Care Quality Commission

The Keepings Limited

Birkdale Residential Home

Inspection report

Station Hill
Oaken gates
Telford
TF2 9AA
Tel: 01952 620278

Date of inspection visit: 8 April 2015
Date of publication: 07/09/2015

Ratings

Overall rating for this service

Is the service safe?

Is the service effective?

Is the service caring?

Is the service responsive?

Is the service well-led?

Overall summary

This inspection took place 8 April 2015 and was unannounced.

Birkdale Residential Home is registered to provide accommodation with nursing and personal care for a maximum of 29 people. On the day of the inspection 22 people were living at the home.

The home did not have a registered manager in post at the time of the inspection. The home has been without a registered manager for over three years despite our efforts to pursue the provider to submit an application. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe living at home. Staff knew how to protect people and report incidents of concern. We identified some window restrictors were not appropriate to keep people safe from the potential risk of harm.

Summary of findings

People's medicines were managed safely and staff followed the organisation's guidance in administration, storage and disposal of people's medicines.

We identified a number of concerns about how the provider monitored the cleanliness of the home. There were no audits to monitor cleanliness of the home.

People were not always supported by sufficient numbers of staff to provide them with individualised care. Staff received appropriate training, support and supervision. There was a recruitment procedure in place which was followed. This ensured staff were appropriately checked before they started work at the home.

The manager and staff were familiar with their role in relation to people's human rights and followed published guidance where people did not have the capacity to make their own decisions.

Health care professionals were accessed for people when they needed them.

People were supported to maintain independence and control over their lives by staff who treated them with dignity and respect. People told us staff were kind and caring and they liked the staff however, there was a lack of social activities available for people to choose from. The registered provider had a complaints policy which was available to everyone. Complaints were managed and in line with the policy.

Although the provider had systems in place to audit the quality of the service provided, we found these were not always effective. The manager acknowledged this was an area requiring improvement.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not always safe.

There were not always sufficient numbers of staff to supervise people who required constant supervision or to provide individualised care. Systems to protect people against the risk of infection and maintain their safety were not always effective. Staff had been recruited following robust recruitment procedures. People's medicines were managed safely.

Requires improvement

Is the service effective?
The service was not always effective.

Staff received training and support. Management and staff worked with other agencies which ensured people received the support they needed to maintain their health. People's rights and choices were not always promoted.

Requires improvement

Is the service caring?
The service was not always caring.

People told us they were treated with compassion and kindness and that their privacy and dignity was always respected. People did not always feel listened to and their choice was not always promoted.

Requires improvement

Is the service responsive?
The service was not always responsive.

People's opinions were mixed about their involvement in planning and reviewing their care. There were a lack of opportunities for people to follow their own interests. There was a system in place to receive and handle complaints or concerns raised.

Requires improvement

Is the service well-led?
The service was not always well led.

The manager was not registered. People felt the home was well managed and their views were sought on the quality of the service they received. Staff did not feel their views were always acted upon. Systems were not effective to monitor quality.

Requires improvement

Care Quality Commission

Birkdale Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 April 2015 and was unannounced.

The inspection team consisted of two inspectors.

As part of the inspection we reviewed the information we held about the home. We looked at statutory notifications we had been sent by the provider. A statutory notification is information about important events which the provider is required to send us by law. We also sought information and views from the health and social care professionals who had an involvement with the home. We used this information to help us plan the inspection of the home.

During our inspection we spoke with 10 people who were living at the home. We also spoke with one visiting relative, the cook, two care workers, one domestic, deputy manager and manager. We looked in detail at the care three people received, carried out observations across the home and reviewed records relating to people's care. We also looked at medicine records, recruitment records and records relating to the management of the home.

During our inspection 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.

Requires improvement

Is the service safe?

Our findings

One person told us, “I do feel safe here, especially at night when they check on me”. Another person said, “I think the staff look after my safety”. A family member told us they did not feel their relative was always safe because they thought the night checks should be increased. This was because their relative had fallen during the night. We shared this with the manager who told us discussions about this had already taken place with the relative. However the manager had not considered the possible options available to promote the person’s safety.

