

DHCH14

# Birch Abbey

## Inspection report

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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

Birch Abbey is a care home which provides both residential and nursing care and is registered to support up to 60 older people. At the time of our inspection the service was providing care and support to 54 people.

The service is purpose built and accommodation is over three floors. In addition to providing longer term care for people living with dementia, the home also offered respite beds, where people discharged from hospital received rehabilitation before returning to their own homes.

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

The service had undergone changes in management since its change in legal entity. This meant the approach to leadership had not always been consistent, leading to low morale amongst staff. However, the new manager told us they were committed to the service long term and keen to foster a culture which gave both people and staff a voice.

The provider's staff dependency tool indicated there were sufficient staff to meet people's needs, however people and staff did not always feel people's needs were met in a timely way. We have made a recommendation about the deployment and allocation of staff.

Documentation around people's care and support was not always fully completed accurately. We have made a recommendation about this.

People living at Birch Abbey benefitted from a service that was safe. Risks to people were identified, managed and mitigated to help keep people safe from the risk of harm.

Staff followed best practice guidance in relation to infection prevention and control to help minimise the risk of COVID-19 and other infections.

Environmental checks were completed to ensure people lived in a home which was clean and well maintained.

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 were looked after by kind and caring staff, who were motivated to provide high quality care and support. People were treated respectfully and in a dignified way.

The service worked alongside a range of healthcare professionals and external services, to ensure people had access to care and support appropriate to their needs.

Governance systems identified concerns, were consistently completed and helped drive further improvements in the service. The manager was aware of their regulatory responsibilities and obligations.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 19 July 2021 and this is the first inspection under the new legal entity.

The last rating for the service under the previous legal entity was good, published on 5 February 2021.

#### Why we inspected

This is the first inspection under the provider's new legal entity and was carried out to provide the service with a rating.

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.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service 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.

# Birch Abbey

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

#### Inspection team

The inspection was carried out by two inspectors 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

Birch Abbey is a 'care home' with nursing care. People in care homes receive accommodation, and/or nursing and personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post, who was also the provider's regional manager. However, a new manager had recently started with the intention of becoming the sole registered manager for the service.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 three people who used the service and four relatives who shared their views of the service. We spoke with twelve members of staff, including the registered manager, the manager, deputy manager, a nurse, two senior carers, four carers, the maintenance person and a housekeeping member of staff.

We had a walk around the service to make sure it was suitable and safe. We observed the care and support people received during different times throughout the day, to help us understand the experience of people who could not talk with us.

We reviewed multiple medicine administration records, medicines stocks and storage. We looked at records relating to environmental checks. We reviewed four staff files in relation to recruitment.

#### After the inspection

After the inspection we continued to seek clarification from the provider to validate evidence found. We looked at a variety of records relating to the management of the service, including policies and procedures. We reviewed four care plans and looked at quality assurance documents.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- Staff told us they didn't always feel there was enough staff to manage people's needs. People and their relatives confirmed this by saying, "Some days there aren't enough staff and the staff get stressed as there isn't enough staff to care for the people who need it, it is hard on them," a relative confirmed, "There have been issues in the day, with only one member of staff on the residential unit." The service consisted of four floors. Each floor catered for people's differing needs, for example, people who were more mobile, were located on the ground floor where they enjoyed access to the outdoor space.
- Staff told us they were expected to cover the breaks of staff who provided one to one care, meaning there was less staff on the floor, to meet people's needs in a timely way. Although the provider's analysis of the staffing requirements concluded there was enough staff; we have made a recommendation about this.

We recommend the provider considers the deployment and allocation of staff to ensure people's needs are met in a more timely way.

- Recruitment systems ensured staff were recruited safely. DBS and other recruitment checks, such as a health screening were carried out as standard practice. 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.

### Systems and processes to safeguard people from the risk of abuse

- People were adequately protected from the risk of harm or abuse. Staff were trained in safeguarding matters and understood what action to take to keep people protected. Safeguarding policies and procedures helped ensure any incidents or concerns were reported appropriately and shared with relevant safeguarding authorities, and transparent investigations to take place in the event of any safeguarding concerns.
- People and their relatives told us they felt Birch Abbey provided an environment which was safe. One person told us, "Yes, I feel safe, there is always someone about." Relatives told us, "I think the premises are safe with buzzers and key fobs, it is very secure" and "I think for me it is knowing [Name] is safe, it is peace of mind [Name] is being looked after."

