

E.C. Investments (Gloucestershire) Limited

Birchams Grange

Inspection report

Clenchers Lane
Eastnor
Ledbury
Herefordshire
HR8 1RW

Tel: 01531632925

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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

This inspection was carried out on 25 May 2016 and was unannounced.

Birchams Grange provides accommodation and personal care for up to 29 people. At the time of our inspection there were 27 people living at the home.

There was a registered manager in post. 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 and associated regulations about how the service is run.

People were kept safe by staff that knew how to recognise and report any concerns about people's safety. Staff understood risks associated with people's needs and how to keep them safe. There were enough staff on duty to make sure that people's health needs were responded to effectively. The provider completed checks to ensure staff were suitable and safe to work at the home.

People were positive about the care and support that they received. People were treated with dignity and respect and staff were kind and caring in their approach with people. People had care and support that was centred on them as individuals.

People's health needs were responded to effectively with people being supported to access doctors and other health professionals when required. People were supported to have their medicines when needed. Medicines were stored and administered appropriately.

People had access to a varied diet of food and drink. People were supported to have their food and drink safely. Where recommendations had been made by other professionals regarding their diet or health needs these had been acted upon by staff.

People's permission was sought before any care or support was given. Time was taken to make sure that people could make choices and decisions about the care and support they received.

People were supported by staff that had the knowledge and skills to understand and meet their health needs. Staff had access to additional training to match people's specific health needs. Staff felt that they were able to contact the registered manager at any time if they needed support or guidance.

People and their relatives found the staff and management approachable, willing to listen to their views and opinions. People knew how to complain and who to complain to. Feedback from people and their relatives was gathered on a regular basis and any areas identified for action were acted upon. Audits and checks were completed regularly to ensure that good standards were maintained.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were supported by staff who knew how to keep them safe. Staff knew what abuse was and how to respond if they suspected abuse.

There were sufficient staff to meet people's health needs and keep people safe.

People were involved in managing the risks around their care and treatment.

People received their medicines safely and medicines were stored securely.

Is the service effective?

Good ●

The service was effective.

People had support from staff that had the knowledge, skills and support to meet their health needs effectively. People had support and access to different health professionals when needed.

People had the support they needed with preparing meals or with eating and drinking.

Staff understood the principles of the Mental Capacity Act and the importance of ensuring people were able to make choices and consent to their care.

Staff felt well supported and had regular access to training and supervision.

Is the service caring?

Good ●

The service was caring.

People said staff were kind and caring and treated them with dignity and respect.

People's views and input into their care was promoted and supported. People felt they could make suggestions about their care at any time with the staff, the registered manager or the provider.

People were involved in planning and reviewing their care and support. They were supported to have choice and to be involved in all aspects of their care.

Is the service responsive?

Good ●

People had care that was centred on their own individual needs.

People had care and support that responded to their needs effectively. If staff had any concerns about people's health needs other health professionals became involved quickly.

People knew how to complain and felt any concerns they had would be listened to and responded to.

Is the service well-led?

Good ●

The service was well led.

People and staff felt that the manager and the provider were approachable and supportive. People said they could talk to the manager at any time and they would be listened to.

The registered manager monitored the quality of the service by a variety of methods including audits and feedback from people and their families and used the information to make improvements.

Birchams Grange

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 unannounced inspection took place 25 May 2016 and was conducted by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give us key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and notifications we had received. A notification is information about important events which the provider is required to tell us about in law. We also asked the local authority for any concerns or information relating to Birchams Grange. We did not receive any information of concern

During the visit we spoke with nine people who lived at the home, three relatives, eight members of staff who consisted of four care assistants, one kitchen assistant, one head housekeeper, the senior team leader who was managing the service due to the Registered Manager being on holiday and the business support manager. We also spoke with a doctor following our visit. We observed staff supporting people throughout the home. 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 looked at a care plan for epilepsy and one for a person's mobility.

We reviewed records relating to the management of the service, this included the quality checks made by the provider and the registered manager.

Is the service safe?

Our findings

People told us they felt safe living at the home. One person said, "It is a lovely safe home." A relative said, "I have absolutely no concerns about people's safety here." People said that they could raise any concerns about their own or other people's safety and they would be listened to and action taken. Staff told us what they would do if they suspected abuse and showed us that they had a good understanding of the different types of abuse. Staff felt that the registered manager had an approach which had high standards that did not tolerate poor or abusive care. There were systems in place to protect people from abuse and to ensure that the relevant authorities were informed and action taken to keep people safe.

