

Anchor Trust

Birchlands

Inspection report

Barley Mow Road
Englefield Green
Surrey
TW20 0NP

Tel: 01784435153
Website: www.anchor.org.uk

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Ratings

Overall rating for this service

Requires Improvement ●

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?	Requires Improvement ●

Summary of findings

Overall summary

Birchlands is a care home that provides residential care for a maximum of 52 older people who may also be living with a dementia type illness. The home is divided into seven units. At the time of our inspection, there were 32 people living in the home. Due to the vacancies in the home, only five units were open, with the other two closed for refurbishment.

We previously carried out an unannounced comprehensive inspection of this service on 06 August 2015. At that inspection a number of breaches of legal requirements were found. As result the service was rated Inadequate overall and the provider was placed into Special Measures by CQC. As part of this decision, we met with the provider to discuss our concerns. We also issued four Warning Notices which required the provider to take immediate action in relation to staffing levels, the management of people's hydration and nutrition, acting in accordance with the Mental Capacity Act 2005 (MCA) and the effective governance of the home.

Since our last inspection we have continued to engage with the provider. We also required the provider to submit regular action plans that updated us about the steps they had taken to improve the service. This inspection confirmed that the provider had taken the action they told us they had. Significant improvements to the way the home was being managed meant that the provider had complied with the Warning Notices we had issued and we have now taken Birchlands out of Special Measures.

The service did not have 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. A new manager had been appointed and was in the process of registering with the CQC.

Since our last inspection, the service had experienced a period of considerable change. Whilst it was evident that the new management team had effected improvements to the leadership of the home, these changes now needed to be embedded and sustained.

The recent focus had been on changing the culture at Birchlands. As such other areas of improvement had been identified, but not wholly implemented. For example, like us the management team had highlighted the need to improve the standard of record keeping within the service. For example, whilst we found that people received appropriate care, this was not always reflected in the care plan. Similarly, further improvements to the provision of activities were required. The management team already had plans of ways to provide people with more opportunities to engage in activities and outings that were reflective of their individual interests and hobbies.

The service had a relaxed and friendly atmosphere. Staff were kind and caring towards people and upheld their privacy and dignity at all times. Staff had a good understanding of people's needs and engaged with

and supported them effectively.

People were supported to maintain good health. The service had good links with other health care professionals to ensure people kept healthy and well. Medicines were managed safely and there were processes in place to ensure people received the right medication at the right time.

People were more involved in making decisions about their care and staff understood the importance of respecting people's choices and giving them control over their personal routines. People were effectively supported to maintain a healthy and balanced diet.

Staffing levels had been increased to ensure people received appropriate support in an unhurried and personalised way. Appropriate systems were in place to ensure only suitable staff were employed and all staff received relevant training and support to enable them to undertake their roles.

People were protected from the risk of abuse, avoidable harm or discrimination because staff understood their roles and responsibilities in protecting them. Staff understood the importance of gaining consent from people and acted in accordance with the principles of the Mental Capacity Act 2005.

Systems for monitoring quality and auditing the service had recently improved and were being used to continually develop the service. People and their visitors were being actively encouraged to share feedback about their experiences and their suggestions for improvements were acted on.

We found one of breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we asked the provider to take at the back of this report.

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.

Staffing levels were sufficient to meet people's individual needs.

People were protected from the risk of abuse, avoidable harm or discrimination because staff understood their roles and responsibilities in protecting them.

The service had good systems in place that appropriately identified and managed risks to people in a proactive and enabling way.

Appropriate checks were undertaken to ensure only suitable staff were employed.

Medicines were managed safely and there were good processes in place to ensure people received the right medicines at the right time.

Is the service effective?

Good ●

The service was effective.

Staff had the skills and knowledge to meet people's needs. Training and support were provided to ensure care staff undertook their roles and responsibilities in line with best practice.

Staff demonstrated a greater understanding than at our previous inspection of the Mental Capacity Act 2005 and ensured that they gained people's consent to the support they provided.

People had choice and control over their meals and were effectively supported to maintain a healthy and balanced diet. People were supported to maintain good health. The service had good links with other health care professionals to ensure people kept healthy and well.

Is the service caring?

Good ●

The service was caring.

People had positive relationships with the staff that supported them. The atmosphere in the service was relaxed and friendly.

Staff respected people's privacy and promoted their dignity at all times.

People were now better involved in making decisions about their care and staff now understood the importance of respecting people's choices.

Is the service responsive?

The service was not wholly responsive.

