Harcare Limited

# The Birches Nursing Home

## Inspection report

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Totton
Southampton
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Tel: 02380667141

Date of inspection visit:
10 July 2017
11 July 2017

Date of publication:
27 July 2017

## 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? | Good |

# Summary of findings

## Overall summary

The inspection took place on the 10 and 11 July 2017 and was unannounced.
The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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. On the day of our inspection the registered manager was on annual leave. The service was being led by the deputy manager.

The Birches Nursing Home is registered to provide accommodation and support for 24 older people who may require nursing care and who may have a physical disability. The home is located approximately one mile from Totton town centre and is accessible by public transport. The home has 22 single rooms and one double room. Accommodation is on three floors with a passenger lift to all levels. The home has a lounge / dining area and gardens. On the day of our inspection 24 people were living at the home.

The provider had systems in place to respond and manage safeguarding matters and make sure that safeguarding alerts were raised with other agencies. Staff knew how to identify abuse and protect people from it.

People told us they were safe and well cared for at the home. People knew how they could raise a concern about their safety or the quality of the service they received.

Assessments were in place to identify risks that may be involved when meeting people's needs.

There were sufficient numbers of qualified, skilled and experienced staff deployed to meet people's needs. The provider operated safe and effective recruitment procedures.

Medicines were ordered, stored, administered and disposed of safely.

The deputy manager and staff were knowledgeable about The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. The Metal Capacity Act Code of Practice was followed when people were not able to make important decisions themselves. The deputy manager understood their responsibility to ensure people's rights were protected.

Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests.

Training records showed that staff had completed training in a range of areas that reflected their job role.

Staff received supervision and appraisals were on-going, providing them with appropriate support to carry out their roles.

People were provided with meals and drinks that they enjoyed. People who required support to eat or drink received this in a patient and kind way.

People were involved in their care planning, and staff supported people with health care appointments and visits from health care professionals.

Care plans were amended to show any changes, and care plans were routinely reviewed to check they were up to date.

People were treated with kindness. Staff were patient and encouraged people to do what they could for themselves, whilst allowing people time for the support they needed.

People and relatives were asked for their views on the service and their comments were acted on. There was no restriction on when people could visit the home. People were able to see their friends and families when they wanted.
People knew who to talk to if they had a complaint. Complaints were passed on to the registered manager and recorded to make sure prompt action was taken and lessons were learned which led to improvement in the service.

There was a quality assurance system in place. The deputy manager and registered provider were open to feedback about the service and took prompt action to address areas when concerns were identified.

## 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 remains safe. People were protected against abuse because staff understood their responsibility to safeguard people and the action to take if they were concerned about a person's safety.

Robust recruitment procedures ensured that only suitable staff were employed. There were enough staff deployed to provide care and support to people in a safe way and when they needed it.

Medicines were handled safely and people received their medicines as they had been prescribed by their doctor.

### Is the service effective?

Good

The service remains effective. Staff were trained and supervised to ensure that they had the skills and knowledge to provide the support individuals needed.

The registered manager and staff were knowledgeable about the Deprivation of Liberty Safeguards and how to protect people's rights.

People received appropriate nutritional support. Where people needed support to eat or to drink this was provided.

### Is the service caring?

Good

The service remains caring. People received the support they needed from staff in a caring and relaxed manner.

Staff cared for people in a relaxed, warm and friendly manner. Staff sat talking with people and engaged in lively conversations about their families, social events and sharing memories.

People were included in decisions about their care and their lives. The staff supported people to maintain their independence and protected their privacy and dignity.

### Is the service responsive?

Good

Responsive The service was responsive. Daily activities ensured people were not at risk of social isolation.

Care plans were based on comprehensive assessments. The service had gathered information about people's background and their personal histories.

There were no restrictions on when people could receive their visitors. People could see their families and friends when they wanted to and could maintain relationships that were important to them.

## Is the service well-led?

Good

The service remains well led. The atmosphere in the home was open and inclusive. People were asked for their views of the home and their comments were acted on.

The registered manager spent time with people who used the service and with the staff to ensure that the service provided was of a satisfactory standard.

There was a quality assurance system in place. The manager and registered provider were open to feedback about the service and took prompt action to address areas which required improvement.