People had individual risk assessments which included falls risk assessments, epilepsy, nutrition, and moving and handling. Where risks were identified plans were in place to identify how risks would be managed. For example, following a fall a person had been into rehabilitation in a local hospital. Following this the risk assessment had been updated to include the guidance from the physiotherapist in how to move the person safely and reduce the risk of further falls. What staff told us about this person's risks and how they managed them matched what was written in the care plan and risk assessment. The person was unable to tell us what impact the staff had in reducing their falls. However staff we spoke with and records we looked at showed us that this person had no further falls since returning to the home.

The people we spoke with told us that they had the help and support from staff to keep them safe. One person told us that following a recent hospital operation they had been involved in agreeing the care plans and risk assessments after their discharge back home. They told us about how staff worked closely with them on how to manage risks appropriately. Staff told us that they encouraged all of the people that lived there to be as fully involved in their care and risk assessments as they could. They told us that for people that were unable to do this due to their health, any major changes to how a person's risks were managed would have the input from the appropriate health professionals. We saw one person was involved in a recent reassessment of their epilepsy management. This had been done with input from them and their doctor. We found that risks to people's safety had been routinely assessed, managed and reviewed.

People felt that there were enough staff to provide them with the support they needed. One person said, "If you want a chat staff are always around." Staff told us that they felt there were sufficient staff to enable them to do their job safely. We saw that people received the care and support when they needed it. We saw that call bells were answered promptly and staff were quick to respond and offer support. People in their rooms were able to ask for assistance when they wanted as they all had easy access to call bells in their rooms. The senior team leader told us that staff worked as a team to cover unexpected staff absence to ensure consistent support for people and as a result they did not use any agency staff cover. Staff members told us before they were allowed to start work, checks were completed to ensure they were safe to work with people. Staff told us references and checks with the Disclosure and Barring Service (DBS) were completed and once the provider was satisfied with the responses, they could start work. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with people. The senior team leader and the business manager told us the importance of checking the suitability of potential new staff

before they commenced delivering care and support.

People told us that they had the right support with their medicines. For some people they needed prompting and observing to make sure they were taken safely, whilst other people needed more support in taking their medicines, for example the medicines needed to administered directly to them. We saw that staff knew what support to give to make sure people their medicines safely. We observed how medicines were administered and found staff to be organised and focused on giving the right medicines at the right time to the right person. Only staff that had received training in the safe management of medicines were able to administer medicine. Medicines were stored safely and appropriate systems were in place for the ordering and disposal of medicines.

Is the service effective?

Our findings

People told us that they felt confident that staff had the knowledge to meet their needs. One person told us, "They [staff] know my health and what to do." A relative said, "No doubt in my mind that staff are well trained and experienced." The doctor we spoke with told us that they were confident in the skills and knowledge of the staff. Staff told us that they had a good level of ongoing training that was relevant to their roles. For example staff told us that they had training around keeping people safe, the Mental Capacity Act and medicines. Staff told us that when they started they had an in depth induction period which provided them with training in their roles. They also a period of working alongside more experienced staff until they and the registered manager were confident they could carry out their roles safely and effectively.

People told us that they enjoyed the food and that they were given choice over what they wanted to eat. There was a choice of hot and cold food and a varied nutritious menu. Menus were available in large print written format and also as pictorial menus. Where people needed extra support with their meals this was offered. For example some people needed staff to sit with them so that they could be prompted and supported to eat their food safely. We found that mealtimes were a social time with lots of laughter and chatter between people and staff. Staff were attentive to people and where requests for additional food or drinks were made staff were quick to respond. Where people needed the amount of food and drink that they had monitored this information was recorded in people's care records. We could see occasions where concerns about people's weight loss had been identified and the relevant health professionals had become involved. We spoke with the kitchen assistant who was preparing the food during the inspection, and they had knowledge of everyone's food preparation needs and understood about providing a fresh nutritious diet for people. Staff had knowledge of people's nutritional needs and who needed additional support, which we saw was provided when needed.

