

HC-One Oval Limited

Birch Court Care Home

Inspection report

Egerton Street
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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

Birch Court Nursing and Residential Home is split into five separate single -storey houses: Brook House; Moss House; Fern House; Bank House and Waterside House, each with the capacity to accommodate 30 people who need nursing, dementia, palliative, respite or residential care. The service is provided by HC-One Oval Limited. At the time of our visit Bank House was not in use and there were 112 people living at the service.

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

People living at Birch Court and their relatives shared mixed views, but the majority were positive about the staff being caring and kind. We received mixed comments regarding staffing levels, use of agency staff and activities.

We noted several concerns regarding how staff were recording and administering medications using the current electronic system. We identified a breach of regulation regarding safe care, treatment and management of medications.

We have made a recommendation about the clarification of some job roles with regards to medication.

People living at the service and visiting relatives were unsure how many staff they could expect to see on duty each day. The registered manager advised they were recruiting and advertising posts and were also recruiting more activities organisers. We identified a breach of regulations relating to staffing.

Quality assurance processes were regularly carried out to show actions and improvements to the service in the last 10 months. However, concerns regarding the management of medications and of the deployment of safe staffing needs further review by the provider.

The home was clean and staff used appropriate techniques to prevent the spread of infection. Two corridors had an unpleasant smell and staff took action to improve these areas.

People told us they enjoyed the food and drink provided. We observed mealtimes and saw that people had a choice of meals. Mealtimes were noisy at times with staff busy in various departments. Staff could be heard carrying out their work, while dining room and small galley kitchen doors were left open.

We have made a recommendation regarding the environment and activities.

We saw that people were supported with various activities including occasional trips out, visiting entertainers and the forming of a Birch Court choir. Whilst some people enjoyed the activities others felt they didn't see much going on as they didn't have an activities organiser on their unit.

Care plans and risk assessments were in place and generally contained the correct level of information in relation to the support people needed. Some areas of recording needed updating for one plan.

People could express their views in a variety of ways. Regular meetings were held, annual surveys were carried out and there was a complaints procedure in place. We saw that complaints had been recorded and responded to in line with this policy. We received four complaints from residents and relatives which we passed to the registered manager to review in line with their complaints policy. Some concerns were around the use of agency staff.

Staff and visitors noted improvements to the service since the registered manager commenced in post.

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. Policies and systems in the service supported this practice.

Staff had received training and were knowledgeable about how to protect people from abuse. Staff felt supported and listened to. Staff received the training, support and supervision they needed to carry out the roles they were asked to do.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was 'good' (published 6 April 2017.)

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to 'staffing' and 'medications' at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress.

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.

Details are in our 'Safe' findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our 'well-led' findings below.□

Requires Improvement ●

Birch Court 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 as part of our regulatory functions. This inspection checked whether the registered 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 two inspectors (one a pharmacy 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.

Service and service type

Birch Court is a 'care home.' People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of the inspection the service had a manager registered with CQC. Registered managers and the registered provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed the information we held about the service. This included any statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted local commissioners of the service to gain their views. We used the information the provider sent us in the 'provider information return.' 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 used all this information to formulate a 'planning tool'; this helped us to identify key areas we needed to focus on during the inspection.

During the inspection

We spoke with the registered manager, the area manager, 17 members of staff, six people living at the service and 12 relatives.

We looked at care records of four people receiving support, a sample of staff recruitment files, medication records for 11 people and other records and documentation relating to the management and quality monitoring of the service. We also undertook a Short Observational Framework for Inspection (SOFI) observation. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

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 'Good'. At this inspection this key question has deteriorated to 'requires improvement.'

This meant 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.

Using medicines safely

- The systems in place to manage people's medicines were unsafe, which placed them at risk of harm. We found several discrepancies with the management of medications such as,
- Time specific medicines for Parkinson's Disease and epilepsy were not given at the correct times, increasing the risk of Parkinson's disease symptoms and epilepsy being uncontrolled.
- The provider's electronic medicines administration record alerted staff if paracetamol was being given too soon after the previous dose. However, we found paracetamol being administered in an unsafe manner as records showed paracetamol was administered 20 minutes after the previous dose, which is unsafe.
- We found staff had administered doses of medicines lower and higher than what had been prescribed by a doctor increasing the risk of a medicine being ineffective or an overdose.
- We raised all issues of concern with the registered manager for their review and action to safeguard people at the service.