# The Birches Nursing 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 checked 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 the 10 and 11 July 2017 and was unannounced. The inspection was carried out by one inspector 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, in this case older people and people living with dementia.

Before our inspection we contacted four health and social professionals who were regularly involved in the care of people living at the Birches Nursing Home
and received responses from four. During our inspection we spoke with seven staff including the provider, deputy manager, cook, five people living at the home, and three visiting relatives.

We looked at the provider's records. These included six people's care records, six staff files, a sample of audits, satisfaction surveys, staff attendance rosters, and policies and procedures.

We asked the provider to complete a Provider Information Return (PIR) before our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Some people were not able to verbally communicate their views with us or answer our direct questions. 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 last inspected the home in April 2015 and made a recommendation that the provider researches best practice to ensure people are not at risk from social isolation and develops activities to promote social contact and companionship.

Good

# Is the service safe?

## Our findings

People told us they felt safe. One person told us, "I feel very safe living here. The staff are very helpful and do their utmost to keep me safe". Another person said, "Oh yes very safe. I'm not very good on my feet but one of the staff always walks with me….just in case". A relative told us, "Very happy that (person) is here now. They were not safe when they lived at home because they kept having falls. I'm not aware that they have had any falls at all since they have been here".

Staff were fully aware of how to recognise and protect people from abuse. The home responded to safeguarding concerns and worked with the local authority. They obtained advice from them when appropriate and the registered manager reported safeguarding issues accordingly. Staff told us and records confirmed they had received safeguarding training. One staff member said, "If I saw anyone being abused I would not hesitate to report it". Staff were aware of the procedures in place to keep people safe and the levels of concern they needed to report.

We asked staff about whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Staff said they would feel confident raising any concerns with the registered manager. They also said they would feel comfortable raising concerns with outside agencies such as the Care Quality Commission (CQC), if they felt their concerns had been ignored. Comments from staff included, "If I saw something like that I would have a chat with the manager or deputy. I know they would act and do something about it, but if they didn't I know who to contact" and "It's my duty to keep people safe and to protect them. Yes I'd certainly take things further if I had to. No question about that at all".

Risk assessments were in place for people living at the home. Staff told us that, where particular risks were identified, measures were put in place to ensure the risk was safely managed. For example, we saw that people who were cared for in bed had easy and direct access to an alarm call bell. The level and frequency of observations of these people by staff were increased accordingly. Daily care records showed that these welfare checks had been made frequently and were recorded accurately and in a timely manner.

There were enough skilled staff deployed to support people and meet their needs. Staff were not rushed when providing personal care. People's care needs and their planned daily activities were attended to in a timely manner. One person said, "I think they have enough staff around all the time. When I have needed help and pressed my buzzer staff are very quick to come and see me". One relative said, "There always is enough staff about which is very reassuring". Another relative said, "Staffing seems to be at a good level".

Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work at the home. The Disclosure and

Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions. Checks to confirm qualified nursing staff were correctly registered with the Nursing and Midwifery Council (NMC) were also held on file. All nurses and midwives who practice in the UK must be on the NMC register.

There was a clear medication policy and procedure in place to guide staff on obtaining, recording, handling, using, safe-keeping, dispensing, safe administration and disposal of medicines. People's medicine was stored securely in medicine cabinets that were located in a secure medicines room. Only staff who had received the appropriate training for handling medicines were responsible for the safe administration and security of medicines. Medicines that were required to be kept cool were stored in an appropriate locked refrigerator and temperatures were monitored and recorded daily. Regular checks and audits had been carried out by the registered manager to make sure that medicines were given and recorded correctly. Medication administration records were appropriately completed and staff had signed to show that people had been given their medicines.

There were various health and safety checks and risk assessments carried out to make sure the building and systems within the home were maintained and serviced as required to make sure people were protected. These included regular checks of the fire safety, gas and electric systems. On the first day of our visit however we found window restrictors on the first and second floors were not all robust or fit for purpose. This meant that people were at risk of serious injury from falls from heights. We brought this to the attention of the provider who immediately made arrangements to rectify this. Following our inspection the provider sent us photographic evidence to show that appropriate and robust window restrictors had now been fitted. This ensured that the risk to people from falling from a window at height was reduced and people were safe.

The provider had plans in place to deal with foreseeable emergencies in the home. Emergency plans were in place for staff to follow. People living at the home had a Personal Emergency Evacuation Plan (PEEP) which instructed staff on the safest way to evacuate people in the event of an emergency.

