative told us, " She does get a choice and exercises her choice."
- The registered manager and staff were considerate, kind and responsive in their actions and spoke about people warmly and knowledgably. One relative told us, "Once I saw a resident (with dementia) accuse a carer of spanking her children and it was lovely to watch how she spoke to the resident and then I saw the resident walk away smiling and content with what the carer had said to her."
- People had input into their care including their dietary, gender, ethnicity and religious beliefs.
- People's care plans contained information about, beliefs that were important to them. Examples included the importance of family and inherited high morals.

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

- People were supported to make decisions about their daily life.
- People who could not consent or make their own decisions were supported by staff patiently in the lounge and dining room.
- Family participation was encouraged in making decisions if it was appropriate.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people's privacy and dignity. One relative told us, "I have noticed with people that they treat them as someone special, laughing and talking to them and they always close the door if they have to do anything in their room."
- People were supported to maintain their independence. A family member told us, "They [staff] are very conscious of [person's] independence and are very supportive."
- People's care plans outlined their abilities and how staff were able to support a person's independence. For example, one person's care plan highlighted how their medical condition could make their dependency levels vary and the support that may be needed.

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 under the previous provider registration. 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

- Assessments had been completed to identify people's needs, likes, dislikes and preferences. The information obtained through assessments and discussions with people and their relatives, was recorded in care plans and these were regularly updated. One person told us, "Yes I have seen that file and I am kept up to date on it where it is appropriate too. It looks quite satisfactory to me."
- Safety equipment including sensor mats were used to respond promptly to people's needs. These were checked regularly to ensure they continued to operate effectively.
- People were supported by staff who knew them well and were able to tell us how they liked to be supported. People's care was person centred and individualised, we saw this in practice during the inspection. Relatives told us, "Those [staff] who are regulars know [person's] fads, likes and dislikes." Another relative told us how their loved one had a key worker who was always on hand to discuss the person's needs.

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 sensory and communication needs had been considered during the assessment process. This included the use of glasses and hearing aids and staff knew people's different ways of expressing their needs.

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

- The staff actively supported people to maintain relationships with their families and friends.
- People were able to make choices about how they spent their time and were supported to take part in a range of social and leisure hobbies and interests. The home had a cinema room and a 'pub', sporting events were screened for those who wished to attend.
- There was an activities timetable on display which included a range of options such as music therapy and films. We observed staff running an activity during the inspection which was carried out in an engaging and lively manner.

Improving care quality in response to complaints or concerns

- People and their relatives told us they had no concerns or complaints to make about the home. Comments included, "I would be able to tell if [person] was upset, which they aren't. [Person] can still smile for me" and "I have no complaints. It has taken me a while to get to a point where I am comfortable with the staff and what they can do. I know it is not a nursing home but the staff are wonderful with helping [person] and me. I don't want to move him as he is so content there. He believes now that he is at work and that makes him feel secure."
- There was a complaints policy in place; people and their relatives confirmed they could complain if they needed to.
- Complaints were addressed appropriately. This involved investigating complaints, speaking with all concerned and taking action to address the concern.
- No person we spoke with had any complaints at the time of inspection.

End of life care and support

- Systems were in place to provide end of life care and support.
- People's individual preferences and wishes had been discussed with them and their family and incorporated into their care plan. This included if they wanted to be resuscitated, and any funeral arrangements they wished to share with the home.
- We saw very positive feedback the home received from a family member who said how the staff had been very person centred and caring with them and their relative.

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 under the previous provider registration. 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

- The provider and registered manager provided training and guidance to staff regarding the importance of choice and personalised care.
- Staff spoke positively about the support they received from the registered manager. One staff member told us how their opinions and observations were valued and incorporated into care plan reviews. This meant that people's care was constantly reviewed leading to good outcomes for people.
- The registered manager was open, approachable, reflective and a role model to the staff. The staff worked well together, worked as a supportive team and were able to give regular feedback via staff meetings and supervisions.

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; Continuous learning and improving care

- The provider and registered manager were aware of their responsibility to be honest with people when things went wrong. They undertook investigations if any incidents and accidents happened to try to prevent them happening in the future.
- The registered manager had reported notifiable events where required to the CQC and maintained records of actions which had been taken. This was to help ensure changes made were effective.

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

- Regular safety and quality audits were carried out to measure performance and generate improvements. When actions were identified through the audit system, they had been addressed to improve service delivery and reduce the likelihood of the same issue arising again.
- The area manager and registered manager were responsive to feedback given throughout the inspection.
- Policies and procedures were in place, including infection control, data protection and disciplinary processes. This helped to ensure staff were aware of the expectations of their role and were held accountable for their actions.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives spoke positively about the communication with the registered manager and staff. We were told, "The manager is very friendly and always open for questions as are the staff" and "They

wanted to relocate [person] to another room to redecorate. But I didn't want to have her moved as the room is so perfect where it is for her and they obliged and respected that. The managers have been approachable and the staff are great and I am very happy with the care she receives."

- Regular meetings were being held and people were updated on processes and encouraged to air their views. We were told, "Yes I know and do talk to the Manager. I am always kept up to date on what is happening" and "I have seen notices up that I could go on Zoom Calls for meetings. I don't hesitate to ask on anything. They don't hesitate to explain anything to me."
- Referrals to other health and social care professionals were made in a timely manner when people needed additional support.