

West Berkshire Council

Birchwood Care Home

Inspection report

1 Birchwood Road
Newbury
RG14 2PP

Tel: 0163533967
Website: www.westberks.gov.uk

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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? | Requires Improvement ● |

Summary of findings

Overall summary

About the service

Birchwood Care Home is a residential care home providing personal and nursing care to 49 people aged 65 and over at the time of the inspection. The service can support up to 60 people. There are approximately 90 staff. Some people at the care home are living with dementia, physical disabilities or sensory impairments.

The care home is located in a residential area. The building is modern and purpose-built. There are five separate units, set across three floors. Each person has their own bedroom and ensuite bathroom facilities. There are communal areas such as lounge rooms and dining rooms. There is a large garden to the rear and side of the building.

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

Improvements were made since our last inspection to ensure people received safer care. Risk assessments were improved. There was sufficient staff deployed and personnel file contents were improved. Medicines management was made safer and we noted the improvements made. People were protected from abuse and neglect. Accidents and incidents were logged; the service still needed to demonstrate how they learn and change as a result of reported accidents and incidents. We made a recommendation about recording mechanisms for incidents. People and others were satisfactorily protected from COVID-19 at the time of the inspection.

At this inspection, we have repeated our recommendation about the dining experience for people. The food, drinks and dining experience at the service were being improved through regular meetings with the caterers. Staff were knowledgeable, experienced and skilled. They carefully provided the support people required. There was an appropriate induction, training, supervision and performance appraisal system which enabled staff to progress their careers. Refurbishment of the environment was ongoing; the provider was signposted to resources about the right decoration for people living with dementia.

People and relatives described the service as caring and staff as kind. They provided positive feedback about their interactions with staff. People's human rights, dignity and privacy were respected. The support people received helped promote and maintain people's independence.

Improvements were made to people's care plan documents. This demonstrated planned care was tailored to their individual needs. There was a large variety of social activities, which prevented isolation and promoted people's emotional health and psychological wellbeing during the pandemic. There was an appropriate complaints system in place. We made a recommendation about storage of complaints documents.

Improvements were made to the governance of the service since our last inspection. However, further action is required to ensure the service is always well-led. The registered manager had not always carried out all steps in the duty of candour process. We made a recommendation about the duty of candour process. Most

notifications of specific events had been sent to us. A continuous audit and action plan was in place which clearly demonstrated improvements made by the management team. The service engaged well with people, staff and relatives. The management team were receptive to feedback and implemented suggestions and improvements. There was good collaborative working with healthcare and social care partners.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 20 November 2019) and there were multiple breaches of the regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. We also took enforcement action to impose conditions on the provider's registration. At this inspection, we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under key question Safe. 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.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Birchwood Care Home

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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by an inspector, specialist advisor and an 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

Birchwood Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we held and had received about the service since the last inspection. We sought feedback from the local authority and other professionals who work with the service. We requested information from Healthwatch. Healthwatch is an independent consumer champion that gathers and

represents the views of the public about health and social care services in England. We checked information held by Companies House, the Food Standards Agency and the fire brigade. We contacted commissioners, healthcare professionals and the local authority safeguarding team. We looked at online reviews and relevant social media posts. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and three relatives about their experience of the care provided. We spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with the registered manager, deputy manager, a registered nurse, three care workers, two cleaners, the chef and maintenance officer. We also spoke with a visiting healthcare professional. We received written feedback from the local authority and two healthcare professionals. We completed observations of communal areas during our site visit.

We reviewed a range of records. This included five people's care records and multiple medicines administration records. We looked at five staff 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested and received quality assurance records and were provided with additional evidence for consideration.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection the key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At the last two inspections the registered persons failed to ensure people were supported in a safe way. Risks to people were not appropriately assessed and the registered provider did not always do all that was reasonably practicable to mitigate risks. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As a result, we took enforcement action to impose conditions on the provider's registration.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- The service received referrals for new people to move into the care home, and used the information to determine whether the person may be suitable to live there. The registered manager explained they would only accept admissions for people the care home could safely care for.
- If deemed safe to live at the service, a pre-admission was completed in various settings, such as people's homes or hospitals.
- Information from health and social care professionals was also used to inform decision making. This ensured a holistic view of the person's care risks.
- Historical information was recorded about the person. This included a medical history, social history and cultural and faith-based background.
- Other risks assessed included eating and drinking, moving and handling, skin integrity and medicines management.
- In 2020, the fire brigade inspected the building, and sent a letter of action to the provider to make changes. The current registered manager and nominated individual were not aware of the letter as they were not in post at the time. We provided a copy of the letter to them. We checked to ensure the remedial actions were taken and were satisfied that the risks to people and others were mitigated.
- Premises and equipment were regularly examined and checked to ensure they were safe and suitable for use. Documentation showed the service followed all legal obligations to maintain the property and equipment.