Good

# Is the service effective?

## Our findings

People, relatives and health and social care professionals told us staff were experienced and were meeting people's needs. One person said, "Yes they all know what they are doing. I'm very happy". One relative told us, "There has been a great improvement in (person) general health since they have been here. They regained their appetite and put on a bit of weight which is great". Another relative told us, "We were involved in all the care planning. They ring us if there is anything amiss or if anything is wrong, they keep us informed". A GP told us, "Yes, they do provide effective care. A resident was admitted to the home with grade four pressure sores. The home managed that very well and the wound healed very quickly. Other residents are admitted anxious, withdrawn and not talking but within weeks they are more relaxed and chatting to all the staff. I have never had reason to question anyone's care".

Staff were supported in their role and had been through the provider's own induction programme. This involved attending training sessions and shadowing other staff. The induction programme embraced the 15 standards that are set out in the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Staff we spoke with who had undertaken the Care Certificate told us the registered manager and deputy manager were both very supportive during this process. One member of staff said, "They were there for me throughout. I had never worked in care before so this was all rather daunting. They spoke to me regularly about it and supported me from start to finish".

There was a consistent approach to supervision and appraisal. Supervision and appraisal are processes which offer support, assurances and learning to help staff development. Staff received regular one to one supervision, annual appraisal and on-going support from the registered manager. This provided staff with the opportunity to discuss their responsibilities and the care of people living at the home. Records of supervisions detailed discussions and there were plans in place to schedule appointments for the supervision meetings. Staff had annual appraisals of their work performance and a formal opportunity to review their training and development needs.

The Mental Capacity Act 2005 (MCA 2005) 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, and any made on their behalf must be in their best interests and as least restrictive as possible. For those people who were unable to express their views or make decisions about their care and treatment, staff had appropriately used the MCA 2005 to ensure their legal rights were protected. For example, a GP told us, "Recently a resident had a specific condition which required an injection - a best interests meeting and mental capacity assessment were carried out. The resident's relative who held power of attorney for health attended when my GP colleague visited to carry out the injection". Where family members had the legal rights to make decisions regarding the care of their relative, documents were held at the home to evidence this such as, Power of Attorney (PoA). A PoA is a written document that gives someone else legal authority to make decisions on your behalf. Copies of those documents where relevant were kept in people's personal records which were kept securely in the administration office.

Staff were knowledgeable about the requirements of the MCA 2005 and told us they gained consent from people before they provided personal care. Staff were able to describe the principles of the Act and tell us the times when a best interest decision may be appropriate. 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 2005. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes and hospitals. At the time of our inspection nobody living at the home were subject to a DoLS. The home had submitted a number of applications which had yet to be authorised by the local authority. The deputy manager knew when an application should be made and how to submit one. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards.

We observed lunchtime on the first day of our visit. The dining tables were appropriately set and condiments and drinks were available. Aids to support people to maintain their independence and dignity were available such as plate guards and adaptive cutlery. People were given a choice of meals and drinks. The cook we spoke with told us she asked people every day what their choice from the menu was and if people did not like what was on offer an alternative was provided. Menus were kept under review and changes made in response to feedback from people. Lunch time was unhurried and staff offered support and encouragement to people in a sensitive way when they needed it. People we spoke with told us they enjoyed the food served. One person said, "We always have a choice of meals. I've no complaints". Another person told us, "I've no complaints about the food. I'm not a fussy eater whilst another person added, "Some days it is just one thing, set lunch and a variety of pudding, but because I am diabetic there are always alternatives, we get plenty to eat". A relative told us, "She (person) seems to like the food. I've never heard her complain. From what I've seen served, I think it's good".

People's healthcare needs were considered within the care planning process. Assessments had been completed on people's physical health, medical histories and psychological wellbeing. Arrangements were in place for people's healthcare needs to be monitored through a regular review process. Care records demonstrated people had received visits from health care professionals, such as doctors, chiropodists and opticians.

People were supported with their healthcare needs, including receiving attention from GPs and routine healthcare checks. One person told us, "The GP visits every week to make sure we are all fit and well but if I feel unwell at any time I can request a visit and she comes to see me". A GP told us, "We have monthly ward rounds and agree plans for the residents together including the residents and their relatives where appropriate. Regular phone calls and visits as needed. Requests for visits are appropriate".

