

# Bondcare Willington Limited

## Birch Tree Manor

### Inspection report

Wharf street  
Port Sunlight, Wirral  
CH62 5HE  
Tel: 0151 644 0777  
Website: [www.bondcare.co.uk](http://www.bondcare.co.uk)

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



### Overall summary

Birch Tree Manor provides personal and nursing care within two units for a maximum of 62 people. The ground floor unit supports people with dementia the first floor unit supports people with nursing care needs. The service is situated in Port Sunlight Village, Wirral and is close to local amenities such as transport links, shops, museum, garden centre, pubs and cafes.

This inspection took place on 13 May 2015. The service was registered to provide accommodation for 62 people, there were 57 people living at Birch Tree Manor at the time of this inspection.

The home was registered to provide accommodation and care to people who may have nursing needs.

The home required 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.

At the time of this inspection the home did not have a registered manager. The current manager, who had

# Summary of findings

registered manager experience, told us they would be applying for registration with CQC to become the registered manager for Birch Tree Manor. However at the time of writing this report no application had yet been made.

Birch Tree Manor was clean, bright and free from odours. However there was little signage around the service to identify different areas, especially to support people living with dementia.

People using the service had lived there for varying periods of time ranging from 1 week to 4 years.

People living at the service, staff, relatives and professionals that we spoke with were all positive about the service provided and people living there and relatives told us they felt safe.

We saw that there were effective recruitment procedures in place, complaints were dealt with effectively and staff performance issues were addressed appropriately.

Medicines were managed safely but we have made a recommendation about improving the care plans supporting the administration of some as and when required medications.

We found that the service was not effective in all areas as the mealtime experience would benefit from improvements and the environment would benefit from improved design and orientation to support people with dementia. We have made recommendations to support these findings

The staff in the home knew the people they were supporting and the care they needed. The staff were trained and competent to provide the support individuals required.

There was a calm, relaxed atmosphere within the home and good interaction between people using the service, staff and visitors.

The care plans that we reviewed showed that pre-admission assessments had been conducted and an agreement form had been signed by the service users which showed they been involved in their care planning. There was information available to enable people using the service to be supported in an individualised way that met their needs and people we spoke with knew how to make a complaint.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

We found that the service was generally safe and well maintained, but have made a recommendation about improving the care plans supporting the administration of some as and when required medications.

Staff were recruited safely and trained to meet the needs of people who lived in the home and knew how to recognise and report abuse.

Good



### Is the service effective?

Some aspects of this service were not effective.

We found that the environment would benefit from improved design and orientation to support people with dementia.

Although people received enough to eat, we saw that there was room for improvement in the meal time experience.

The staff in the home knew the people they were supporting and the care they needed. The staff were trained and competent to provide the support individuals required

Requires improvement



### Is the service caring?

The service was caring.

People told us that they were well cared for and we saw that the staff were caring and people were treated in a kind and compassionate way. The staff were friendly, patient and discreet when providing support to people and we found that staff were knowledgeable about people's individual needs.

Good



### Is the service responsive?

The service was responsive.

People's care plans were in line with people's individual needs and preferences.

A wide range of social activities were provided and people were encouraged to take part in or observe activities which they enjoyed. People we spoke with knew how to raise concerns or make complaints and felt that they would be dealt with effectively. The provider had effective systems in place to deal with concerns or complaints

Good



### Is the service well-led?

The service required some improvement to become well led.

There was no registered manager and an application had not been received by CQC.

Requires improvement



# Summary of findings

People using the service, staff and visitors spoke positively about the manager in post and felt supported.

We found that audits and monitoring took place in order to maintain safety and improve the service.

# Birch Tree Manor

## Detailed findings

### Background to this inspection

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

This inspection took place on 13 May 2015 and was unannounced. The inspection team consisted of a lead Adult Social Care (ASC) inspector and an expert by experience. An expert by experience (ExE) is a person who has a personal experience of using or for caring for someone who uses this type of care service.

This comprehensive inspection was conducted following receipt of information of concern. Because of this we had not asked the provider to complete a Provider Information Return (PIR), which 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. However during the inspection we asked the new manager if they would like to provide us with their plan to take the service forward which they did.

We reviewed the information we had on the service including concerns that had been raised with us. We also reviewed information from the Local Authority and notifications sent to us by the provider.