Staffing and recruitment

At the last two inspections the registered persons failed to ensure robust recruitment practices were in place so only 'fit and proper' persons were employed. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As a result, we took

enforcement action to impose conditions on the provider's registration.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 19.

- Improvements were made to ensure the necessary processes and documentation for safe recruitment were in place.
- Initial screening of applicants for vacant roles was completed online, by the provider and at the care home.
- We checked five personnel files with the deputy manager. We found they contained all records required by the regulation and associated schedule. This included full employment history, proof of identity, proof of conduct in prior care roles and criminal history checks.
- The deputy manager and administrator completed checks to ensure all required information was within the files. Employment history and gaps in employment were carefully examined.
- Interview notes were suitable for various roles being recruited to.

At the last inspection the registered persons failed to ensure to ensure sufficient staff were deployed effectively to consistently meet people's needs. This was a breach of Regulation 18 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 18.

- There were sufficient staff on each unit to ensure people's needs were safely met in a timely way.
- Staffing levels had fluctuated during the COVID-19 pandemic and repeated lockdowns. Appropriate strategies were implemented by the service to ensure there were sufficient staff deployed. For example, this included using agency workers.
- The registered manager was able to explain how staffing levels were calculated, what staff were deployed and how these were adjusted if necessary.
- The inspection team observed staff on all units. We saw people were not required to wait for support or care.
- Call bells were answered promptly for people who were in their bedrooms.
- There was an ongoing recruitment campaign to ensure vacant posts were filled as promptly as possible.

Using medicines safely

- Medicines were ordered, stored, administered and recorded in the correct way.
- Appropriate checks of medicines storage were completed. This included counting medicines subject to strict controls (controlled drugs), checking room and fridge temperatures and locking away all the stock.
- Audits were completed by registered nurses and the management team to ensure that medicines were managed safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.

- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse, neglect and discrimination. They told us the care was safe.
- Comments included, "I know she (the person) is being looked after...", "Very happy with care" and "I'm really pleased."
- Staff received training in how to protect vulnerable people at risk harm or abuse. They were also provided information about whistle-blowing, so they knew how to report unsafe practices and other concerns.
- The management team used a form on the local authority's website to report allegations. The local authority confirmed they received the referrals.
- There was some lack of clarity about when allegations of abuse were required to be reported to the Care Quality Commission (CQC). Not all referrals to the local authority were reported to the CQC. We asked the registered manager and nominated individual to review the reporting process, and we received assurances this would be completed.

Learning lessons when things go wrong

- Accidents and incidents were satisfactorily reported and recorded.
- An electronic system was used to record details. Although the system allowed the senior staff member on shift to note actions taken, there was no ability for the management team to make their own review notes.
- There was evidence that the senior staff member on duty recorded actions carried out to ensure a person was made safe after an accident or incident.
- The nominated individual explained it was not possible to export data from the system. This made it difficult to look for patterns in accidents and incidents to prevent potential recurrence.

We recommend the provider reviews processes for recording and storing accident and incident reviews made by the management team. This should include trends and themes of such reports.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had sufficient access to food and drinks, including snacks.
- There was a good choice of meals on the menu. People were asked about their preferred meals in advance. However, they were not always offered the opportunity to change their decision, as meals were ordered the day prior.
- Staff were observed to regularly encourage people to consume fluids to avoid dehydration.
- The risks of dehydration and malnutrition were assessed and reviewed. This clearly demonstrated when further intervention may be required, for example increasing calorie consumption.
- Staff sought external healthcare advice when needed; examples included with the GP or dietitians.
- At the last inspection, we recommended the provider sought guidance about the dining experience. We spoke with the registered manager and nominated individual who explained their ongoing work with the catering company who cooked the meals. This included regular meetings with the caterer.

