

# United Response Birchgrove

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

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: Birchgrove is a care home for up to three people with a learning disability. It is located in a community setting on the edge of the town of Matlock in Derbyshire. At the time of our inspection three people were using the service.

People's experience of using this service:

People were not always protected from the risk and spread of infection. People who used the service were safeguarded from the risk of abuse. Risks associated with people's care had been identified and were managed to keep people safe. There were sufficient staff available to support people to meet their needs.

The design, adaptation and decoration of the premises did not always meet people's individual needs. People's needs were assessed and care was provided in line with their preferences. Staff we spoke with felt they were trained and supported to meet the requirements of their job. People were supported to maintain a balanced diet. People had access to healthcare professionals when required.

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

We observed staff interacting with people and found they were supportive, kind and caring. Staff respected people's privacy and dignity.

People received person-centred care which was based on their needs and took in to consideration their preferences. People were supported to access the community and be involved in activities of their choice.

The service had a complaints procedure and people were supported to raise concerns.

The registered manager had recently left the service and the team manager was in charge. The team manager completed a range of audits in areas such as, medicine management, health and safety and documentation. However, there were some areas which were not audited such as infection control. Actions raised as part of the audits were recorded but not always actioned by the provider.

More information is in the full report.

Rating at last inspection: Good (report published 24 August 2016)

Why we inspected: This was a planned comprehensive inspection based on the rating at the last inspection.

Follow up: We plan to continue to inspect the service in line with our inspection programme for services rated requires improvement. Until then we will continue to monitor the service to ensure that people receive safe, compassionate, high quality care.

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

## 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 had deteriorated and was not always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service had deteriorated and was not always effective

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service remained caring

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service remained responsive

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service had deteriorated and was not always well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Birchgrove

## Detailed findings

### Background to this inspection

#### The 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.

#### Inspection team:

The inspection was carried out by one inspector.

#### Service and service type:

Birchgrove is a care home. People in care homes receive accommodation and nursing or personal care. 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. However, the registered manager had left the service a few days prior to our inspection and the team manager had responsibility for the service.

#### What we did:

Prior to the inspection visit we gathered information from a number of sources. We also looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We asked the provider to complete a provider information return [PIR]. 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. We also spoke with other professionals supporting people at the service, to gain further information about the service.

We spent time observing staff interacting with people. We also 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 spoke with one person who used the service and met another person. We also spoke with one support worker and the team manager in depth, and briefly spoke with another support worker.

We looked at documentation relating to two people who used the service, two staff files and information relating to the management of the service.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Preventing and controlling infection

- At our last inspection this key question was rated good. At this inspection the service had deteriorated and was rated requires improvement.
- People were not always protected by the prevention and control of infection.
- We completed a tour of the home with the team manager and found the environment was not always clean. We saw dirt on skirting boards and the microwave in the kitchen was in need of a thorough clean. We saw the shower head over the bath was encrusted with limescale. We looked at the laundry and found the room required a deep clean and saw there was a freezer containing frozen foods next to the tumble dryer. These issues could pose an infection control risk.
- We raised these issues with the team manager who began to address some of them while we were at the service. Other areas required more time to complete.

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

- The provider had systems in place to ensure people were protected from the risk of abuse.
- Staff we spoke with told us they had received training in this area and knew what to do if they suspected abuse.

### Assessing risk, safety monitoring and management

- Risks associated with people's care had been identified and plans were in place to ensure risks were minimised.
- Staff we spoke with knew people well and could explain how people were supported to keep safe.
- We looked at people's care records and found they contained risk assessments which guided staff in how to support people.

### Staffing and recruitment

- The provider had a recruitment policy which assisted them in the safe recruitment of staff. This included obtaining pre-employment checks prior to people commencing employment. These included references from previous employers, and a satisfactory Disclosure and Barring Check (DBS). The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. We looked at staff recruitment files and found they contained relevant checks.
- During our inspection we observed there were enough staff available to meet people's needs and to support people to access the community.
- Staff we spoke with told us there were always enough staff available and there was an on-call system for staff to contact someone if they required support.

#### Using medicines safely

- The provider managed people's medicines in a safe way.
- We saw systems were in place for ordering, administering and disposing of medicines safely.

#### Learning lessons when things go wrong

- The provider responded to accidents and incidents and measures were put in place to help minimise them reoccurring.
- Accidents and incidents were monitored to identify trends and patterns.



# Is the service effective?

## Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Requires improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

- At our last inspection this key question was rated good. At this inspection the service had deteriorated and was rated requires improvement.
- The design, adaptation and decoration of the premises did not always meet people's individual needs.
- Some areas of the home required decoration, for example, the ceiling in the dining room required attention following a leak which had occurred some time ago. The bathroom had a corner bath which the team manager who told us people found difficult to access due to deterioration in their mobility.
- One person's bedroom was very cold and we were told the room was always the same. Someone else's room had damage to the flooring which had been caused by a previous bed.
- We discussed these issues with the team manager who was aware of them and had raised them on their maintenance audit. However, the provider had not addressed them and there was no timescale in place as to when these were going to be addressed.

