

HICA

The Birches - Care Home

Inspection report

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

The Birches – Care Home is a residential care home. The service accommodates people across four bungalows and two self-contained flats. The bungalows can be accessed via a secure door leading from one to another, but each bungalow was treated as a separate entity. The service is registered to provide support for 31 people who may be living with a learning disability and autism. At the time of our inspection, 27 people lived at the service.

The service is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design and layout. Although the bungalows were all at one location, we found they were separate, and all had their own communal areas. The service was working in line with the principles of Registering the Right Support to ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were happy with the service and complimentary of staff. A relative said, "The service and all the staff from the registered manager, office staff, carers, chef and cleaners are brilliant. We have not met such wonderful people for a long time."

People felt safe with staff and there was enough staff to meet people's needs in a timely way. Recruitment, induction and ongoing training processes helped ensure only suitable staff were employed and that they had the required skills and knowledge. Staff were supported by the management team through supervision, appraisals and meetings.

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.

Staff respected people as individuals, helped people to follow their own routines and to pursue a wide range of hobbies and interests. Staff promoted people's independence, provided appropriate support and maintained people's privacy and dignity. People enjoyed the meals and their health and wellbeing was monitored. Referrals were made to healthcare services in a timely manner and staff followed professional advice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the

service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The registered manager had ensured there was a supportive and positive culture and engaged people in the development of the service, they told us, "People are at the centre of everything we do and every decision we make." The management team closely monitored the quality of the service and addressed problems promptly.

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 11 July 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

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?

Good ●

The service was well-led.

Details are in our well-led findings below.

The Birches - 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.

Inspection team

The first day of the inspection was completed by one inspector and one assistant inspector and completed by one inspector on the second day.

Service and service type

The Birches – Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 looked at information sent to us since the last inspection such as notifications about accidents and safeguarding alerts. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We contacted the local authority and 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 used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service, two relatives and three health and social care professionals. We also spoke with the cook, three care staff, activities co-ordinator, the registered manager and the Quality Assurance and Compliance Manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We completed a tour of the environment to look at the cleanliness of the service and the facilities available for people. We also looked at a range of documentation including four people's care files and medication records for three people. We looked at a selection of documentation for the management and running of the service such as recruitment, induction, supervision and staff training. We also looked at audits, and compliments and complaints.

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 this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to ensure care and treatment was provided in a safe way. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Risks to people's safety and wellbeing were appropriately managed. People were encouraged to take positive risks, such as accessing the community independently using a mobility scooter and using the internet.
- The provider maintained the safety of the building and equipment through regular checks, servicing and maintenance.
- Medicines were stored appropriately, and systems were in place to ensure sufficient stock levels.
- People's medicines were administered safely. Records confirmed medicines and creams applied to people's skin were administered as prescribed. We found one error on a hand-written medicine record which had not been identified by staff. We raised this with the registered manager.
- Staff were knowledgeable about how people liked to take their medicines and when they needed them. Though protocols were not always in place to guide staff when to administer 'as and when required' medicines, also known as PRN, as some had been archived. We raised this with the registered manager.

The registered manager acted immediately during and after the inspection to address the error on the medicine record and ensure appropriate protocols were in place.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People trusted and felt safe with staff. One person said, "Yes, I do trust [staff] and I talk to [Registered manager's name]."
- People were supported to develop skills and awareness of abuse. Staff told us, "[Name] has had hate crime awareness training as they experienced abuse in the past."
- Staff were trained in safeguarding and had the skills and knowledge to identify and raise concerns internally and to relevant professionals.
- The registered manager monitored accidents, incidents and safeguarding concerns, and learned from them to reduce the risk of them happening again.

Staffing and recruitment

- Staffing levels were sufficient to meet people needs and people were supported in a timely manner. One person told us, "Yes there's enough staff and they come to help quite quickly."
- 'HICA Mobile Support' staff were used to promote continuity of care. All staff were trained the same to ensure they had the appropriate skills and knowledge to support people.
- The providers recruitment processes helped ensure only suitable staff were employed. Staff were only allowed to work with people, once all relevant checks were completed.

Preventing and controlling infection

- Staff were trained in infection prevention control and wore gloves and aprons appropriately to help prevent the spread of infections.
- The home was clean and tidy. We found one pressure relieving cushion could not be appropriately cleaned due to a tear in the fabric. We raised this with the registered manager.

The registered manager acted immediately during the inspection and removed the cushion from use.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

At our last inspection the provider had failed to work within the principles of the MCA. This was a breach of regulation 11 (Need for consent) 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 11.

- Staff sought people's consent. When people could not verbally provide consent, staff looked at people's body language to determine if they consented to or refused support.
- People were encouraged to make their own decisions and their right to make unwise decisions was respected.
- Where people lacked capacity, people were included in the decision-making process. Decisions were made in people's best interests with the support of family or advocates. Capacity assessments and best interest decisions were appropriately recorded.
- Staff recognised restrictions on people's liberty and appropriate action was taken.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to assess the staff's competency following training and appropriate supervision has not been provided in a timely way for all staff. This was a breach of regulation 18 (Staffing) 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.

- Staff had the skills and knowledge to support people safely. New staff completed an induction programme and mandatory training.
- Staff completed a wide variety of ongoing training to ensure they were able to meet people's needs. The registered manager regularly assessed staff competency to monitor their skills and knowledge.
- Staff received regular support, supervision and appraisals. A staff member said, "We get a lot more regular supervision now and we don't have to wait until supervision to raise concerns."