We recommend the service continues to review the dining experience for people living with dementia.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed to ensure the service was able to meet their needs. People and their relatives were involved in the assessment process to support a person-centred approach to care planning.
- Staff were observed to ask people their choices and preferences about everyday care. People's preferences were also comprehensively discussed with them and noted in the care records.
- Care records clearly showed people's likes, dislikes and preferred ways of being supported. People and others, such as relatives or friends, had contributed to the care assessments and reviews.
- Assessments in care records included social, emotional and psychological needs. Staff could access this information to ensure people's care was individually tailored to them.

Staff support: induction, training, skills and experience

- Staff had the necessary knowledge, skills and experience to provide effective support to people.
- There was an appropriate induction process in place for new staff. This included the completion of the Care Certificate, which is a nationally agreed set of minimum training modules.
- The training matrix showed staff completed statutory and mandatory training in line with guidance from Skills for Care. Refresher training was also completed.
- Staff participated in regular one to one meetings with their named supervisor. Records of discussions, training needs and personal aims and objectives were maintained.

- A number of staff had completed additional qualifications relevant to their roles. The deputy manager explained how further staff planned to enrol in courses.

Staff working with other agencies to provide consistent, effective, timely care

- There were suitable process in place for referring people to other health and social care professionals, when needed.
- Staff worked alongside other services such as district nurses and the 'rapid response team' to ensure people's health and safety was assessed, promoted and monitored. There was good evidence this applied during the period of the pandemic and lockdowns.
- Staff sought advice from the GP on a regular basis. The GP visited weekly to complete rounds and ensure people's medical needs were addressed. Telephone advice from the GP was sought by staff outside of the weekly visit as needed.
- During a previous COVID-19 outbreak at the home, the staff worked very hard to ensure people were safe. There was excellent evidence of working with the local authority, clinical commissioning group and the local health protection team from Public Health England. The joined-up working meant the outbreak was effectively managed and there were no further cases after the isolation period.
- A healthcare professional said, "I have always found the care and attention of the staff to unwell residents very good. They often are aware...if a patient is unwell and will refer in a timely way to us. The staff are able to give the appropriate information in a professional manner and can support the residents to remain at the care home rather than be admitted to hospital...the staff are able to ensure additional care needs are met; their documentation with regards to fluid intake is always really good and communicate well any ongoing concerns with a resident whilst they are under our service."

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

- We made a recommendation at our last inspection about the environment being suitable for people living with dementia. Some changes had been made on the ground floor.
- The environment was mostly suitable and appropriate for people who lived at the service.
- The ground floor had recently been refurbished. This included suitable colours and designs, flooring, new furniture and signage. Refurbishment of the first and second floors is planned.
- People's bedrooms were individualised, with their own items such as ornaments, pictures and other memorabilia.
- The premises was fully wheelchair accessible. There was dedicated parking for blue badge holders. There were two passenger lifts which made it easy for people and others to move between floors.
- We again signposted the management team to best practice guidance which covers environments for people living with dementia.

Supporting people to live healthier lives, access healthcare services and support

- Some support to healthcare services was limited by the pandemic and repeated lockdowns. This included the ability to physically leave the care home for tests and appointments.
- However, there was evidence that staff sought access to healthcare professionals on behalf of people throughout.
- Professionals involved in promoting people's healthcare were available upon request or in a planned manner. For example, this included tissue viability nurses, podiatry and dietitians.
- As pandemic restrictions eased, more healthcare professionals visited people at the care home to ensure a healthy lifestyle was maintained.