We spoke with seven people who used the service, with 12 visiting relatives and three visiting health care professionals. We also spoke with 12 members of staff including carers, nurses and ancillary staff. We looked at seven care files four staff recruitment files and other documentation relating to staff training and supervision. We also saw audit files and other records relevant to the running of the service.

We observed and chatted to people and staff throughout the inspection and the ExE sampled the food, joined people using the service for lunch and talked with them about their dining experience and general views of the home.

# Is the service safe?

## Our findings

One person using the service told us, “The staff are always around if you need them so yes, I do feel safe being here” A visitor told us “Every time I come there’s always plenty of staff and they contact me if there’s anything wrong.”

Another visitor told us, “Only an odd time has xx had to wait a long time for the buzzer to be answered and the staff were genuinely busy.”

We asked about care and nursing staffing levels and we were told by the manager that 13 staff worked on days and nine staff at night. This included two nurses on duty at all times. The rotas that we looked at for the previous four weeks confirmed this. The provider used a tool called The Staffing Guidance for Nursing Homes (2009) as a basis for determining staffing levels. However the document used was published in 2009 and makes references to other publications that are now out of date such as the Nursing and Midwifery Code of Conduct 2004 (The most recent code being published in 2015).

We observed that there were sufficient numbers of staff available to support people, although one person did have to wait for nine minutes to have a call buzzer answered during the lunch time.

We looked at the recruitment records for four staff members The files we looked at included a Criminal Records Bureau/Disclosure and Barring Service check,( CRB/DBS) and two/three references had been obtained. Application and interview forms were observed in the files we looked at. Two staff were registered nurses and their Personal Identification Numbers (PIN) were seen and up to date in their respective files. Photographic identification was seen in the files we looked at. Staff members that we spoke with had undergone safeguarding training and were aware of the whistleblowing procedures. Records were also seen for regular staff supervisions in a separate file. This meant that the provider had procedures in place to ensure that people were supported by staff that were of good character and suitably trained.

We saw that people using the service had a PEEP (Personal Emergency Evacuation Plan) in their care files. This meant that in the event of an emergency they could be taken safely from the building in a way that would support their

individual needs. We saw that equipment was properly maintained and that suitable processes and checks were in place to ensure that it was fit for use. We also saw that the fire service had conducted a satisfactory inspection in March 2015.

The home had in place disciplinary and grievance procedures and we saw that the manager, with support from the provider had taken action when care practice was not at an acceptable standard.

There had been a whistleblowing incident reported to CQC and the content of this was discussed with the deputy and the manager who took appropriate actions. Records looked at showed that accidents and incidents were recorded, acted on appropriately and analysed for themes

The service was clean and free from malodours and we found that all the necessary safety assessments and checks were in place. Both the internal and external environments were clean and tidy and people who used the service moved around freely and safely. We looked at the toilet and bathroom areas and found them to be clean and hygienic. We saw hand cleanser, sanitizer and paper towels were provided. Effective hand cleaning instructions were displayed on the wall. The laundry area was well managed and included a sluicing facility. Clean clothing was kept separate from clothing that required cleaning which minimised the risk of any cross infection.

We saw that medications were stored and administered correctly. We looked at the provider’s medication policy and found it to be a comprehensive document that had been updated in 2014. However there was no clear guidance in relation to the administration of as and when required medications (PRN). We looked at the medication administration records (MAR charts), care plans and medication audits. We found that for some people there was not sufficient information recorded around the administration and review of PRN medication and a care plan was not always in place to support it. We discussed this with the manager and the deputy manager who assured us that they would take action to rectify this.

**Recommendation; That the provider has regard to relevant up to date guidance on medicine management.**

# Is the service effective?

## Our findings

A person using the service told us “If I was not feeling well the staff would call a doctor if I asked them to or they thought a doctor should be called,” and a family member who was visiting said “I come in most days because I live local and one of the staff always comes over and talks to me – any problems and I am sure they would ring me straight away.”

A member of staff that we spoke with told us “We have had a meeting with the manager and we have been told about the training we need to attend – we have been told the training has got to be done”. We saw records of comprehensive inductions which included training related to Dementia Awareness, Emergency Procedures, COSHH, Moving and Handling and medication administration. The manager also sent us a plan detailing updating and addressing any shortfalls in training for staff. Further training commissioned by an external agency was delivered on the day of our inspection and the trainer spoke positively about the manager and the staffs approach to training. A member of staff told us “If there is one thing that has improved since the new manager has taken over it’s the training..” and “I know over the next few weeks we are all booked on training ..”