People received personalised care that was responsive to their needs. Care records however were not always an accurate reflection of people's care or the levels of support provided.

People's individual routines and preferences were respected. Staff were working hard to support people to engage in meaningful activities and this was an area that was continuing to be developed.

Staff now ensured that when people raised issues that they were listened to.

Requires Improvement ●

Is the service well-led?

The service was not wholly well-led.

The service had recently experienced significant changes to the leadership of the home which needed to be embedded and sustained.

Systems for monitoring quality and auditing the service had recently improved and were being used to continually develop the service.

The daily management of the home was good and staff felt the management team were good role models for them. The culture within the service was now open and delivered a service that placed people at the centre of the care they received.

Requires Improvement ●

Birchlands

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 was a focussed inspection to look at whether the service had complied with the Warning Notices issued following our last inspection. Due to the seriousness of our concerns at the previous inspection, we re-inspected our key questions of Safe and Well Led.

This inspection took place on 08 March 2016 and was unannounced. The inspection team consisted of three inspectors.

Before the inspection, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. On this occasion we did not ask the provider to complete a Provider Information Return (PIR) before our inspection. 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. This was because this was a follow-up inspection in which we were looking at whether the service had made sufficient progress against its action plan.

As part of our inspection we spoke with 9 people who lived at the home, one relative and ten staff. We also spoke with two visiting professionals who had regularly visited the service. We reviewed a variety of documents which included the care plans for nine people, four staff files, medicines records and various other documentation relevant to the management of the home.

The home was last inspected in August 2015 when we rated the service Inadequate overall and the provider was placed in Special Measures.

Is the service safe?

Our findings

At our previous inspection in August 2015, we found that there were not enough staff to meet people's needs. As such we issued a Warning Notice that required the provider to ensure people were cared for by sufficient number of qualified, competent and experienced staff. We also found that medicines were not always managed appropriately and as such made it a Requirement of the inspection that the provider make improvements in this area.

At this inspection people told us that they felt safe. One person said "Oh yes, I do feel safe here." A relative also told us that they had no concerns about the safety of their family member living at Birchlands.

Staffing levels were now sufficient to meet people's needs. The increase in the number of staff employed was evident throughout the home. People told us that there were now enough staff to care for them properly. For example, one person told us "There are always enough staff around now, things are better." Another person commented "If I ring my bell, staff are with me within five minutes." A relative told us that they had previously been concerned by the lack of staff in the home, but that now they felt confident that there were enough staff to support people.

The rota reflected the staffing levels in place as described by the management team. The number of staff on duty had been increased since our last inspection. Each unit now had a minimum of two care staff allocated to it, with two team leaders working across the home. We found that staffing levels were now reflective of people's individual needs. As such we noticed that one unit had three dedicated care staff supporting people. The management team told us that an additional staff member was being trialled on the unit as staff had informed them that people's needs in that area were currently higher.

Staffing levels enabled people to receive personalised care. Staff told us that they now had time to support people appropriately. We saw that when people became disorientated or anxious, staff spent 1-1 time reassuring them.

The manager and deputy manager worked in addition to care staff to provide ongoing management support and oversight of the service. The management team had recently reviewed the deployment of domestic, catering and laundry staff to ensure they reflected the needs of people who used the service. Domestic staff now worked until 5pm and we observed that this had improved the cleanliness of the home.

People were protected from the risk of abuse. Staff were confident about their role in keeping people safe from avoidable harm and demonstrated that they knew what to do if they thought someone was at risk of abuse. The management team had recently run a safeguarding workshop to increase staff understanding in this area and staff demonstrated that they knew what to do if they suspected abuse. Staff had access to up to date policies and procedures on safeguarding and the deputy manager had recently produced a flow chart which outlined the steps staff would need to take if they had concerns that someone was at risk of harm.

The service had good systems in place that appropriately identified and managed risks to people in a proactive and enabling way. Care records showed that risks to people had been considered and were managed in a way that balanced their safety with independence. For example, one person loved gardening, but was currently unable to access the garden safely on their own. As such a designated gardening area had been introduced inside the reception area home so that the person could continue potting plants whilst being discreetly monitored by staff.

Appropriate checks were undertaken before staff began work. We saw criminal records checks had been undertaken with the Disclosure and Barring Service (DBS). This demonstrated that steps had been undertaken to help ensure staff were safe to work with people who use care and support services. There were also copies of other relevant documentation, including employment history written references and job descriptions in staff files to show that staff were suitable to work in the service.