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 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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff sought valid consent prior to supporting people.
- Where a person could not consent, staff used the best interest decision making process or sought the decision from another source (such as an attorney) with the relevant legal authority.
- Staff received training in the requirements set out by the MCA. They understood the principles of assessing mental capacity, consent and best interest decision making.
- Applications were made to the relevant bodies to deprive people of their liberty when needed. The service operated in accordance with the principles of restricting people's access outside of the premises when legally authorised.
- The deputy manager maintained good records of applying for DoLS authorisations. This included date of application, date of authorisation and expiry date. The deputy manager had a process in place to flag when DoLS authorisations required reapplications.
- People's human rights were assessed, documented and protected by the staff who supported them.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 relatives told us staff treated them with respect and kindness.
- Feedback included, "Yes (staff are caring). If they won't, I would say they shouldn't be doing their job", "Yes, I think they are", "Yes, I think so; they are (helpful) and (patient)."
- Written compliments included, "I would like to thank you for how you looked after [(the person)] while he was at Birchwood. I have so much admiration for them and how they care for the residents", "Thank you for all the TLC given to (the person) during her stay with you. Every one of you are angels" and
- Staff had developed positive relationships with people. We observed staff interacted with people in a respectful and friendly manner way. Staff knew people well and understood their needs.
- Care was provided in a relaxed manner. People were not rushed and staff regularly checked on them to ensure their needs were met.

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

- People and relatives confirmed their involvement in care planning and with ongoing reviews.
- One relative explained the current provider was very good, having had prior experiences of poor care. The relative went on to say that she has always requested the service tells her everything and then confirmed they do. Two staff members were praised by the relative.
- A person stated, " (Staff) leave it to me to review." The person explained they had a nephew in contact with her, but she specifies her own care at the service.
- Care documentation we reviewed demonstrated that people were the decision-makers in the care process. Language used throughout the care plans and progress notes reflected what people told the staff their choices and preferences were.
- Health and social care professionals told us that staff took a caring approach when supporting people.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy was respected and maintained. They were neatly dressed and well-groomed.
- Staff encouraged and promoted people's independence. Staff we spoke with knew how much support each person required with their activities of daily living.
- People's records were securely stored and accessed only by staff and where appropriate visiting health or social care professionals. Staff were knowledgeable of maintaining people's confidentiality.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

At the last two inspections the registered persons failed to ensure that people's care and treatment plans reflected their individual needs. Care records did not contain sufficient information on how staff should support each person, in a way that reflected their individual preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As a result, we took enforcement action to impose conditions on the provider's registration.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 9.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People and relatives confirmed that they were involved in reviews of care plans.
- There were improvements to people's care plans to ensure that any support provided to people met their needs. This protected people from harm. The care plan were more person-centred, and reflected the needs of individuals.
- Care plans contained improved details. An example stated, "The person is obsessed (with) her painkillers and keeps her inhaler in her room. Ensure strict record of analgesia is maintained. Ensure inhalers and topical creams are stored in bed side locker to reduce risk of other residents having access to them."
- Improvements were made to various care plans, for example those relating to malnutrition and dehydration, pressure area prevention and management, falls and choking.
- Plans were in place for long-term and life-limiting conditions such as diabetes. These ensured staff knew how to plan and manage the care for people with complex conditions.
- Since our last inspection, most of the care documentation was reviewed by the management team and clinical staff. In February 2021, some people had moved in from another care home which closed. Their care plans were not as up to date as people who had lived at Birchwood Care Home for a longer period.
- The nominated individual explained the introduction of electronic care records, which was due to commence in the first week of June 2021. Staff were in the process of inputting people's information into the system in readiness for the go live date.
- A healthcare professional stated, "I have always found that the home is very responsive. When visiting a resident there is always a nurse or senior (care worker) available to liaise regarding the visit. When offering training the home has always responded promptly and currently, we have several dysphagia (swallowing difficulty) awareness and some dysphagia champion training sessions booked in the home coming up in June. The home carries out my advice regarding residents and I am always confident that if there are concerns regarding residents under my care that the home (will) always report to me promptly."

- The service provided dignified end of life care. People were provided with support which respected their wishes and preferences.
- People and relatives described their involvement in end of life care planning. They stated staff were empathetic and remained professional in their approach.
- During the pandemic, some people's end of life care was completed. Reports showed a pain free and peaceful process.
- Care documentation showed end of life plans were formulated, which included arrangements for resuscitation. 'Do not resuscitate' orders showed who the GP had consulted in the decision-making process.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service had taken all the required steps to ensure that people received information in ways they could understand it.
- Care documentation showed that the staff identified and recorded people's sensory impairments, and the steps implemented to ensure effective and meaningful communication. For example, there was the use of pictures and symbols to assist with understanding messages clearly.
- Care documentation explained what communication aids such as glasses and hearing aids, people required as part of their daily lives.
- We provided feedback to the nominated individual about the lack of display of menus, including easy to read versions and the use of pictures, or photos of food and drinks. We received evidence from the nominated individual after the site visit that menus, including pictorial formats, were on order.
- The activities programme was provided to people and displayed in standard font, as well as large size print outs with explanatory pictures.
- One relative shared pictures of their new baby with a person who had a communication impairment, which resulted in a positive reaction from the person. The relative stated, "It's mum meeting her great grandson for the first time in 14 months! We got about 5 minutes of her being alert and responsive to him which was amazing. I think these photos show the impact of being able to connect with all generations of your family when you're in a care setting. It's the best reaction we've had from mum for a long time."