Staff told us supervisions were now held regularly and the files that we looked at confirmed this.

The Manager was aware of the notifications that were required to be sent to CQC, e.g. DoLS (Deprivation of Liberty Safeguards) authorisations, safeguarding issues and deaths. CQC has a duty to monitor the Mental Capacity Act 2005(MCA) and the Deprivation of Liberty Safeguards (DoLS). We saw that proper policies and procedures were in place relating to this. We saw that applications for people using the service had been made appropriately and during the inspection the DoLS assessor from social services was visiting the service and confirmed this. This meant that people using the service were not deprived of their liberty when it was not appropriate but were when it was in their best interests to keep them safe.

We heard and saw staff asking for consent before providing support, e.g. cutting up food at lunchtime and observed that staff explained processes to people and gained their consent before providing support. Staff that we spoke with

had a good understanding and knowledge of the individual care needs of people using the service and were able to explain them. This meant that people received care and support that was appropriate to their needs.

We observed lunch time in one of the dining rooms and saw the tables were set with clean tablecloths and napkins; there was cutlery and condiments on all the tables, with a jug of orange juice and glasses. There was a written menu on the wall, but there was not a pictorial menu available. A pictorial menu is useful for people who may have difficulty with a written menu and may assist them to maintain independence in their choice of food. The sample menu in the guide to the home provided several choices of food at mealtimes. However, people told us of different experiences at mealtimes. The main course had been pre ordered and the carers didn’t tell the people using the services what they were getting, they just put it down in front of them. One person using the service told us “the food comes along and I eat it, you don’t get a choice, if it’s something you don’t like they won’t bring it again. We do alright for veg but don’t get fresh fruit. I don’t know about snacks I’ve never needed them.” A relative told us “xx has a problem eating, but has put weight on since xx came in, they weigh xx weekly. Xx has a choice they go out of their way to encourage xx and will make something special.”

In a different dining area a visitor told us “My relative eats anything, they are introducing motor skills encouraging xx to feed them self. There’s no choice, but we were asked about their likes and dislikes.”

We saw a resident with a plate guard on their plate to assist them to gather food. However this was on the wrong side and they were scooping food towards the open side of the plate.

We looked at both units supporting people with dementia. Both were safe but could have been better designed to support people with dementia. For example there were no signs of orientation or direction to communal areas or bedrooms to assist people in their orientation and to help maintain their independence. This had been recognised by staff and management and plans were being developed to make the units more ‘friendly’ with improved signage. On the day of our inspection, a room was being converted into a reminiscence room.

## Is the service effective?

**Recommendation; That the provider has regards to recognised up to date guidelines and other relevant documentation related to dementia environments.**

**Recommendation; That the provider has regard to recognised up to date guidance on mealtime experience in care homes.**

# Is the service caring?

## Our findings

We found a calm, relaxed atmosphere within the home and good interaction between people using the service, staff and visitors. One person using the service told us “All the staff are kind, very patient and treat us all lovely – if we need anything we can just ask or ring the buzzer in our rooms”. A visitor told us “The staff here are the best – we looked at a lot of care homes but I can honestly say I am glad we picked this one because of the staff – they are dedicated.”

We saw that staff interacted well with people using the service accompanying and supporting them when necessary. However we also observed that the television was on in both lounges with nobody watching it. After lunch the radio was on in the lounge used by people with dementia. We saw one member of staff talking to people using the service and another just sitting next to people but not engaging with them. At one point the lounge was left unattended whilst the 2 carers assisted a person outside of the room.

We spoke with people using the service on the nursing unit and asked if the staff had a caring approach. One person

said “I’d have to look for something to find fault with.” Another said, “yes and they respect my privacy and dignity.” Relatives told us, “they care really well.” another “I haven’t come across anyone who is doing it just for the job, they all have a caring approach.”

People using the service were seen to be smart and well-dressed and we observed a dignified approach by staff when they were providing support; they were aware of people’s preferences and knocked on doors before entering. We saw that people using the service could choose to take their meals in their room or the dining room depending on their preference. We also saw that tea and snacks were offered during the day

There were no visiting restrictions at the service and we observed people arriving throughout the day.

We saw that staff members responded to people using the service in a well-mannered, patient manner and that people were supported in line with their care requirements. When asked, staff were able to explain the individual needs of people they were supporting and staff also supported each other.