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

- Support plans had been developed with people which ensured their preferences and diverse needs were met in all areas of their support. This included protected characteristics under the Equalities Act 2010 such as age, culture, religion and disability.
- We saw people were supported in line with their needs and staff were aware of people's preferences.

Staff support: induction, training, skills and experience

- People were supported by staff who had received appropriate training and support to fulfil the responsibilities of their role.
- Training took place by a mixture of e-learning and face to face training courses.

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

- People were supported to have a healthy balanced diet which met their needs and took in to consideration their preferences.
- People were involved in shopping for food items and preparing their meals.

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

- The provider ensured that people had access to health care professionals when required.
- We looked at care records and found when advice had been given by health care professionals, staff had adhered to it to provide appropriate care and support.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- The service was working within the principles of the MCA.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- During our inspection we saw staff interaction with people and found they were supportive, kind and caring towards people.
- People were supported to maintain relationships with family members and friends. People were supported to maintain practices in line with their culture.

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

- People were supported to express their views. Staff used various different methods of communication to ensure care and support was delivered in line with people's preferences and that they were supported to express their views.
- The provider had an individual charter which was a commitment to people using the service. This included things such as being supported to live in the property as long as possible, and to ensure the house and people's possessions were taken care of.

Respecting and promoting people's privacy, dignity and independence

- The provider had a staff matching tool which looked at personalities and needs. This also looked at shared interests such as going out for meals, food shopping, magazines, music and hair care.
- We observed staff interacting with people and saw they responded well to people and knew them well. One person we spoke with said, 'yes' when asked if they liked living at the service. People were happy and content with staff who were supporting them.
- The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Records were stored safely which maintained people's confidentiality.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care which was responsive to their needs and in line with their individual preferences.
- Care and support records we looked at contained a one-page profile which told the reader about the person, what their likes and dislikes were and what was important to them. People also had a document which explained what a good day and bad day looked like for them. Some people had communication difficulties and required staff to communicate clearly using gestures, pictures and referring to objects.
- Positive behavioural support plans were in place to ensure proactive strategies were in place to assist and support people in a meaningful way. This included being patient and going at the persons pace. One person did not like people being demanding but responded well to a calm and gentle approach.
- Summaries were completed each month and detailed what people had been doing, any significant events and plans for the coming months.
- Activities and involvement in the community was completed in the interests of people and what they preferred to do. One person had a job at peak rail, another went to a day care and someone else enjoyed aqua fit.
- People had a support plan in place for community based activities such as food shopping, pub visits, walking, and going to the bank. In house activities included setting and clearing tables, washing clothes, making a hot drink.
- People had an activity and community plan in place which detailed what the person did each day, for example, bowling, hair therapy, community outing, baking, swimming, walking.
- People are supported to go on holidays around every two years.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place and people were supported to comment about the service.
- The team manager told us that complaints would be dealt with appropriately, however, no complaints had been received since the last inspection.

End of life care and support

- At the time of our inspection the service was not supporting anyone who required end of life care.
- Person centred plans were in place to support people on end of life. One person's care record we looked at had a completed form which gave details about the persons preferences, such as their funeral and who to contact.
- The team manager told us they had experience in dealing with end of life and spoke about how they would support staff and people who used the service to come to terms with the death.

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Requires improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- The home's registered manager had left the service a few days prior to our inspection. The team manager was responsible for the day to day running of the service. The team manager was supported by a team of support workers. Staff we spoke with knew their roles and responsibilities.
- Staff we spoke with told us the team manager was supportive and they felt the home was well managed.

Continuous learning and improving care

- The team manager completed a range of audits in areas such as, medicine management, health and safety and documentation. However, there were some areas which were not audited such as infection control. During our inspection we saw some infection control concerns such as the laundry housing a food freezer and also requiring a deep clean.
- Actions raised as part of the audit process were recorded but not always actioned by the provider. For example, we saw that the team manager had highlighted that the bathroom was no longer suitable, the flooring in one person's bedroom needed attention, the ceiling in the dining room required attention and the heating in another person's bedroom required resolving. However, the provider had not acted on these concerns.
- We asked the team manager if there was a plan in place to address the concerns with a timeline when they required completing, but this was not available.
- This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

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

- People who used the service, their relatives and staff, were involved in the home and their views and opinions mattered.
- The team manager told us that they had recently set up house meetings for people who used the service. This was a new initiative to involve people more.
- The team manager told us that a questionnaire was sent to relatives requesting their opinions on an annual basis. However, none of this information was available at the service.
- Staff meetings took place and staff felt able to raise issues.

Working in partnership with others

- The service had implemented initiatives to work in partnership with others.
- One person attended day care and they had a diary which was used as a communication aid to inform the home about how the day has been and what the person had eaten.
- The provider had also set up adult learning placements and supported people in ensuring this was a good experience which met their needs.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems and processes in place to monitor the quality of the service were not always effective.