

SCC Adult Social Care

Birchlands

Inspection report

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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

About the service

Birchlands is a care home without nursing and accommodates up to 52 people in one adapted building. The building is divided into seven different living areas each with its own communal lounge, dining area and bathrooms. There is also a large communal area on the ground floor. The service supports adults requiring care and support due to their physical health and those living with dementia. At the time of our inspection there were 21 people living at the service

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

Risks to people's safety were assessed and staff were aware of the precautions to take to keep them safe. People were protected from potential abuse as systems were in place to help identify concerns and ensure they were reported in a timely way. Robust recruitment processes were followed. Staff received effective training and supervision to support them in their roles.

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; the policies and systems in the service supported this practice. People and their relatives were involved in planning their care and guidance on meeting people's needs was available for staff. People had access to a range of healthcare professionals and staff understood the importance of requesting support promptly.

People were supported by staff who knew them well and used this knowledge to ensure their support was person-centred. People's dignity and privacy were respected and staff understood the importance of maintaining people's independence. There were a range of activities available which were personalised to people's interests.

There was a positive culture within the service and staff felt supported in their roles. Quality assurance systems were effective in ensuring continuous improvement. The provider was open and honest when things went wrong and relatives told us communication was good. The management team had support from the organisation to ensure improvements made were embedded into practice.

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

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 9 October 2020). This was a focussed inspection looking at the areas of Safe and Well-led to review risks identified in our previous fully comprehensive inspection (published 7 May 2020). At both previous inspections breaches of regulations were identified. The provider completed an action plan following both inspections to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

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

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Birchlands

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors

Service and service type

Birchlands is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

As part of our inspection we spoke with four people living at Birchlands to gain their views of the service they received. We observed the care and support provided to people. We also spoke with the registered manager, four staff members, the (regional) senior manager and a visiting professional. We reviewed a range of documents about people's care and how the home was managed. We looked at five care plans, three staff files, medication administration records, risk assessments, policies and procedures and internal audits that had been completed.

After the inspection

We spoke with four relatives regarding their experience of the care their loved ones received. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

At our inspections in February and August 2020 the provider had failed to ensure risks to people's safety were robustly managed. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

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

- Risks to people's safety and well-being were assessed and monitored. Risk assessments had been completed in areas including skin integrity, mobility, nutrition and falls. Staff were aware of how to minimise risks to people's safety and ensured these protocols were followed.
- Plans were in place to support people with their anxiety and behaviours which may impact on others. Positive behaviour support plans had been developed which highlighted what may increase people's anxiety and how staff could recognise this. Staff we spoke to were able to describe these triggers and tell us how they would respond.
- Accidents and incidents were recorded and action taken to minimise the risk of them happening again. Accident and incident reports were completed in detail and reviewed in a timely manner. This ensured prompt action could be taken to keep people safe.
- Regular risk monitoring meetings were held which involved the senior team within the service. All accident and incidents were reviewed in addition to concerns regarding nutrition, falls management, safeguarding and medicines concerns. Actions taken were discussed and areas of learning shared.

Systems and processes to safeguard people from the risk of abuse

At our last inspection in August 2020 we made a recommendation regarding ensuring safeguarding processes were actioned promptly. At this inspection we found improvements had been made.

- People and relatives told us they felt safe living at Birchlands and appeared comfortable in the company of staff. One relative told us, "There is nothing in relation to the way he acts that would indicate to me he is worried about anything." A second relative said, "I value very much the safety and affection he has."
- Potential safeguarding concerns were shared with the local authority in a timely manner. Reports of concerns contained sufficient detail and additional information was provided when requested. The closer monitoring of risks to people's safety had resulted in a reduction in the number of potential safeguarding concerns raised.
- Staff had received training in safeguarding people from potential abuse. They were able to describe signs of concerns and reporting procedures. Continued support was available from quality and safeguarding teams to support staff in their roles.

Staffing and recruitment

- Sufficient staff were deployed to meet people's needs. Staff were present in communal areas when needed and people did not wait for their care. Regular agency staff were used to provide people with consistency of care. Agency staff were involved in handovers, training and meetings to ensure they were integrated into the staff team. One staff member told us, "I see the agency staff we use as permanent. They have been here so long they're just part of the team."
- Staff told us they didn't need to rush people and had time to spend with them. We observed staff sitting with people doing activities and chatting.
- Safe recruitment practices were followed. Prospective staff were required to complete an application form and attend an interview. Checks completed included right to work in the UK, references and Disclosure and Barring Service (DBS).