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were managed and mitigated to help keep people safe. Risks were understood by staff who supported people to make choices in an informed way and who understood people well enough to know when they required support to reduce the risk of avoidable harm.
- Information about risks was communicated through staff handovers and meetings. Risks were reviewed

regularly to ensure the service had an up to date and accurate picture of safety.

- Checks of the environment and equipment were in place to ensure any risks to safety were minimised, including gas, electricity, fire safety and legionella.
- People had PEEPs (personal emergency evacuation plans) completed, to ensure their safe evacuation in the event of a fire or other emergency situation.
- Accidents and incidents were reported and recorded appropriately to help ensure people's safety and analysed to look for patterns and trends.
- A practice of learning from any incidents, accidents and other relevant events was practiced. The manager reviewed records to monitor any safety related themes and discussed any findings with staff to ensure the correct action was taken to help prevent any future recurrence.

#### Using medicines safely

- Medicines were managed safely and were administered by staff who were trained and competent. The medicine trolley on the third floor was kept on a staircase which was used by staff. Although the trolley was kept secure to the wall, this wasn't a suitable location to store medicines. Medicines must be stored at an optimum and controlled room temperature to ensure they remain stable and effective. We discussed this with the provider's inhouse pharmacist who advised a clinic room for the third floor would be made available within the next few days.
- We found that appropriate guidance was being followed in relation to; record-keeping, storage, covert medicines, PRN (as required) medicines, topical medicines (creams and lotions) and controlled drugs. Controlled drugs are medicines with additional control measures in place because of their potential for misuse. Medicines administration records (MAR) sheets had been completed accurately. The temperature of storage rooms and refrigerators had been monitored and recorded and regular audits of medicine management had been completed.
- The service took an active role in medicines reviews and risk assessments to enable people to take an active role in their support wherever possible. Where people wished to manage their own medicines, they were supported to do so safely, and in a way which respected their independence.

#### Preventing and controlling infection

- The service was largely clean and well maintained. We did see an overflowing bin of continence products in a communal bathroom, but this was removed when we highlighted it. Staff had received training in infection prevention and control and followed policies and procedures which met current and relevant national guidance.
- 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.

#### Visiting in care homes

The service facilitated visiting to enable people to maintain contact with people who were important to them. One person told us, "Oh yes, they [my visitors] can come anytime." We saw visitors in the home on the day of our inspection, it was evident that visitors had a positive impact on people's overall well-being.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Staff were knowledgeable about people's dietary needs and preferences. People told us they had a choice of a main meal and alternatives were always available. Most people said they enjoyed the food and got enough of it, some people commented they would like to see more choice, "I would like more variety we seem to have the same things."
- We observed lunch and found meals were nicely presented and there were placemats and condiments available to people. People were shown the two menu options to enable them to make an informed choice on the day. We also found the dining experience was used to engage people in conversation.

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

- The care and support provided to people was in line with evidence-based guidance and relevant legislation and was monitored to ensure consistency of good practice.
- People and their significant others were involved in setting out their plan of care and support wherever possible. Care and support was regularly reviewed so that any changes in people's needs could be met.
- Staff told us how they ensured people's needs were met in a way which met not only the person's needs but their wishes and preferences.
- People were supported by staff and external health care professionals such as the GP and dietician to maintain their health and wellbeing. Referrals to other health professionals were made in a timely way when people's needs changed to help ensure good outcomes for people.

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

- The environment had been adapted to meet the needs of people with mobility difficulties and those living with dementia. Adaptations included appropriate non-slip flooring, bathing facilities and signage, to help people navigate around the home. Doors on each person's room gave the impression of an actual front door adding to the person's feeling of 'coming home'.
- People's bedrooms had an ensuite facility. People were able to personalise their own rooms and choose their own furnishings and décor. A relative told us, "[Name] loves her room, it is like their flat as we had [Name's] pictures replicated to make it feel like home."
- The home had areas for quiet reflection as well as sociable areas where people and their relatives could meet, over a drink of tea or coffee.

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

- The service worked in collaboration with the most appropriate services to meet people's needs in the best

way. This included support with GP and hospital appointments. People told us they felt confident the service would act if they required help, one told us, "When I was unwell, they [staff] called an ambulance and had me taken to hospital, they acted quickly."