People received their medicines when they needed them. Only staff who had received medication training were permitted to manage medicines.

There were policies and procedures in place to make sure that people received their medicines safely and on time. Medicines were administered from a trolley in which they were stored securely. When not in use the trolley was stored securely in a locked room. The stock cupboards and medicines trolleys were clean and tidy, and were not overstocked. Some items needed storage in a medicines fridge, the fridge and room temperatures were checked daily to ensure medicines were stored at the correct temperatures.

Administration records showed that medicines were administered as instructed by the person's doctor. There was a written guidance for each person who may need medicines only 'when required' to ensure these medicines were given as prescribed.

There were systems in place to review any incidents and medicine errors that happened at the service. These were analysed and improvements were made if any trends or patterns were identified. Staff involved in these incidents were given appropriate corrective training. This helped reduce the risk of further accidents and incidents. Medicine use was audited. This provided information for audits and governance.

The premises and equipment used were safely maintained. The provider had contingency plans to ensure the service could continue in the event of power failure or adverse weather. These plans provided detailed guidance and useful contacts for staff to use in the event of an emergency situation.

Is the service effective?

Our findings

At our previous inspection in August 2015, we found that people were not being appropriately supported to maintain adequate hydration and nutrition. We also found that staff were not providing care in accordance with the principles of the MCA. As such we issued Warning Notices in respect of these two areas which required the provider to make immediate improvements.

At this inspection people told us that staff were good and supported them well. For example, one person told us "Staff are good and up to the job" and another said "They are all good girls here and they look after each of well." A relative told us that staff were now "Better than they have ever been."

Staff had the skills and knowledge to meet people's needs. We found that most staff were up to date with core training including moving and handling, safeguarding, fire safety and food hygiene. In addition to the focus on mandatory training, the new management team had also introduced a number of systems to support staff to deliver their roles in line with best practice. For example the home had become a member of the local dementia champions group. Similarly staff had completed specialist dementia training along with role playing workshops to improve their understanding of what it is like to be in receipt of services. Staff told us the practical workshops had really boosted their skills and experience. One staff member commented "The workshops are really good and I have learnt a lot from them."

New staff undertook a 12-week induction programme at the start of their employment which followed the Care Certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers should adhere to in order to deliver caring, compassionate and quality care. In addition to formal learning, new staff also shadowed more experienced staff. One new member of bank staff confirmed that they had shadowed other staff when they first started to work at Birchlands which allowed them the opportunity to get to know people and what was expected of them.

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 Act 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Staff had recently accessed training in this area and demonstrated a good understanding of the MCA. Staff talked to us about the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. We observed that people were now better involved in their care and that staff routinely asked for their consent before supporting them. We found that the service had made appropriate referrals to the local authority in respect of people they had assessed as potentially being deprived of their liberty and staff were taking ongoing action to provide care in the least restrictive way.

People had choice and control over their meals and were effectively supported to maintain a healthy and balanced diet. People told us "There's always plenty to eat and drink" and "The food is good, I like everything they offer." We saw that daily menus were on display and people confirmed that they were given a choice at every meal. We looked at the lunchtime menu with one person who told us that they would like to have the gammon. When we returned to see them at lunch we saw that their choice had been respected.

In comparison to our previous inspections we observed that mealtimes were relaxed and social occasions. The management team emphasised their expectation that people enjoyed a positive dining experience. As a result we saw that appropriate background music was playing in each dining area with people sat at individual dining tables. In addition to the written menu on display, people were given a visual choice of the meal options. People also had a choice over what to drink with their meal. We noticed that one person whose care records identified that they had a large appetite was offered and received second servings. Specialist dietary needs were known and acted on and those people who required support to eat, were assisted with dignity at their own pace.

In response to previous concerns about people's access to adequate hydration and nutrition, the service had introduced hydration stations on each unit throughout the home. We saw that each of these areas were stocked with food and drinks appropriate to the people living on that unit. We saw throughout the day that people helped themselves to drinks and snacks. The hydration stations were located in areas visible to staff which enabled discreet monitoring of people's food and fluid intake.

People were supported to maintain good health. The manager said that they had worked hard to develop better links with other health care professionals to ensure people kept healthy and well. For example we found that staff now had a good working relationship with the local district nursing team which had been effective in the management of pressure care. Care records documented that people attended regular health checks with their doctors, dentists, opticians and chiropodists.

The provider had recently invested heavily in improving the physical environment of the service. Such improvements had been led by a vision of a more dementia friendly living space which better reflected people's needs and preferences. As such, we saw that staff working on each unit were supporting people to be involved in making decisions about colour schemes, furnishings and décor.