Using medicines safely

- People received their medicines safely. Care plans detailed how people preferred to take their medicines and highlighted any specific instructions or guidance staff needed to follow.
- Each person had a medicines administration chart in place. This contained all relevant information such as an up to date photo, allergies and prescribed medicines which were clearly listed. No gaps in administration were found and daily checks were completed to identify any errors promptly.
- Medicines were safely stored and regular stock checks completed. Senior staff responsible for medicines management and administration had received training and their competency had been assessed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our inspection in February 2020 we found there was a lack of training and supervision to support staff in their roles. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff told us they received the training they required to support them in their roles. One staff member told us, "The training has definitely improved. It has been difficult with COVID because we couldn't be together. We do it online though and it reminds you of things. Everything changes so we need to keep doing it."
- The training matrix for the service showed staff had completed training in areas including safeguarding, dementia awareness, infection control and nutrition. Refresher training was provided at regular intervals.
- Staff received supervision with senior staff to support and monitor their performance. Staff told us they found this useful in discussing any concerns. One staff member said, "We have had a lot of changes so having time to talk about things and get feedback has been good."

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).

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 had the appropriate legal authority and were being met.

At our inspection in February 2020 we found the principles of the MCA were not being followed in order to protect people's legal rights. This was a breach of regulation 11 (Need for consent) of the Health and Social

Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- People's legal rights were protected as the principles of the MCA were followed. Decision specific capacity assessments were completed in detailed. Decisions assessed included receiving constant support, living in a locked environment, the use of sensor mats and wearing lap belts when using a wheelchair.
- Where people were found not to have the capacity to make specific decisions, these were made in their best interests. Decisions were discussed with those with legal authority to support the person, those who knew them well and professionals involved in their care. Risk assessments of all options were also undertaken.
- DoLS applications had been submitted to the local authority as required. These contained detailed information regarding the restrictions in place. There were no specific conditions highlighted where DoLS had been authorised.

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

At our inspection in February 2020 we found a lack of person-centred support regarding people's choice of food and mealtime experience. This was a breach of regulation 9 (Person-centred care)) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People told us they enjoyed the food and were offered a choice. Comments included, "The food is nice, I can have whatever I want." And, "It's usually pretty good yes. No complaints from me."
- Staff were aware of people's nutritional needs. Where people had been assessed as requiring their food to be prepared to a specific consistency, such as pureed, this was followed. People were weighed monthly and action taken where significant differences were noted.
- There was a pleasant atmosphere at mealtimes. Staff offered people visual choices of food and drinks. Where people required support to eat this was done in discreet way with staff sitting beside people.
- Staff were aware of people's hydration needs and encouraged them to drink enough. Hydration charts had been implemented due to the hot weather at the time of our inspection. Staff were seen to regularly prompt people to drink and offer alternatives such as ice-lollies.

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

- No one had moved into the service since our last inspection although systems were in place to assess people's needs. The registered manager told us plans were in progress to start accepting new referrals.
- Recognised tools for assessing risks and people's needs were completed in areas including nutrition, oral healthcare and skin integrity. These were reviewed monthly to ensure additional control measures could be implemented when people's needs changed.

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

- Positive working relationships had been developed with healthcare professionals. This included the GP practice, community nurses and the CCG. This had led to positive outcomes for people as referral systems had been developed and communication protocols agreed.
- The GP surgery visited the service weekly and worked alongside the staff team to support people's healthcare needs. Staff told us the visits had increased their awareness of signs of ill health to look for and when to make referrals.
- A new electronic system had been established to monitor people's health and their appointments. This

enabled staff to review people's health and provide information to professionals promptly. One healthcare professional told us, "They know when to refer and do things in time before people's health deteriorates so we can give advice. People are well cared for here. I like this home."

- Information in relation to specific health conditions such as epilepsy and diabetes was available for staff. This information was also incorporated into people's care plans to ensure staff had guidance on how this may impact the individual.

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

- People's rooms were personalised with things which were important to them such as photographs, books and ornaments. Pictures and information about people were displayed on their bedroom doors. This helped people identify their room and gave staff information regarding their preferences.

- The building was purpose built and as such had wide corridors and doors to enable easy access. A lift was available which meant people had access to all areas of the service. People were able to access the garden and spend time outside when they wished.

- Accessible facilities such as bathrooms and toilets were available. Furniture and seating was easy to maintain and of a good height for those who found sitting and standing difficult.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

At our inspection in February 2020 we found people were not always treated with dignity and respect. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

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

- People told us staff were caring and treated them with kindness. One person told us, "The staff are lovely." A second person said, "They take good care of me, wonderful."
- Relatives were positive about the care their loved ones received from staff. Comments included, "It is important to me every day how well he is looked after. The day carers are just so lovely.", "The staff are really good. They are very caring." And, "They (staff) let the sunshine in."
- People were supported by staff who knew them well. We observed relaxed conversations between people and staff about their families and interests. Staff were observed to respond to people in different ways depending on their personalities and mood.
- Staff supported people in a calm way and consoled people when they were upset or confused. Reassurance was offered to people when they were becoming anxious such as talking, offering a different activity and rubbing their hand or back.

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

- People were offered choices throughout the day and their decisions were respected. Staff asked people where they would like to sit, how they would like to spend their time and what they would like to drink. One staff member told us, "I am always asking them what they want. Having choice helps to make them feel safe and at home."
- Relatives told us they were involved in reviewing care plans and we observed this was the case. One relative told us, "They are better at communicating and will ask our opinion so we feel involved."
- People's religious views were taken into account when planning their care. Links had been established with the local church and services were conducted both virtually and on zoom.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us they were treated with dignity and their privacy was respected. One person told us, "They make things very private when needed. They are kind." One relative said, "The staff are kind and caring and they show her respect. If they didn't this would unnerve her."
- Staff were discreet when supporting people with their personal care and were observed to knock on

people's doors before entering. When speaking to people staff sat or knelt beside them so they could make eye contact.