This demonstrates a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some units had enhanced care staff administer medications as they had received specific training by the provider. We noted they did not have a professional registration.
- Trained nurses worked on the same units, they told us they were unclear whether their accountabilities had been established where enhanced care staff administered medications on the same unit.
- Following the inspection, the provider had supplied relevant information relating to their policies. This emphasised the nurse may delegate further to a senior carer if the criteria set out in the delegation of medicines procedure were met and this practice was approved by their area director.

We have made a recommendation for the provider to clarify to staff their accountabilities and responsibilities taking into account their registered status as nurses and enhanced care staff when working alongside each other.

Staffing and recruitment

- Most relatives and staff that we met felt there were insufficient numbers of staff to support people to stay safe and meet their needs. Some relatives felt that agency staff did not always know their relative or their needs. People told us, "Don't think that there was enough staff to support (my relative)", " Not enough

carers, always rushing, never stop" and " Sometimes not enough staff, but there has been no problems and the staff will come when required." Two people complained to us during the inspection about the agency staff, we passed their concerns to the manager who took action to investigate their complaints.

- Some relatives had concerns that when they visited they had noted on occasions that there were no staff present in the lounge area when large numbers of people were sat in those rooms. They felt their relatives were at risk when no staff were present.
- Staff felt they needed more staff on duty at certain times in the day. They were concerned that they could not guarantee staff presence in the lounges which they felt escalated risks to various people living there.
- During the inspection we noted three occasions where the communal lounge area had no staff present for periods up to 30 minutes. There was no one around for people who needed assistance.
- The registered manager advised they were recruiting and advertising posts and were also recruiting more activities organisers. They were utilising regular use of agency staff to help with the current staffing of units.
- The provider had developed a staffing tool to help them assess people's dependencies and used their corporate model to provide staffing levels in each unit. The tool did not take into account people's opinions and experiences about the deployment of staff within the units.

This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from risk of abuse

- Staff were aware of safeguarding responsibilities and had confidence in the registered manager and provider to address any concerns.
- Staff told us they had previously reported safeguarding's and received full support from the registered manager in making sure people were kept safe at the service
- The registered manager organised safeguarding training for all staff. For those staff outstanding she had taken action to make sure they were required to carry out this necessary training as a matter of priority.
- The registered manager kept the Care Quality Commission (CQC) up-to-date with safeguarding investigations they had carried out and showed they had taken appropriate actions to keep people safe.

Assessing risk, safety monitoring and management; Preventing and controlling infection; Learning lessons when things go wrong

- Health and safety was well managed. A maintenance plan showed various refurbishment to the environment. The service had two maintenance people on site to keep the environment well maintained.
- People's level of risk was assessed and tailored around the individual needs of each person including any risks associated with falls, moving and handling and being a risk of a pressure sore.
- Accident and incidents were routinely recorded and regularly reviewed to help learning from each incident.
- The home was clean and tidy, however we noted two areas in the corridors in two units that had unpleasant odours noted throughout the day. Staff took action to improve these areas to manage the odours.
- The facilities had been awarded the highest grade of five stars, for cleanliness and food hygiene practises by the food standards agency.

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 'good'. At this inspection this key question had deteriorated to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- We noted that bedroom doors did not always display any recognisable labelling. This could be confusing to some people to orientate around their home.
- Following the inspection, the provider had advised the homes environment was under constant review were they followed best practice as described by HC-One's Director of Memory Services, Professor Graham Stokes. This approach, in line with current best practice and reflective of research, directs that colours and lots of signs were not supportive to aid orientation.
- The home had introduced life stations on the memory care nursing house and continued to develop these and encouraged residents to be involved in their progress.
- People were encouraged to tailor their bedrooms as they desired. We saw that people brought their own belongings into the home to make their stay at Birch Court care home as homely and familiar as possible.
- We noted some aspects of the service had developed the use of reminiscence pictures and picture signs to help people safely move around the building.

We recommend the registered provider reviews best practice guidance and introduces further development to the environment to meet the needs of people living with dementia and cognitive impairments.