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

- People were encouraged to be independent with eating and drinking. People were provided with adapted cutlery, plates and beakers which helped people to be independent. Appropriate support was provided when people needed assistance.
- People were supported to follow cultural and specialised diets. Staff were knowledgeable about people's dietary needs and followed professional advice.
- People were offered a choice of meals and choices were given to people in a way they could understand.
- Staff monitored people's weight and relevant healthcare professionals were involved as people needed.

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

- Staff were knowledgeable about people's needs. Care plans were up to date and contained important information, which supported staff to provide effective care.
- People's healthcare needs were met in a timely way. Staff supported people to access healthcare services and followed professional advice. A professional told us, "[Staff] are effective in being able to identify individual needs and to liaise with the appropriate professionals as required."
- Staff were kept informed of any changes to people's health and wellbeing through handover meetings and communication diaries.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

- People's needs were assessed, and their preferences were considered when arranging their care. The assessments were used to develop care plans which supported staff to provide effective care in line with their personal routines.
- People's rooms were personalised to their tastes. People were supported to decorate their rooms, put up pictures and items which showed their interests to help people feel at home.
- The environment had been adapted to promote the wellbeing of people. People had access to communal gardens which they had helped to paint and plant. Pictorial signage was used to help people find their bedrooms, bathrooms and communal areas.

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

- Staff were kind, caring and developed positive relationships with people. One person said, "I like the staff. [Staff members name] is my favourite, they take me out, they are nice, and we have a laugh."
- Staff were passionate about their roles and providing good care. A staff member said, "I love being here with people. It's the nicest job I've ever had and has been more than I expected. I wouldn't want to do another job or work anywhere else."
- Staff respected people as individuals and were trained in equality and diversity. One person wanted to practice their religion and staff were working with them and a local organisation to arrange this.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was maintained. A professional said, "I have observed a pair of carers completing care in a respectful and dignified way. The person was completely relaxed, and staff talked them through what would happen next."
- People were encouraged to maintain and develop their independence. People's independence was considered during the assessment of their needs and was included in people's care plans. One person had been supported with independent living skills and had recently moved into the local community.
- Staff supported people with dignity and respect. People were included in making a 'dignity tree' which showed staff what dignity means to people.

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

- People were supported to have a voice in their local community. People attended local meetings and raised issues that were important to them.
- People were encouraged to make decisions and choices about their care. Staff worked with people and their families to ascertain how they liked to be cared for and this was recorded in their care plans. A staff member told us one person was supported to write a letter to raise their concerns about a service they received.
- People had support from their families or advocates if they needed help with making decisions.

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.

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

- People were supported in line with their wishes and preferences. We observed people were dressed in clothing of their choice, wore jewellery and had their hair styled in the way they wanted.
- Staff provided person-centred care which met people's needs. Staff were knowledgeable about people's personal routines and care plans contained detailed information about people's care needs, interests and personal histories.
- People had choice and control of their care. Staff ensured people were offered choices and they respected people's decisions. People told us they spent their time where they wanted and doing activities that interests them.

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

- People were supported to engage in a range of stimulating activities through the use of new technology. This included a virtual reality headset where people enjoyed accessing different games and experiences. A staff member said, "One person has come on in leaps and bounds since using it [virtual reality headset]. They are more confident now."
- People took part in a wide range of activities that helped them to lead fulfilling lives. Activities were tailored to people's interests and included going to discos, quizzes, crafting, gardening and photography.
- People were supported to maintain their relationships with families and friends and could have visitors when they chose.

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.

- Staff provided information in a way people could understand. People's communication needs were considered and recorded in their care plans. Surveys had been created for people's different abilities and a newsletter included pictures to help people understand.

Improving care quality in response to complaints or concerns

- People were complimentary of the service and were confident any concerns would be addressed. One

person said, "There's nothing that makes me unhappy, I love it here."

- Complaints were addressed in line with the providers policy and procedure. Staff resolved any issues where possible or passed on concerns to the registered manager.
- The registered manager kept a log of compliments received. One compliment received said "I wanted to say a massive thank you to all of you. I enjoyed myself very much at The Birches."

End of life care and support

- People's wishes and preferences regarding the end of their life had been discussed and recorded. Care plans documented people's preferences and included spiritual and cultural information.
- Staff were knowledgeable about how to support people to have a pain-free, dignified death.

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 now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good governance) 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 17.

- Systems identified and addressed quality shortfalls. The registered manager closely monitored the quality and safety of the service. They completed regular, thorough audits and resolved problems in a timely manner.
- Senior managers monitored quality assurance systems to review action taken and to ensure improvements were made in line with the providers annual quality improvement plan.
- The registered manager understood the regulatory requirements and reported information appropriately.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager promoted a positive culture. A professional said, "[Registered manager's name] has supported their staff well and when you attend the home, you can see they are happy and relaxed, where once they would have been stressed and guarded."
- People were happy with the service and the improvements made. One person said, "I like living here. It's better since [Registered manager's name] has been here and they keep an eye on things."
- People, staff and professionals were included in the development of the service. Satisfaction surveys were completed, and action taken to address any issues.

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

- The registered manager understood their legal obligation to let people know when things went wrong and had processes in place to respond appropriately.

Continuous learning and improving care; Working in partnership with others

- Accidents and incidents were analysed within the service and across the provider's other services to look for patterns and trends to aid learning and help reduce the risk of them happening again.
- The registered manager and staff worked closely with professionals and local groups to build effective working relationships.
- The registered manager and staff worked to integrate the service in the local community. A sports day was held to raise awareness of the service and was attended by local people and was reported on in the local magazine.