- The service helped ensure people experienced positive outcomes regarding their care and support and lived healthier lives. Where necessary, staff acted as advocates for people when liaising with other health professionals, enabling people to make choices about their care and support.

Staff support: induction, training, skills and experience

- Staff received training and support to ensure they had the right skills to carry out their roles and meet legal requirements.

- People confirmed that staff were well trained and knew how to support them with their care and support needs.

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.

- People were directly involved in decisions about every aspect of their care and support wherever possible, so their human and legal rights were upheld. One person told us, "Yes, I can decide what time I go to bed and what time I get up, what I have to eat."

- People's capacity was considered in relation to a range of decisions including; consent to care, use of bedrails and management of medicines. Care files that had been reviewed contained assessments that followed the principles of the MCA.

- Where people were deemed not to have capacity to make decisions, the service worked with relevant others to ensure that any decision made was in the person's best interests and supported them in the least restrictive way possible. A relative told us, "I have Power of Attorney for my Mum and so if they [staff] want to discuss anything they ring me or see me when I am in."

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Staff were keen to share with us how much they thought of the people they cared for, one told us, "I'm here for the residents, I'm their voice. They deserve to be looked after and happy." A relative confirmed; "The staff are very good, with their experience of dealing with a range of conditions [Name] gets better care than they would in other homes. The day staff in particular have a really good rapport with [Name]."
- People and their relatives told us people were treated well by staff who knew their needs, one person commented, "If I ask staff for something I want, I get it." A relative confirmed, "Staff are caring, they paint [Name's] nails, do their hair, they make [Name] feel like she used to, dressed lovely with their nails and hair done. Some staff go way above and beyond for [Name]."
- Although the service used agency staff who did not always know people well, people and relatives told us this had recently improved. A relative told us, "The staff are lovely, if they use agency staff, lately it's the same ones that come in and they have got to know my mum."
- Our own observations showed staff to be friendly and helpful, staff demonstrated a genuine warmth towards people. Staff supported any residents in a distressed state with humour and encouragement, coaxing them out of their distress. Staff knew people well and understood their conditions and the level of support each person required.
- Some of the people being supported had complex needs, however, this was not seen as a barrier by the service. Appropriate sources of support were accessed to ensure people's diverse needs were met.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was adhered to. The service utilised technology to minimise any risks to people's confidentiality. People told us staff treated them with respect in the provision of personal care.
- People were treated with dignity, respect and free from discrimination. Despite some people living with care and support needs which impacted on their independence, staff took care to encourage and respect people's independence wherever possible. One relative told us, "The best thing is [Name] has their own independence, but the staff are there if needed, so it hasn't all been taken away from [Name] which is nice."

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

- Staff utilised accessible means of communication and worked alongside relevant others to help people shape their own care and support.
- Staff communicated with people before providing care to ensure that they understood and consented. We saw that where people declined some aspects of care, staff were respectful of their decisions.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Staff facilitated activities whenever they had the time. However, some people and their relatives told us that there were not enough activities to keep people occupied and stimulated. Responses from people when asked if there were enough activities included, "Not really" and "There isn't much." A relative confirmed, "There is nothing much going on." We discussed this with the manager who confirmed that a full-time activity coordinator was in the process of being recruited.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs were assessed prior to their admission and reviewed by staff. Assessments were used to establish risk and to develop care plans. Care plans provided sufficient guidance to staff and some demonstrated that relatives had been involved in the review of person-centred information. This helped ensure people received safe and appropriate care. A relative told us, "Yes, I have seen the care plan, I helped to devise it."
- People's care and support was holistic and focused on people's care and support needs and ability. People were empowered to make their own choices, wherever possible. We saw evidence of preferences for certain foods, activities and interests in care records.
- Relatives told us they were kept involved and informed in relation to their loved one's care. One told us, "When [Name] fell, they rang me straight away to say they had checked [Name] and there were no problems."

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.

- The service presented information in a way that people understood, to ensure people and their carers were able to make appropriate choices based on options which had been presented to them in an accessible way.
- Technology, such as virtual meetings, was utilised to ensure the service was accessible to people who used it. This had proved particularly useful during the COVID pandemic.