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

- Care plans contained information about people's cultural, emotional and social preferences.
- The service did their best to ensure people were protected from social isolation during the pandemic and lockdowns.
- There were three activities coordinators and an engagement officer employed at the service. A range of appropriate activities, in group or individual format were offered.
- Staff ensured people and their family were in regular contact during the periods of isolation. Staff had utilised technology such as mobile phones, computers and video calls to ensure regular communication.
- In addition, staff shared regular progress updates with relatives and friends during the pandemic and subsequent lockdowns.
- One relative wrote, "We appreciate how difficult your work must be to cope with not only your residents care but all the COVID-19 restrictions as well. The fact that (we) were able to see (the person) for the first time since January was an emotional experience and so grateful to Birchwood for making it happen."
- There was a sensory trolley for people who wanted to feel and touch items which provided comfort and a calming effect. There were opportunities to watch films and one person had requested and planned a

shopping trip with two activity coordinators.

- People commented they would like to enjoy more use of the garden. One of the activities coordinators we spoke with was enthusiastic and had numerous ideas about how to make best use of the area.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to raise concerns and make formal complaints. Of those we spoke with, none had raised a complaint. Some explained they had communicated concerns, and felt they were handled well.
- One person said, "If anything is to be said, I will say it myself." Another person said they had raised "minor concerns" but felt the management team had dealt with the concerns effectively.
- The provider of the care home is the local authority. Complaints were recorded via an online system. The system is not specifically designed for use in a care home.
- We saw complaints which were logged in the online system, and that more serious issues were investigated by the central complaints team at the council.
- Depending on the complaint, some were managed at the care home directly. When we asked to see complaints and the associated documents, these could not be located as the folder was missing.
- However, the registered manager showed us a summary table of complaints. We were assured that complaints were being recorded, despite the missing folder.

We recommend the provider reviews methods for ensuring complaints documentation is appropriately secured.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At the last two inspections the registered persons failed to consistently assess, monitor and improve the quality and safety of the services provided. People's records were not always up to date and accurate. Audit and governance systems were not always effective. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As a result, we took enforcement action to impose conditions on the provider's registration.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17. However, further improvement is required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At the last two inspections, we found there were repeated breaches of the regulations. We took enforcement action to ensure people's safety, by imposing conditions on the provider's registration.
- This required a monthly action plan and supporting documents to be submitted to the Care Quality Commission (CQC) showing what improvements were made and by when. The service had complied with the conditions we imposed, and kept CQC updated by regularly informing us of their progress to improve the safety and quality of care.
- There was a clear management structure in place. The management team provided appropriate support for people, relatives and staff. They had a visible presence throughout the service and in the everyday support offered to people. Staff in charge of various areas, both clinical and ancillary, demonstrated they were able to lead and motivate their respective teams.
- A better system of audits and checks was in place to monitor and review the safety and quality of the care and service. There were clear actions for staff involved in completing the audits. Many were completed by the heads of departments, such as nursing and housekeeping.
- The continuous action plan in place was used to document progress of improvements. It showed that numerous areas for improvement were logged and appropriate actions were taken. Some items on the action plan were still ongoing at the time of the inspection.