Good

# Is the service caring?

## Our findings

People and relatives told us staff were caring and looked after them well. One person said, "Its lovely here, I get asked about stuff, it's so nice I wouldn't say so otherwise". Another said, "It's lovely here, it's my home". We spoke with one person resting in their room who told us, "The girls are very caring to me. They are real angels. I don't have anything bad to say at all. They are always available to help". A relative told us, "I have no concerns at all about the care my [relative] receives. The staff are very caring and attentive. I would have no hesitation in recommending this home to anyone".

Staff cared for people in a relaxed, warm and friendly manner. Staff sat talking with people and engaged in lively conversations about their families, social events and sharing memories. There was a lot of laughter and we noted that staff took every opportunity to engage with as many people as possible. For example, by bending down to ask if a person would like more tea, by touching a person's hand to ask if they were ok, and by frequently popping in and out of bedrooms to check on people.

People's privacy was promoted and respected. A number of people told us they liked to spend time in their rooms but could choose to sit in the communal areas if they wished. People's bedroom doors were pulled shut unless the person expressed a preference to have the door open. Staff knocked bedroom doors and waited for permission before entering. People told us staff always did this and that they respected their privacy. One person told us, "Staff never come in without knocking the door first. They always tell me what we will be doing and ask if it's ok".

People's care needs, choices and preferences were recorded and written in a person centred way. Information within care plans reflected what was important to the person now, and in the future. Staff were knowledgeable about the people they supported and were able to tell us about people's individual needs, preferences and interests. Their comments corresponded with what we saw in the care plans. Care plans were person centred and promoted people's involvement and understanding.

Care plans gave detailed descriptions of their individual needs and how support was to be provided. There had been input from families, historical information, and contributions of the staff team who knew them well with the involvement of people themselves. People were supported to maintain relationships with their family and
friends. Details of important people in each individual's life were recorded. A relative confirmed they were kept up to date and they were always welcomed in the home when they visited.

People were supported to express their views when they received care and staff gave people information and explanations they needed to make choices. One person told us, "It's all very good, I have freedom of choice". Another person said, "The staff always have time for a chat. They are very accommodating and will listen to me. I'm treated very much as a person". Staff provided care to people in a kind, attentive and compassionate way. For example, staff talked people through the care and support they were to offer them before and during the process, offering good explanations and reassurances to people.

Good

# Is the service responsive?

## Our findings

At our inspection in April 2015 people and relatives told us there was an activity programme but said it 'didn't often happen'. We did not see people engaged in meaningful and stimulating activities. The registered manager told us activities took place as often as possible but this was not always planned and was organised on a daily basis and around people's changing needs. We made a recommendation that the provider researches best practice to ensure people are not at risk from social isolation and develops activities which promote social contact and companionship.

At this inspection we found people enjoyed a variety of activities including regular visits from external entertainers such as singers, musicians, drawing, painting and regular input from local churches. The provider had also made staff available each afternoon for 'social care'. This was to enable staff to engage with people on a one to one basis and to reduce the risk of social isolation for those people who did not want to partake in group activities or were cared for in their rooms. One person told us, "I don't like mixing very much but it is nice to sit quietly in my room with one of the girls (staff) and go through my photographs". Another person said, "I do sometimes get involved with what's going on but not often. I like to walk in the gardens and look at the flowers. One of the members of staff walks with me in the afternoon. We have a good old chat. It's nice".

People told us they received a personalised service that was responsive to their needs. Before people came to live at the service their needs were fully assessed. This was achieved through gathering information about the person's background and needs as well as meeting with family and other health and social care professionals to plan the transition appropriately. One relative told us, "The manager came to our home before (person]) came to live here. They were very thorough and went through everything with us. They wanted to be sure they could do everything (person) needed and I suppose we wanted to make sure of that as well. It was very reassuring". People told us they knew they had a care plan and some said they had been involved in setting it up. A few people said they had left this for their families to do.