Improving care quality in response to complaints or concerns

- An appropriate complaints policy was in place which was accessible to people and their relatives. People we spoke with told us they had not had reason to make a formal complaint but knew how to raise an issue should they have to. A relative shared, "I just go straight to the manager and they do seem to act on things straight away as do the senior staff."
- The service analysed and reviewed complaints and viewed them as learning opportunities to help further drive improvements.

#### End of life care and support

- The service provided people with care and support at the end of their life. Care plans looked at evidenced appropriate treatment plans, that were sensitive to the needs of the person, including any religious and cultural needs. This meant, people received care and support at the time of their death in line with their wishes, beliefs and preferences.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Further time was required to evidence that leaders and the culture they created supported the delivery of high-quality, person-centred care.

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

- People's care records did not always properly evidence the care and support that had been given. For people who required regular positional changes to help prevent skin integrity issues, staff had not always recorded the correct position, meaning records were not always reliable or accurate.

Although we were assured people were receiving appropriate care and support, we recommend the provider ensures staff are supported to record care interventions contemporaneously and accurately.

- Although the service had a consistent provider and quality assurance team, the service had undergone changes in the home manager over a relatively short space of time. Staff fed back that they found this unsettling, as each manager introduced different ways of doing things. Staff told us they did not always find the new manager to be visible and approachable and felt general morale amongst staff was quite low.
- This meant the manager had not yet had the opportunity to properly embed a culture which was wholly understood or accepted by staff. We spoke to the provider about this who confirmed the manager was dedicated to the home and was focused on further developing person centred care and support underpinned by values such as compassion, dignity and respect.
- After the inspection, the provider provided us with assurances that changes had been implemented to ensure the manager received additional support with any office based tasks, allowing the manager greater opportunity to spend time working alongside staff in the home and to help embed a more positive culture. The manager had also held 1-1 supervisions with staff to help provide reassurance they were committed to the home long term.
- Equality, diversity and inclusion was promoted by the service to help aid people's access to the most appropriate care.

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

- Effective governance and accountability processes and practices were in place to monitor any risks to the safety and quality of the service. Audits were used to drive improvement within the service.
- The manager and staff demonstrated an understanding of their role and responsibilities and were committed and motivated to deliver a high-quality service for people.
- The manager was experienced in dementia care and demonstrated an understanding of their legal and

regulatory requirements. Staff and carers were supported using meetings and feedback. Opportunities for further learning and development were provided to help further enhance the delivery of high-quality care and support.

- Policies and procedures were in place to guide and inform staff on all aspects of their role. These policies were reviewed updated regularly.
- The registered provider has a legal requirement to notify us of specific events that occur within the service. The registered manager had submitted notifications to CQC appropriately. This meant that CQC were able to monitor information and risk regarding Birch Abbey.
- The registered provider has a legal requirement to display their current CQC rating. We saw that this was clearly shown on the services' website.

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

- The service facilitated people and their relatives to be heard. Various methods were used to obtain feedback from people about all aspects of their care and support, including resident meetings and Zoom meetings with relatives. There were plans to form a resident committee to give people further say in the running of the home.
- Processes were in place to gather feedback from people and listen to their views. People had access to resident meetings and questionnaires. We saw evidence of the most recent survey which contained mainly positive responses; however people had indicated they would like to see more in the way of activities.
- The survey also indicated that not everyone knew who the manager was, but one person who did told us, "I know you can talk to them, I have asked to speak to [manager], and you can."
- The manager engaged with staff via staff meetings to enable them to have a platform to voice ideas and views and to provide updates.

Continuous learning and improving care

- The service actively sought out the perspective of people to help understand any issues and challenges to the quality of care and support.
- Best practice guidance was shared amongst staff to help further in the delivery of good care and helped drive up the quality of the service.
- The service demonstrated a commitment to sustained and improved care at all levels. We saw how the service had made recent improvements to the quality of legionella checks, which had then been implemented throughout all of the provider's services.

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; Working in partnership with others

- The service adopted a transparent and open approach. Processes were in place to enable any concerns to be investigated in a sensitive and confidential way, to be shared with the relevant authorities and for any lessons to be shared and acted on.
- The service worked in partnership with external organisations to support holistic care provision to ensure people received a positive experience based on best practice outcomes and people's choice and preference.