- People were supported to maintain their independence. Care plans contained information about what they were able to do, and staff supported them to maintain this. For example, one person's records stated they were able to walk with the support of one staff member. We saw staff encouraging the person to do this.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

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

At our inspection in February 2020 we found the provider had failed to ensure people received person centred care. This was a breach of regulation 9 (Person-centred care)) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People's had personalised care plans in place which provided guidance to staff. These included detailed information regarding how people preferred their care to be given, how to provide encouragement and how to manage risks. We observed staff supported people in line with this information and respected their preferences.
- People's life histories, family, hobbies and interests were recorded and known to staff. Staff were able to describe people's past occupations, their relatives and significant life events. We observed staff using this information to generate conversation with people.
- Care plans regarding the support people required at the end of their life varied in detail. The registered manager told us people and their loved ones did not always wish to complete the information when asked. They told us they were aware this needed to be revisited with people. We will review this during our next inspection.
- Staff had received training in supporting people at the end of their life and told us they had found this useful. They were able to describe how they had used their knowledge of people's preferences to ensure they were well supported. Information on how to meet people's religious needs and customs were available to staff and examples of how they had been followed provided.

Improving care quality in response to complaints or concerns

At our inspection in February 2020 we found complaints were not always monitored and responded to. This was a breach of regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 16.

- Relatives told us they would feel comfortable in raising concerns and were confident action would be taken. The provider had a complaints policy in place which gave information on how to make a complaint, timescales for responding and the appeals process.

- A complaints log was maintained which demonstrated there had been a significant reduction in the number of complaints received since the last inspection. Concerns were acknowledged and action taken to resolve promptly. Apologies were provided along with an outline of plans to ensure concerns were not repeated.
- A compliments log was also maintained. This included thanks to staff from people and their loved ones regarding the care staff provided.

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 plans highlighted the support they required. For example, one person's care plan detailed they responded better when they were offered visual choices rather than asked verbally. We observed staff following this during the inspection.
- Any sensory loss, such as sight or hearing difficulties, was included within communication guidelines to ensure staff were aware of the support people needed. Where people did not communicate verbally, staff were able to describe what their different gestures and expressions meant.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had been supported to maintain relationships with those who were important to them. During the COVID pandemic people and their relatives were supported to use telephone and video calls to communicate. Once restrictions had eased, relatives had been able to visit their loved ones in line with government guidance.
- Activities were planned throughout the week and included music events, singing, quizzes and crafts. People had the support they needed to engage and there was an upbeat atmosphere observed during these sessions. One person told us, "They make everything fun and we are always laughing."
- Individual activities were also provided in line with people's interests. The activities staff member had bought a selection of classical music CD's for one person and spent time discussing these with them. Other individual activities people enjoyed included flower arranging, card games and puzzles.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us they were happy living at Birchlands and relatives said there was a positive and open culture. Comments included, "I am hugely grateful to them. They are welcoming, they care, there is a family feel.", "(Registered manager) is a very good manager. She is very open and willing to talk at any time." And, "Personally, I think it is better than it was. The manager is very good at communication."
- Staff told us they recognised how the improvements in the service had impacted on people. One staff member told us, "Things have improved a lot. It's been hard work but it's worth it see people smile more and being happier. It's like family here to a lot of staff."
- The registered manager told us training and mentoring had centred around providing personalised support. They told us they were proud of the ethos within the service where people were the central focus.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Regular audits were completed in areas including medicines, care plans, complaints, recruitment and health and safety. Where actions were identified these were entered on the service action plan to ensure improvements were tracked and completed.
- The registered manager and deputy manager completed regular checks of the service. These included speaking to people and staff, monitoring the environment and infection control procedures, and completing spot checks on systems in place.
- The registered manager continued to receive support from other professionals within the organisation. As systems had been embedded this had reduced but continued to be available when required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and their relatives were involved and informed about developments within the service. Residents meetings were held regularly to discuss matters including menu planning and activities. Newsletters were sent to people and relatives informing them of what had been happening at the service in the past month and plans for the future.
- Staff told us they felt supported and valued in their roles by the management team as a whole although some felt action to address concerns could be taken more promptly on occasions. Regular staff meetings were held to share messages and gain feedback on the service provided.

- Records showed that relatives were contacted promptly following any accidents and incidents. They were then informed of the outcome of any investigations and apologies provided where appropriate.

Working in partnership with others

- The management team had continued to develop partnership working with other agencies. The registered manager attended monthly meetings with the CCG and local authority to discuss guidance and developments in the area.
- The registered manager told us developing community links had been difficult during COVID. However, existing relationships with the church and local shops had been maintained. In addition, virtual activities with other care homes had been developed such as singing and intergenerational seated dance.