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 told us that they could make choices and that all staff respected their wishes. One person said, "I choose what I want." Relatives told us that people had choice and that staff promoted inclusion for people in what they did. All the relatives we spoke with told us that they felt that staff gave people time to make sure their wishes were respected. We saw examples where people were involved in day to day decision making where they chose what they wanted to eat and drink and when they wanted it. People were able to say what they wanted to do and staff provided the support people needed to enable them to do it. For example one person had chosen to do some artwork. Staff were quick to make sure that people had the materials and support to do this. We discussed with staff what needed to happen if people could not make certain decisions for themselves. What they told us demonstrated that they had knowledge of the principles of the MCA. All staff told us that they had received training about the MCA and were confident in their knowledge of its principles and use.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found that people's mental capacity to make decisions had been assessed and appropriate DoLS applications had been made. The service had invited appropriate people for example social workers and family members to be involved with best interest meetings. These had been documented and confirmed the person themselves had been involved in this process. At the time of inspection three DoL applications had been authorised by the supervisory body. All of the staff we spoke with were able to tell us what these restrictions meant for the people they applied to.

People told us that they were supported to access other health professionals when needed and that they were involved in this. We could see that where needed referrals had been made to relevant health professionals and guidance followed. For example, a person told us about when they had experienced pain from an acute health condition and how immediately the staff responded and called for an ambulance. As a result they told us they had a hospital operation and were now feeling well. We saw other examples where other health professionals such as district nurses and physiotherapists had become involved following changes in people's health conditions. Relatives told us that they found that any deterioration or change in someone's needs was actioned straight away with the full involvement of the appropriate health professionals. We observed that there were detailed handovers between shifts. Staff told us that they found that these provided important details about how people had been and any changes to people's health or support needs.

Is the service caring?

Our findings

Every person we spoke with including relatives were complimentary about the kind and caring approach of staff. One person said, "They [staff] are lovely." A relative said, "You couldn't ask for kinder staff." The environment was relaxed with lots of conversations and friendly banter between staff and the people that lived there. Staff told us how they enjoyed coming to work as they felt they had good, positive relationships with the people that lived there. One staff member said, "The people here there are like extended family to the staff."

People told us that they were treated with dignity and respect. We saw that people's privacy and dignity was respected by staff. Staff people were addressed by their preferred name and staff knocked on people's doors before entering their room. Care was provided in a way that ensured the person's privacy was respected. For example we saw where people requested help with personal care staff were discreet and maintained people's dignity and privacy. Staff told us that there was a strong emphasis on dignity and respect with regular training and workshops about dignity and respect. They said their approach reflected what they had learned in the training. An example they gave us was how they maintained conversation throughout any care tasks making sure that the person was happy with the support they were getting.

People were given time by staff to express their wishes and choices that they made were respected by staff. We saw a person request a hot drink. Staff came back with a choice of different drinks and gave the person time to decide. People told us that they could ask for anything and nothing was too much trouble, this was further reinforced by what relatives told us. One relative said, "All staff make sure that people are given choices. The staff we spoke with told us that they would not carry out any care or support without the agreement of the person first. This meant people were involved in decisions about their care and support.

People told us they felt able to give their views and were involved in shaping the care and support that they received. They said that staff always had the time to make sure they were involved in things. People said that this could be about what they wanted to do on the day, but could also be about a hospital or doctor's appointment. Relatives also told us that people were fully involved and included in their care. People regularly met with their key workers and discussed their care and support. A key worker is a named member of staff who has a central role in the care of a person. They will take the lead in monitoring and reviewing the care and support with the person and become a point of contact for relatives and other professionals. People told us that they found that anything that they said was listened to and where needed acted upon. One person said, "My key worker always makes time to see how I am." Staff told us how they felt it was important to make sure that people were involved in all aspects of their care. A staff member said, "It's their care and we need to be mindful of what people want."

People told us that they maintained contact with their families and friends. They told us that they could have visitors at any time and that staff were always welcoming to people, and respected people's relationships and privacy. Staff told us that it was important for people to maintain contact and maintain relationships with people that are important to them.

Is the service responsive?

Our findings

People told us that staff understood their individual needs. Staff we spoke with demonstrated this and were able to tell us about people's specific health needs and how these were responded to. For example staff told us about exercises that they were doing with a person following input from a health professional. Another example was a person who had recently had some changes to their epilepsy medicines. Staff could tell us about this and what they needed to monitor regarding this change. Staff told us that one person could on occasions become anxious and that they had discussed with each other and the registered manager the best way to reduce the person's anxiety. Now they had light projection equipment in the person's room, which when they were anxious was turned on for them and provided audio and visual stimulation to the person. All of the staff said that they found this had vastly reduced the amount of anxiety the person experienced.