# Is the service responsive?

## Our findings

We spoke with people who were visiting on the unit supporting people with dementia and asked if their relatives were treated as individuals. One person said, “Yes, he can do whatever he wants as long as he is happy.”

Another told us, “They talk to him and because I have been coming here this long the staff are my family.”

On the nursing unit we spoke with people who told us “they let me dress myself, but help me to have a bath or shower.” Another said, “they support me in what I want to do. I’m inclined to be lazy; I need help to get dressed.”

We spoke with staff and asked about how they planned and reviewed individualised care, one person told us, “all the residents are under a senior, any changes we update as soon as possible. We review care plans monthly.”

The care plans that we reviewed showed that pre-admission assessments had been conducted and an agreement form had been signed by the service users which showed they had been involved in their care planning. There were also details of individualised care such as if sugar was taken in coffee, personal items of importance such as photographs and any circumstances that may cause the person distress. Daily notes had been recorded and related to any support that had been provided, medication records were looked at and the majority of risk assessments were up to date. This meant that there was information available to enable people using the service to be supported in an individualised way that met their needs.

We asked two people on the nursing unit if they had ever made a complaint but neither of them had. We saw that the provider had a comprehensive complaints policy and

information was provided in the welcome handbook available to relatives and people using the service. There were also details included of the local advocacy service. A family member told us “There’s a complaints sign up on the wall and yes, I would feel happy making a complaint if I had to but I have never had to – the staff are really approachable.” We looked at the complaints log and found that it was up to date and had been completed correctly.

A family member that we spoke with told us “I filled in a survey not so long ago and to be honest I found everything fine – it’s nice to be asked what we think though”

We saw that a variety of activities were available in the service and included crafts, quizzes, reminiscence and poetry. There was a weekly visit from the local church, weekly entertainment from visiting artists and visits to the local community. The service employed an activities coordinator to oversee and organise the programme. They were knowledgeable about the preferences of individual people.

Staff told us “We’ve had a meeting recently and discussed different activities – we have got days out planned and we have regular contact with the community – the local church come in once a week” A family member told us that their relative preferred to sit and watch what was going on. Another said “they haven’t got the staff to take them outside.”

A resident in the nursing unit told us they would like more old fashioned music playing and another “We have days out and entertainment every couple of weeks and we all enjoy it – when the weather picks up we will be outside in the garden - so it’s all good”

# Is the service well-led?

## Our findings

We spoke with people using the service on the nursing unit and asked them their opinion of how the service was managed, one person said, and “it must be well managed because I can’t find any fault.” Another told us, “I see the manager, she calls to see me when she’s down this way.”

Relatives we spoke with said, “I think it’s very good, no problems whatsoever.” Others told us, “I’ve found it excellent, she’s very approachable, very accommodating. They’ve made the time to get to know the person” and another “she seems to be on top of things.”

Relatives visiting on the unit supporting people with dementia told us, “she’s nice, polite and very approachable.” Another said, “since they’ve been here the changes are good. It’s a big lift up from before” and “she’s lovely, she’s great.”

We saw that service user feedback surveys had been issued and a family member told us “There`s two new managers who have started and they seem to work very well together – one of them comes over each time we come in – they seem interested in what you think.”

Care files were under review at the time of inspection and appropriate actions were being taken. We discussed with senior members of staff that the fluid intake recording charts would benefit from improved monitoring that was

documented included actions taken if required. We saw that medication audits had been conducted; health and safety checks and kitchen audits had been carried out and reviewed by managers.

We spoke with a staff member about the management of the home, they told us, “its good now we’ve got new managers, everyone is positive. It’s their (the residents) home and we can’t bring negativity. We have to be patient, the home will get better.” Another staff member said “now we have a new management team we are a strong team.” The Manager and deputy were new in post and the manager told us she was going to apply to become the registered manager for Birch Tree Court. However at the time of writing this report no application had yet been made. She was aware of the notifications that were required to be sent to CQC, e.g. DoLS authorisations, deaths and safeguarding issues.

Staff members that we spoke with told us supervisions were now held regularly and we saw evidence to support this. They were aware of the whistleblowing policy and told us they would use it if necessary.

We discussed with the manager information of concern that had been notified to us prior to the inspection. The manager told us how the situation had been managed and provided evidence to support this.

Relevant health professionals that we spoke with told us that the manager and staff at the service

were approachable and keen to work with them.