We observed staff assisted people in a safe manner. For example when people were helped to mobilise with walking frames and transferring into wheelchairs. However, we saw that one person required moving from a chair to a wheelchair using a hoist. When staff went to use the hoist the battery had not been charged and staff were unable to move the person. The person had been sat in the chair for over four hours and according to their risk assessment they should have been repositioned at two hourly intervals. We were told by staff that the person could sometimes stand using a frame but this took some time to do. Therefore because the person could not be safely moved for some time, this placed the person at risk of their skin becoming sore. We were told the person did manage to stand later in the day but it was a considerable amount of time they remained in one position.

Staff we spoke with knew about the policies and procedures that were in place with regard to protecting people from harm. Staff told us how they would recognise abuse and how they would report it. They said they had been trained in protecting people from harm. Staff understood how to report poor practice and were confident that management would take action if they had any concerns. Staff we spoke with were also aware that they could report any concerns they had to outside agencies such as the police or local authority. There had been one allegation of abuse in the last 12 months and this had been actioned.

Risks to people had been assessed and recorded in people’s care records. However, these lacked detail which meant potentially staff did not always know how to manage risks to people. For example, a risk assessment for a person who required a hoist to move them safely did not include details of the type of sling to be used. People told us they were involved in discussing what they needed assistance with. The manager and staff were clear on how to manage accidents and incidents. We identified that some first floor windows did not have robust restrictors to prevent people from forcing them open and potentially causing harm to themselves.

Safe recruitment procedures were in place. We spoke with one member of staff who had been recently appointed. They told us recruitment to the home was robust and they did not start work until all necessary checks had been completed.

People told us they always received their medicines on time and that the home never ran out of their medicines. One person told us, “I am given my tablets with water and they have never ran out of my tablets”. We observed how staff gave people their prescribed medicines and saw they supported people safely where required. Medicines were stored and disposed of in line with the home’s procedures.

We identified a number of concerns about how the provider monitored the cleanliness of the home. For example, bins without lids, a lack of paper towels in one area and a dirty sink. We shared our concerns with the manager who confirmed they had not undertaken an infection control audit since the last audit was carried out by the clinical commissioning group in 2012.

Requires improvement

Is the service effective?

Our findings

People said they felt staff were well-trained and attentive to their needs. One person told us, “I have confidence in the staff here”. Another person said, “The staff know me very well”.

We spoke with a new member of staff who told us, “I had a good induction. I shadowed a more experienced senior carer until I felt confident in what I was doing. I was checked at the end of my induction to see that I had taken on board what I had been shown and completed a workbook as part of the process”. Staff were able to tell us about the needs of people they looked after and how they ensured people received effective care and support. We saw staff were attentive to people’s needs. Staff told us they were given opportunities for on-going training. We saw a variety of essential training had been completed by the staff team. Staff told us they received on-going one to one meetings with a senior manager. These provided opportunities to discuss their training and development. Staff attended handover meetings at the start of every shift. This kept them informed of any changes with people’s needs.

We observed staff ask people for their consent before they assisted them. For example, we saw a care worker ask a person if they would like to be assisted away from the dining table. Another person chose to remain in their own room due to a specific reason. We saw staff respected this person’s decision. The manager and staff understood the principals of the Mental Capacity Act (2005) but did not always follow these in practice. For example, they were able to explain the importance of protecting people’s rights when making decisions for people who lacked mental capacity but did not always promote people’s choice and respect their rights. The manager told us they had sought advice from the Deprivation of Liberty Safeguarding team. This was in relation to possible restrictive practice and they advised nobody’s liberty was being restricted. We did not see any restrictive practice taking place.