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

- We noted some issues with the recording and use of fluid balance charts for the flushing of medical tubes in between nutrition and medication being given. Some staff lacked updated information about necessary ways to flush the devices as advised by health care professionals.
- The registered manager advised they would review these issues with specific staff to ensure records were accurately managed.
- We received positive feedback about the quality and standard of food people were offered at Birch Court. People shared comments such as, "(Our relative) loves the food and has put weight on since being in the home", "The food is excellent home cooked" and "(Our relative) gets enough and has put weight on since arriving at the home, the cakes are home baked."
- One relative felt the plain white plates did not always help people with their meals and wanted to know if the service was going to provide specialised crockery in different colours. The registered manager advised they had ordered new crockery to help some people with their meals.
- The dining rooms were attractively maintained and well set out. However, we noted at times the dining

room was noisy with the dining room doors open and staff, coming in and out adding to the noise and shouting across rooms to each other. We discussed various initiatives that could be reviewed to improve the atmosphere during meals being served.

Staff support: induction, training, skills and experience

- Two relatives were very positive about the services own staff and told us, "The staff are well trained" and "They are brilliant, fantastic." Whilst people were overall happy with the services own staff some people had concerns about some of the agency staff employed who they felt did not always know their relative's needs. We shared these views with the registered manager for the registered manager.
- We noted that just two staff were skilled in the clinical support of male catheterisation. This meant that at times the service had to contact external professionals if they did not have their staff on duty at the time this support was needed.
- The registered manager was taking appropriate actions to make sure suitable numbers of staff attended specialised training to updated trained staffs skills with managing male catheterisation.
- Staff told us they felt well supported with senior staff and manager's.

Staff working with other agencies to provide consistent, effective, timely care- Supporting people to live healthier lives, access healthcare services and support, Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Most people told us they were happy with the care provided to them. One person felt they were not offered enough choices with assistance with having regular showers. We raised this with the registered manager to meet with this person to help resolve their request.
- People were appropriately assessed and support needs were set out within detailed care plans. We saw that information gathered at the pre-assessment stage had been transferred over to people's care plans.
- Staff were updated on any changes via handovers at each shift. Daily briefings were held with heads of department in order that information was shared across the service and the registered manager was kept updated on every aspect of people's care.
- People were involved in identifying the assistance they would like, including recognising any needs in relation to protected characteristics as defined by the Equality Act 2010. The service had policies to support the principles of equality and diversity.

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).

- Principles of the Mental Capacity Act, 2005 were complied with and staff received the necessary training in relation to the MCA and DoLS.
- We noted positive interactions throughout the inspection however one action by a member of staff did not show good practice in supporting people's choice and consent. The registered manager took immediate actions regarding this observation to ensure that they adhered to good practice.
- Care records contained all the relevant information in relation to the support people required. The service had appropriate applications submitted to the local authority to show they followed legal requirements.

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 remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- One person was very positive about the staff and told us, "The staff listen to me and if I have any suggestions or comments then the staff will act on them."
- Care files contained detailed person-centred information, which was contributed to by people and their relatives.
- The majority of people and their representatives told us they were asked for their views and were positive about the long standing staff at the service. They told us, "The staff say the right words and always knock on her door before entering", "They are lovely in here" and " They are fantastic, nice and polite."

Respecting and promoting people's privacy, dignity and independence

- Relatives and people at the service confirmed to us that people's privacy and dignity was maintained. One person told us, "Staff will respect my dignity and privacy. They will knock on the door before entering."
- Policies and procedures were in place to offer guidance in ensuring that people's dignity, privacy and respect were maintained.
- People's confidential records were stored securely in locked cupboards or on password protected electronic devices. Ensuring people are well treated and supported; respecting equality and diversity

Ensuring people are well treated and supported; respecting equality and diversity

- People displayed positive signs of well-being. People were happy and engaging with staff. We noted varying opinions of the service, but most people and their families told us the service was good apart from the use of agency staff. They felt the long-standing staff were very good and worked hard to meet their family member's needs.
- We reported to the manager an observation of one unit where staff were seen to sit together away from people either writing or having a cup of tea together. The registered manager advised they would take action to review staff practices at this unit to ensure they appropriately engaged with people at all times as seen on the other units.
- People were supported to express their spiritual needs and were accommodated with their different faiths.

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 'good'. At this inspection this key question has remained the same.