Care plans were person centred and contained guidance about people's personal preferences for how they liked to be supported. For example, one care plan explained how to support a person who needed to be prompted with personal care. Care plans were detailed and explained the actions that were needed to meet people's needs. This was to ensure that people's full range of care needs were met at the times of peoples choosing. People's individual assessments and care plans were reviewed with their participation or their representatives' involvement. Care plans had been updated to reflect any changes to ensure continuity of their care and support. Updates had been made when people's medicines or health needs had changed. One relative told us, "The home reviews the care plans regularly and we are always invited and updated on how [person] is doing". Another relative told us how their family member's general wellbeing had improved since they had moved to The Birches because staff had worked with them to ensure the care and support they received was tailored to meet their individual needs.

We looked at how information was handed over from shift to shift within the service. We saw that 'handovers' were thorough and contained relevant information to ensure that people were cared for

consistently throughout the day and night. Handover provided staff with the opportunity to share information about risk, appointments, medical concerns or changes in activities.

Bedrooms reflected people's personality, preference and taste. For example, some rooms contained articles of furniture from their own home and people were able to choose furnishings and bedding.

The provider took account of people's changing needs and their care and support needs were regularly reviewed. This was achieved through annual care reviews or more frequently where needs had changed. When this happened, people's records were updated appropriately. For example, where a person's mobility needs had changed following a fall we saw that risk assessments had been updated to reflect changes in how to support the person to mobilise safely. Review meetings involved the individual, relatives or other professionals involved in people's care. This process helped the registered manager and staff evaluate how people's needs were being met.

The complaints procedure was displayed on the notice board in the home. A complaints procedure for visitors and relatives was displayed also. It included information about how to contact the ombudsman, if they were not satisfied with how the service responded to any complaint. There was also information about how to contact the Care Quality Commission (CQC).The provider kept a complaints and compliments record. People and relatives told us they knew how and who to raise a concern or complaint with. The complaints procedure gave people timescales for action and who in the organisation to contact. The provider had received three complaints during the past 12 months and these had been investigated and responded to within the time frames set out in the provider's complaints procedure.

Relatives were able to visit the home without restrictions. People were encouraged to form caring relationships by sitting together and talking in small groups. One person told us their family member was always welcome at the home. A relative told us they felt unrestricted and could visit at any time.

Good

# Is the service well-led?

## Our findings

People living in the home and relatives told us that they felt that the home was well run. One person told us how the registered manager would come and speak with them and other people each morning. One member of staff said, "I enjoy working here and it's very rewarding". Throughout our visit we observed the deputy manager and staff regularly approach people to offer support and check on their wellbeing.

People appeared relaxed and comfortable with these discussions. Staff we spoke with expressed their confidence in the leadership. Members of staff told us that the registered manager was supportive and led the staff team well. They described an open culture, where they communicated well with each other and had confidence in their colleagues and in their manager. One member of staff said, "We all help each other". Another member of staff said that the registered manager was, "Very supportive, we can go to her anytime with any concerns and she acts on them straight away".

Staff told us and records confirmed they had regular meetings with the registered manager and were able to discuss aspects of the service which could be improved. Staff had annual appraisals to improve their knowledge and vision of the service. All the staff we spoke with understood and shared the registered manager's drive to provide a person centred care service.

The registered manager understood their responsibilities to the Commission. A review of incidences showed they had notified us of events that they were required to do so and had submitted additional information when requested. They had displayed their latest inspection ratings and had provided open and transparent responses to enquiries by other parties in line with their duty of candour. They had taken action to address recommendations we had made at our last inspection.

The registered manager had systems for monitoring incidents and accidents to ensure that there had been an adequate response and to determine any patterns or trends. Following incidents they had made changes to minimise the chance of the incident happening again. There were processes in place to monitor the quality of people's care records and the registered manager took action when they had identified it was necessary to improve the quality of record keeping. The provider conducted regular checks to ensure the environment and equipment were regularly maintained and safe.

The provider sought the views of relatives regularly. Feedback was consistently complimentary. We looked at 16 completed questionnaires that had been returned in April 2017. Comments included, "Always helpful and ready to listen", "On the whole very happy. I enjoy going there", "I have never seen anything but dignity and respect", "There is always a good atmosphere in the home" and "A lovely homely place to live and to visit".

Staff told us that team meetings took place regularly and they were encouraged to share their views. They found that suggestions were warmly welcomed and used to assist them to constantly review and improve the service. We looked at staff meeting records which confirmed that staff views were sought and confirmed that staff consistently reflected on their practices and how these could be improved.