Is the service caring?

Our findings

At our previous inspection in August 2015, we found that people were not always treated with kindness or sufficiently involved in making decisions about their care. As a result we made it a Requirement of that inspection that the provider take appropriate action to ensure people were treated with dignity and respect.

At this inspection we observed that people had positive relationships with the staff who supported them. We noticed that staff spent time engaging with people in a meaningful way and interacting with them in a way that was endearing and not just about the task. For example, before one person was supported to transfer from their wheelchair the two staff chatted with them. We overheard one staff member say to the lady "Hello my darling" and cuddle her before they got the hoist. In return the lady smiled happily and was totally relaxed before being assisted. When another person fell asleep in the lounge, a staff member quietly moved the lap tray away to give them extra space and carefully placed a cushion under the person's head.

Staff responded to people quickly and respected their wishes. We heard one person comment that they did not like the sensory lights in the lounge. Upon hearing this a member of staff immediately asked "Would you like me to turn them off?" and when asked to did so straight away. On another occasion we saw a person coughing persistently and two staff comforted the person with one getting them a glass of water whilst the other rubbed the person's back.

People consistently praised the caring attitude of staff. One person told us "The staff here deserve a medal; they are all so very kind." Another asked us to make special recognition of a staff member who they said they "Helped them so very much." We noticed that when this person was in a pain the same staff member had sat with them and recited the person's favourite poetry to distract them from the pain.

Staff had spent time getting to know people, their histories and their interests. Staff demonstrated an understanding that supporting people effectively was about providing care that was personal to them. For example, we saw that one person was cuddling a doll. Staff told us that the person had previously worked as a midwife and they noticed that the person got a lot of comfort from a teddy so they got her a doll. Later in the day we saw the same lady become anxious and observed staff pass her the doll and immediately the person relaxed.

People's privacy was respected. We observed that staff respected people's private space and as such they routinely knocked on people's bedroom doors and sought permission before entering. When people required personal support we saw that this was provided discreetly and in a way that upheld people's dignity.

Staff recognised the service as people's home and supported them to make it their own. Since the last inspection, a lot of time and effort had been spent improving the physical environment for people. In addition to supporting people to personalise their bedrooms, it was noticed that each unit was developing an identity that reflected the people residing on it. For example, we saw that people were involved in making memory boxes for outside their rooms to help them identify their own door. People had also chosen the

colour schemes for the communal areas and had their own armchairs in the lounges.

Is the service responsive?

Our findings

At our previous inspection in August 2015, we found that people had not always received support in a person centred way. As such, we made it a Requirement of that inspection that the provider took appropriate action to ensure that care was provided in a way that met people's needs.

At this inspection we found that people's care was better planned and that they received support in a way that was responsive to their changing needs. For example, staff had identified that one person had recently lost weight. As a result, the care manager had appropriately referred to the person to the dietician and speech and language team. Each team leader was aware of the need to monitor the person's food and fluid intake and the catering manager had been informed of the need to fortify the person's drinks. Similarly, the relative of another person told us that their family member had been recently been affected by a change to their medicines. When we looked at the care records for this person, we saw that staff were documenting the behaviour changes relating to this person and had made the necessary referral to their Community Psychiatric Nurse.

The management team informed us that they were in the process of reviewing and updating all care plans to provide a better overview of people's care needs. As such, we found that people's care records were in varying stages of completion. It was evident that since being in post, the management team had focussed on getting to know people and ensuring they received the required care. They said their next goal was to ensure the care records reflected the care that was actually being given. There were now effective handover systems in place to ensure that staff knew the care people that people required regardless of whether this had been appropriately documented. For example, one person complained of an irritated back. Whilst staff were able to talk to us about the actions that had been taken and how they supported this person appropriately, the information was not documented. Similarly, the care records for another person listed a number of recent falls and whilst staff described how this was being managed, the care records did not reflect what had been done.

Staff were working hard to support people to access a range of meaningful activities. Activities was identified at previous inspections as an area that also required improvement. People told us that whilst they enjoyed the fact that staff now had more time to spend with them either chatting, doing quizzes, jigsaws or in-house games, they would like more opportunities to engage in social activities away from the home. For example, one person told us "I used to love going to watch shows and I'd really like to be able to go to the theatre again." Another person commented "I can still get out and about, but I only go outside when my family take me somewhere."