This meant 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

- The majority of people we spoke with, were happy about the care they received and they felt the activities were good and varied. However, some people in other houses felt they had not seen many activities since their activity organiser had been off long term.
- The registered manager said they were in the process of supplying bank staff to provide activities.
- Most relatives we spoke with were positive and felt the service had improved since the registered manager had commenced at the service.
- There was evidence of a variety of activities such as, crafts, supporting people to go out, watching the TV, attending the hairdressing salon on site, attending the onsite coffee shop, being a member of the onsite choir and listening to music. Some people had taken part in putting together a creative tribute to Remembrance day with a lovely display of homemade poppies.

We recommend the provider consider current guidance on the 'development of activities' for people living with dementia and take action to update their practice accordingly.

Improving care quality in response to complaints or concerns

- People and relatives knew who to speak to if they had a complaint.
- Some people said they had no complaints whereas four people shared their concerns with us during the inspection, some related to historic events. One of the complaints raised had not been fully documented historically to include the relative in feedback and actions taken.
- The registered manager took appropriate action to investigate each person's comments and arranged feedback and appropriate support. Some of the complaints referred to staff.
 - Some people offered positive comments stating, "The home has improved since (my relative) has arrived", "They do listen to you" and "Very approachable-always listen to you."
 - The complaints log detailed comments made and the actions taken to address concerns appropriately. We saw evidence of swift responses and apologies made by the registered manager for complaints raised.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences, End of life care and support

- People received care and support that was tailored around their support needs, wishes and preferences. Most people and their relatives were positive about being kept up to date.
- Care plans demonstrated that other health and social care professionals were involved in providing specific care.

- We found that appropriate 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) forms were in place on some of the care files that we reviewed. We saw that the person, their relative or health professional had been involved in the decision making.
- Some staff had received updated training in end of life care and the registered manager was organising further training for all other staff.

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.

- People's communication needs were assessed and detailed within their care plans setting out how to meet each person's needs.

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 'good'. At this inspection this key question has deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements- Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- At this inspection we saw that there was evidence of good practice and management regarding the service with detailed quality assurance processes being evident. However there remained some issues identified during the inspection regarding the management of medications, the medication records and deployment of suitable numbers of staff.
- The registered manager where necessary, had undertaken detailed and transparent investigations into incidents and accidents with evidence of lessons learnt to help improve the service.
- The registered manager had received various complements regarding their style of management especially regarding improvements noted by staff, relatives and people at the service.
- The registered manager was clear about their responsibilities and had a good understanding of regulatory requirements. They had notified CQC when it was required of events and incidents which occurred at the service.

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

- We received mixed comments from people who lived at the service and their relatives. Some felt involved in the provision of care being delivered. Some people told us they were regularly included in developing their support plan and were asked to complete questionnaires. One relative told us, "We go to the regular relatives meeting, sometimes with (my relative)." They described the atmosphere in the service as, "Very friendly and most of the time, calm".
- Some people told us they had never been asked to complete any feedback.
- As there were a number of people who wanted to share their views and concerns about the service, the registered manager agreed to review people's opinions to their satisfaction. Peoples concerns were clear during the inspection regarding the use of agency staff, deployment of staff and activities.
- The registered manager conducted walkabouts and held daily meetings to ensure they kept the day to day quality of the service under review. They acknowledged over the last year there had been many challenges.

Continuous learning and improving care

Working in partnership with others, Continuous learning and improving care

- The service worked with the local authority to ensure people were suitably assessed before being offered a place at Birch Court care home. The local authority had developed an improvement plan for the service to act on to show improvements within the service.
- Since the registered manager had commenced working at Birch Court they showed all actions they had taken to meet the actions needed to show improvements.
- Throughout the inspection the registered manager and provider were open and transparent and were proactive in their response to our findings. They were clear that the people living at the service were at the heart of any changes and improvements.
- The registered manager advised they had an ongoing maintenance and decoration plan. They had plans for Improvements being made to the décor within the service including developing the environment for people with dementia.
- Learning took place from accidents and incidents to minimise the risk of re-occurrence.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The service did not always manage people's medications in a safe manner which raised risks about the treatment and support they received from staff.</p> <p>Medication records had not always been accurately recorded or administered as per their prescribed medication. Time specific medicines were not given at the correct times, increasing the risk of symptoms of certain conditions being uncontrolled.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The service did not have enough staff deployed to support people in communal areas. At times people were at risk and unable to seek support and help from staff when staff were not present in these areas.</p> <p>Both staff and relatives were concerned about the staffing levels and the impact to potential risks to people living at the service.</p>