At the last inspection the registered persons failed to inform the Care Quality Commission of certain notifiable events, 'without delay'. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. As a result, we took enforcement action to impose conditions on the provider's registration.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- Since the last inspection, the management team had submitted most notifications to us as required by the regulation.
- For example, we received notifications from the service about deaths, serious injuries or safeguarding allegations. There were no delays in receiving this information. The notifications help us to monitor services between inspections.
- The deputy manager was knowledgeable about this regulation and had submitted most of the notifications as part of their role.
- There was some confusion amongst the management team about the reporting of safeguarding allegations to the CQC. This was regarding the threshold which triggered the requirement to send us the notification for this type of event.
- The service was logging all safeguarding allegations to the local authority via an online form. We viewed the content of the system which demonstrated these events were reported
- We spoke with the management team about this and requested records from the local authority safeguarding team. We compared the notifications we received against the data from the local authority. There were a small number of missed safeguarding notifications by the service which were not sent to us.
- We asked the nominated individual to investigate the issue. We promptly received a written response following the site visit. This contained detailed instructions for the service's management team about when to report safeguarding matters to us. We were assured that this was a reasonable and proportionate way to ensure all required notifications are submitted by the service after the inspection.

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

- People and relatives told us the staff were open and honest with them when things went wrong.
- Since our last inspection, the service had reported 'notifiable safety incidents' such as fractures to us. A 'notifiable safety incident' requires the registered manager and provider to complete a series of steps to ensure transparency with people and others.
- The registered manager's knowledge of candour was satisfactory. However, some documentation set out by the duty of candour regulation, such as the written 'apology' was not always completed. We spoke with the management team about this. After the site visit, we received the documentation completed by the nominated individual. This was belatedly sent to people or relatives.
- The nominated individual explained that further training and learning would be provided to the registered manager and managers from other locations the provider had under their registration. We were assured that in the future, the service would complete all steps set out in the relevant regulation.

We recommend the provider reviews how they always ensure they complete the steps set out in the duty of candour regulation.

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

- People and relatives confirmed the service engaged with them. There were positive comments about recent developments, such as the multiple changes in visiting guidelines from the government.
- One relative commented, "We just wanted to write and say thank you for your help in allowing our visit to see (the person) yesterday. She looked so well and kept saying to us how happy she is at the home and how caring all the staff have been. It is a great comfort to us all to know that she is settled and happy in her new surroundings."

- The nominated individual kept people and relatives up to date with changes at the service as restrictions eased. Following the most recent communication a relative wrote, "I just felt the need to write by way of support for you all and to say that as a family we are very happy to follow any policies that are in place. The most important thing is that the staff and residents are kept as safe as possible and are just so thankful to all of you for all you do (and have done for many years) for my mum."

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

- There was mainly a positive workplace culture for staff. In February 2021 some staff had transferred over from another of the provider's care homes. A small number of these staff we spoke with raised concerns about their new workplace. Topics included the way the transfer occurred, communication from the management team, and explanation of the new location protocols."
- We spoke with the nominated individual about this feedback. They explained the steps taken to ensure the staff transferred had an effective transition to their new workplace. The nominated individual acknowledged work was ongoing with staff from the other location to develop their relationship and build trust in the leadership.
- Staff we spoke with said, "Ours are a good working team, giving good care to residents. I supervise two staff and will be doing their appraisals. I've not done this before so am offered online training" and "I've experienced challenging behaviour from staff, especially those with different ideas and opinions. I am clear and follow the guidelines and best practice to complement my management of them. Management is very good and supportive."
- There were regular meetings with people and staff members. Minutes showed appropriate topics on the agenda and their opinions were encouraged and listened to.
- Regular surveys were used to gather people and staff's feedback. An example included the mental health and emotional needs of staff during the pandemic. The provider had provided resources to help staff wellbeing.

Working in partnership with others

- Several healthcare professionals commented that the service worked well with them to ensure people received good care.
- One commented, "The care home have been very co-operative with us when we attend for sight tests and we have experienced the residents to have been treated with respect and due care."
- During the pandemic and lockdowns, the service worked collaboratively with the local health protection team to contain an outbreak of COVID-19 at the service. They followed the advice and guidance provided to them to protect people, relatives and their staff.
- One of the registered nurses worked with community healthcare professionals to purchase a specialist chair so a person could sit out and enjoy the company of others. The registered nurse sent a photo to the relative of the person in their new chair. This was good evidence of joint working.
- The relative was complimentary and wrote, "Oh wow, (registered nurse), thank you so much for sending me this! I know it's made me cry...but honestly, it's the best correspondence I've ever had! You will have made his day enabling him to be with other people; he always could talk to complete strangers with ease and loves company, so thank you from the bottom of my heart."