People told us that staff knew what to look out for that may show that they were unwell. For example one person said, "Sometimes I may feel ill. Staff know my signs and see that I see a doctor straight away." Staff were able to tell us about this person and what they looked out for that would indicate the person was unwell. People told us that if their needs changed staff were quick to respond and involve other professionals. We heard examples from people where the doctor had been called following them saying that they felt unwell. We saw other examples where other health professionals had become involved as a person's condition changed. The doctor we spoke with told us that they found that people were referred as soon as there was any concern from staff. We could see where additional reviews with other health professionals had happened as a result of changes in people's health.

All the people and relatives we spoke with knew who the registered manager was and felt comfortable to raise concerns with them or the staff. People were confident that any complaints or concerns would be listened to and appropriately dealt with. One relative said, "The manager and staff are lovely. I have no doubt that any problems would be addressed immediately." We asked staff how they gathered the views of the people that lived there. There had not been any complaints but we could see that there was a system in place to investigate and respond to any concerns appropriately.

People told us that they felt that they were consulted with regarding their care and support and that staff made them feel valued and listened to. People's care and support was planned in partnership with them. People told us that there were regular meetings where they could put forward suggestions about menus, activities and any other topics that they wished to discuss. People told us that recent things which had happened as a result of these meetings had been a recent trip to a local castle and also there had been changes made to how the main lounge was lit at night after people felt there was not enough light to read or do other activities. People told us that as a result the registered manager had immediately purchased additional lamps and increased the amount of light for people. People told us that staff made sure that all the people that attended were involved and people had the opportunity to add and discuss agenda items. Staff said some people needed some extra time and support to have a voice in the meeting, but they made sure that people had the time and support they needed to be able to have input into the meeting.

People were also supported to have their own hobbies and interests. People told us that they had got together with other people in the home with similar interests and formed clubs so that they could share their hobbies. Some of these clubs included a poetry group, a sewing group and a craft group. People told us that they it a good way to relax and enjoy their time with the other people. Staff said that they paid attention to what people wanted to do and any ideas or extra materials needed for people's hobbies were readily supplied by the provider. One person said, "The manager gives their full support to what we want to do."

Is the service well-led?

Our findings

People told us that the home was well run by the registered manager. This was a view shared by the relatives and staff that we spoke with. Staff told us that it was an open culture where they could approach the registered manager with any ideas or concerns and they would be listened to. Staff said that they did not know of any staff concerns at present but knew that if they did the registered manager would be supportive and listen.

The senior team leader and the staff all said that they shared a vision of providing good quality, safe care. Staff shared this vision and staff told us that they felt the manager and provider understood about valuing the staff so that they were then motivated to do their best. One staff member said, "We try to make this the best place for people and we have the full support from the managers to do this." All of the staff told us that they felt supported and valued by the registered manager. Staff told us that they had access to regular supervision, training and staff meetings. They all felt that the registered manager listened and although staff told us there were currently no concerns, if action was necessary they felt the registered manager and provider would be quick to respond. The registered manager told us that they felt well supported by the provider and had a clear management structure to support them with their role.

We saw there were systems in place to check the quality of the care given by staff. This included regular checks and audits on areas such as medicines, care records, staff training and any falls or incidents. We could see where actions had been taken as a result of the checks and audits. For example we could see where changes to the medicines system had been made following an audit of the medicines. This had reduced the amount of medicines errors in the home. Feedback was gathered on a regular basis from the people that lived there, relatives and also from staff. We could see that there was a system for capturing comments and concerns and identifying relevant actions to be taken to improve the quality of the service.

People and the staff told us that the registered manager was visible in the home spending time through the day with the people that lived there and with staff. Staff told us that this gave them confidence that the registered manager knew what was going on.

All staff told us about the whistle blowing policy and said that they would feel comfortable to whistle blow if they felt that this was needed to ensure people's safety. One staff member said, "There is no excuse for poor treatment, any of us would report it straight away."

The provider had, when appropriate, submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. This means that we are able to monitor any trends or concerns.