Whilst staff knowledge of people's needs was good and the management team had effective oversight of people's support to ensure they received good care, the failure to have a current assessment of the needs and preferences to ensure people's needs are met was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection we observed staff actively engaging with people with either 1-1 or small group

activities. The management team said they had plans to expand the activities available and in particular was working on improving links with other local groups and clubs in order to bring the local community to Birchlands.

People were confident about expressing their feelings and staff ensured that when people raised issues that they were listened to and people's opinions were valued. Relatives also told us that whilst they had not recently had cause to complain, they would feel confident to do so if they needed to. A welcome pack had been introduced for each person that included details of who their designated care worker was and how to raise concerns.

A copy of the complaints policy was also displayed in the home. The management team reported that they had not received any complaints since being in post and believed that this was due to the open relationship they had with people and their relatives meaning that any issues were resolved before they escalated to complaint level.

Is the service well-led?

Our findings

At our previous inspection in August 2015, we found that the service lacked effective monitoring of quality and safety of the service. As such we issued a Warning Notice for the provider to make immediate improvements in this area.

As a result of our previous inspection findings, the provider had instigated additional management oversight at Birchlands. They also supplied us with regular updates that highlighted their progress against an official action plan of required improvements. Five weeks prior to the inspection, a new manager and deputy manager had been appointed. The new manager was in the process of applying to become registered with the CQC. It was evident that in the short time since the new management team had been appointed, real improvements had been made and further plans for positive change had been identified. The service now required a period of stability for these changes to be embedded and sustained.

The feedback we received from people, relatives and staff was that the new management team had been effective in taking forward the level of change required in the service and in particular securing a more open and positive culture. One staff member told us "The culture is really changing now, from being task focussed to us providing personalised care." A relative told us that they had not realised how bad things were until they changed. They went on to say that they had confidence in the new management of the home and believed that the service was now going in the right direction.

Staff praised the manager and deputy manager and said they felt motivated and empowered by them both. One staff member told us "The management is better. We feel better so people feel better." Another staff member who had recently restarted working at the home said "I left because it was so bad. I'm now back and it's a different place. Staff morale is up and we are working better together." The team spirit amongst staff was evident and unlike at our previous inspections, staff were working positively as a team. Staff told us that they now looked forward to coming to work and it was clear that staff enthusiasm had also improved the morale of people who lived at Birchlands.

Whilst staff were yet to receive formal supervision, the deputy manager showed us a schedule he had planned which evidenced that all staff would receive supervision within the following 4 week period. Staff said that whilst this had not yet taken place, they felt fully supported in their role and engaged by the management team. One staff member told us "They have an open door and they listen to us." It was clear that in the short time the manager and deputy had been in post they had had a positive impact on the leadership of staff which now just required time to embed.

People were benefitting from a more open culture. Reflective practice was being used to encourage staff to think about their own conduct and constructively challenge their colleagues. The manager and deputy had devised reflective accounts which they required staff to complete if they observed practice that could be improved. Staff reported that they had felt empowered and supported by this process and in turn had learnt a lot about how to improve the way they cared for people. For example, one staff member told us that they were new to working in care and the manager had highlighted how their communication with people could

be improved. They said that by reflecting on this and changing the way they spoke with people had led to them forming better relationships with people.

Communication of information across the service had improved. Daily heads of department meetings had recently commenced to ensure the effective handover of information and delegation of tasks. We saw that this had improved quality of care for people. For example, where people had been identified as losing weight, this had been effectively communicated to catering staff who then took steps to boost their nutritional intake. Staff also told us that team leaders now had better oversight of each shift and that work was allocated to care staff which helped ensure that things did not get missed.

The new management team had recently introduced better systems to monitor the quality of the services provided. In addition to provider level monitoring of the service against a specific action plan, each department head also conducted monthly audits of their area. We found that actions from these audits had led to the purchasing of new moving and handling equipment, the implementation of hydration stations and advanced training for staff.

People told us that they felt better engaged with and that their views were now being listened to. In the past people had not always seen changes made as a result of their feedback. The new management team had responded to this by creating a "You said, we did display" in communal areas. We saw that people had recently requested more quiet areas around the home and as such one of the office spaces had been converted into a library for people. We also saw that satisfaction surveys were also being used as a way of canvassing the views of people, visitors and professionals.

Incident and accident reports were completed as necessary and the manager appropriately reported notifiable incidents to the CQC in accordance with the Health and Social Care Act.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered person had failed to maintain a current assessment of the needs and preferences of each person so as to ensure they always received appropriate care and treatment.</p>