Although plenty of food and drink was available, people’s choices were not always observed. One person told us, “I couldn’t chew todays chicken, I don’t like cauliflower but it was on my plate today”. We discussed this with the manager who acknowledged our feedback. They agreed to discuss this with the staff group. We observed lunch and saw that people were not offered a choice of hot meal although salads were also available. The cook told us this was because they knew everybody liked the chicken meal and it is usually popular. One person said, “If you don’t like what’s on the menu then they will make you something else”. Meals looked appetising but were large in portion size. One person told us, “They give me too much on my plate”. Another person said, “I’ve eaten that much I’m not enjoying it anymore”. The cook was aware of special diets people required either as a result of a clinical need or a cultural preference. The cook told us people chose their meal each morning from the menu which was taken round and discussed with them. People confirmed this was the process that took place when selecting their meals. People who required a special diet were given these, for example diabetic diets and soft diets. Lunchtime was relaxed and people were supported to eat and drink sufficient amounts. We saw a choice of drinks were offered to people throughout the day. Care records we looked at showed risk assessments relating to nutrition had been put in place and were regularly reviewed. Where concerns had been identified these were passed onto the appropriate health care professional such as the doctor or dietician.

One person told us, “I can see the doctor when I want”. Another person said, “I have the chiropodist to see me in my room”. A relative told us, “They will call the doctor when [name of person] needs it and let me know when they have been and what has been discussed. They keep me fully up to date”. People’s care records showed that where people had identified health concerns, they were referred to the doctor or other external health specialists such as the speech and language therapist and moving and handling assessor.

Requires improvement

Is the service caring?

Our findings

People told us they liked the staff that supported them and that they were treated with compassion and kindness. We saw people were treated in a caring and respectful manner by staff who interacted with people in a professional manner. One person told us, "The staff are lovely. Another person said, “All the staff are nice here”. A relative told us, I’m happy with Mum’s care, it is the best home she’s been in”. One member of staff told us, “I’m here for the residents because I really do care”.

Two people told us they did not get a choice of when they were able to get up in the morning and they were assisted up by the night staff before they finished work at 7.45am. When we arrived at the home at 09.30am19 of the 22 people had been assisted up. We saw a chart which confirmed most people had been assisted up by the night staff before the day staff arrived. We spoke to the manager about this. They told us they were conducting their own survey to see what individual personal preferences were. They said eight people had told them they would like to be assisted by the night staff. Nothing further had been done to address this piece of work and therefore a number of people were still being assisted up very early in the morning when it was not their choice.

People and their relatives confirmed that the staff knew the support people needed. For example, we saw that some people were supported to dine in their bedrooms because they preferred to be in their own private space. One person told us how they chose their own clothes and jewellery every day because that was important to them. Throughout the inspection we saw staff communicated with people in a caring way. For example, one member of staff sat by someone as they discreetly assisted them to eat, asking the person, “Are you enjoying it?” The staff member then offered the person the choice of washing their hands and face after the meal.

Staff assumed that people had the ability to make their own decisions unless a mental health assessment determined otherwise. Staff gave people time to express their wishes. Some people lived with dementia, had reduced comprehension skills and limited communication. We saw how staff had learnt to understand what people wanted to say and were able to use ways to communicate. For example, a person responded with a smile when staff knelt close by to ask them if they wanted to use the bathroom. One relative told us that they were able to visit their family member whenever they wanted.

Two people told us they did not get a choice of when they were able to get up in the morning and they were assisted up by the night staff before they finished work at 7.45am. When we arrived at the home at 09.30am19 of the 22 people had been assisted up. We saw a chart which confirmed most people had been assisted up by the night staff before the day staff arrived. We spoke to the manager about this. They told us they were conducting their own survey to see what individual personal preferences were. They said eight people had told them they would like to be assisted by the night staff. Nothing further had been done to address this piece of work and therefore a number of people were still being assisted up very early in the morning when it was not their choice.

People told us that staff respected their privacy and dignity. One person said, “They know when I’m in my room I want privacy so they do not come in at those times”. Another person told us, “They always keep the door and curtains closed when they are helping me to get up”. We saw staff respected people’s privacy, for example knocking people’s doors and waiting to be invited in. However, we saw one person’s eye drops were administered in front of everyone else in a lounge. The person was not given a choice about where this was done this potentially compromised their dignity.

Requires improvement

Is the service responsive?

Our findings

One person told us, “They gave me a bath yesterday, that’s what I like”. One person said, “I do think the staff know what I like”. Another person said, “The carers make sure I have everything I need”. People told us staff helped them when they needed assistance. We saw people were relaxed with staff that were supporting them. Staff took the opportunity to engage and interact with people when they were not busy supporting other people with their care routines. Feedback from people about the amount of time they were engaged in any social activity was negative. One person told us, “It’s so boring, I just want to get up and walk away but where would I go. It’s wrong, I know it’s wrong. I fall asleep so many times in the day. It’s horrible I’m bored”. Another person said, “I’m always alone, never anyone to talk to. I would prefer music instead of the television being on all of the time”.

We observed staff were task focused and very little time was spent engaging with people. We saw there was a lack of supervision for people living with dementia in Ashdale lounge. Staff regularly popped in to check people’s safety but staff were not always present in the lounge because they were carrying out other tasks. This meant that people could potentially be at risk because they were unable to summons help. One person sat in Rosedale lounge told us, “We have a long while to wait for staff as there is no bell here”. We could see a call bell but this was across the other side of the room from where the person was seated.

We observed the television was on in one lounge and no one was watching it. We were told of the activities people had been provided with over the Easter period. These included, Easter crafts, singing and films. On the day of the inspection we saw some people were invited to plant seeds but the response to this activity was low. There was no evidence of people being supported with individual activities or hobbies that were meaningful to them and there were no activities seen for people who were cared for in bed. We spoke with the manager about activities. They told us staff offered activities but acknowledged more work was needed to tailor these to meet people’s individual preferences.

People told us they were able to see their friends and family when they wished. We saw a visitor on the day of the inspection. They were welcomed by the staff.

People told us that an assessment of their needs had been carried out before they were admitted to the home. However, people’s opinions were mixed about their involvement in planning and reviewing their care with staff. One person told us, “No one asks what I think about how they look after me”. Another person said, “I never get asked if I’m satisfied with everything”. A further person told us, “They fill in forms and ask us what we think”. One family member told us they had been kept well informed of any changes that had occurred with their family member in a timely manner.

Three people told us they knew how to raise a complaint if they needed to. One person said, “I would speak to the manager if I had a problem”. A complaints policy was available for people to access in a format people could understand. We looked at complaint records held. We saw that complaints were fully investigated and outcomes of investigations were shared with the complainant to their satisfaction. Discussions held with staff knew what to do in the event of receiving a complaint.

Requires improvement

Is the service well-led?

Our findings

People told us they were happy with the way the home was managed. One person told us, “The manager sees us most days to say hello. I know I can see them if I wanted to”. Another person said, “[managers name] is the manager, she talks to me and I spoke to her this morning”. Another person told us, “The manager and girls listen to me”.

There was no evidence of quality monitoring of the cleanliness of the home. We found areas in the home that were not clean. Although the manager told us how the home audited medicines regularly there was no documentation to demonstrate this had taken place. We did not find that this had impacted on people.

We saw there was a process in place to review incidents and the manager told us how action would be taken to minimise the risk of similar incidents happening again. For example, someone who had fallen was provided with a pressure mat that alerted staff when the person had got out of bed at night.

The home did not have a registered manager in place as required by CQC. We discussed this with the manager and requested they submit their application to register as soon as possible. Following the inspection CQC have received information from the provider to inform us that the manager would not be applying for registration with CQC instead. They would be focussing on improving the home’s quality assurance systems. We have been informed of alternative management arrangements and who will be applying for registration with CQC.

Staff we spoke with told us that they were well supported in their work. They said they had regular staff meetings to discuss practices, share ideas and any areas for development. One member of staff said, “We can discuss our ideas”. Staff had regular one-to-one meetings and annual reviews of their performance. This helped to make sure that staff had the opportunity to raise any concerns and discuss their performance and development needs.

People told us that they had the opportunity to attend meetings to discuss issues about the home but did not always feel they were listened to. Staff were encouraged to make suggestions for improvement. However, some staff felt they were not listened to and their views acted upon. For example, they felt systems were not consistent and frequent change happened before being given the opportunity to inform change.

A satisfaction survey was carried out October 2014. We saw the results had improved since the previous survey carried out at the home. However, discussions with people during the inspection identified there were areas for improvement. These included developing a more individualised approach to people’s care and promoting an open and empowering culture.