

The Keepings Limited

# Birkdale Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Our inspection took place on 25 and 26 August 2016 and was unannounced. Birkdale residential home provides accommodation and personal care for up to 29 people living with dementia and older people. At the time of our inspection, there were 25 people using the service.

Birkdale residential home is registered to provide diagnostic and treatment procedures, at the time of our inspection this was not being provided by the service so was not inspected.

There was a registered manager in post at the time of our inspection. 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. The registered manager received support from a staff team, which included an assistant manager, senior care staff and care staff.

At our last inspection carried out 15 October 2015 we asked the provider to take action to make improvements to the checks required by law to ensure only suitable people were employed at the service, and the provider has taken appropriate action.

People received care and support in a way that kept them safe. Staff protected people from the risk of harm and understood how to report concerns. Staff understood how to identify and minimise risks to help keep people safe. People were supported by safely recruited staff and there were enough staff to support people when they needed it. People received their medicines as prescribed and staff administered them safely.

The service had systems in place to assess people's mental capacity. The registered manager understood when an application to the authorising agencies for a DoLS was required. Staff understood the principles of the MCA and DoLS and could apply these when delivering care and support.

People received support from trained staff who understood how to meet their needs. People had support to maintain a healthy diet and could access a choice of food and drinks as and when they wanted. People had access to health care professionals when they needed them, which helped people maintain their health and wellbeing.

People had positive relationships with staff that were respectful and caring whilst delivering people's care and support. People were involved in making decisions about their care and support and were encouraged by staff to remain independent. People had their dignity and privacy respected by the staff who provided their care and support.

People did not always receive care that reflected their needs and preferences. People had access to a range of different activities and could do things they enjoyed. People's complaints were investigated and responded to appropriately.

People were not supported by a management team who had effective systems and governance in place, which enabled them to recognise areas of improvement required within the service and take steps to make improvements. The registered manager had developed quality assurance systems, however not all of these were effective in making sure improvements were made. People and staff told us they felt confident to raise concerns with the registered manager.

There were two breaches of the regulations, you can see what action we told the provider to take at the back of the full version of the report.

## 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 safe; staff understood how to protect people from the risk of harm and how to recognise abuse and what action to take.

People had assessments of risks and plans in place to manage them.

People had support from a safely recruited staff team. There were enough staff to meet people's care needs.

People received their medicines as prescribed and medicines were stored appropriately.

### Is the service effective?

Good ●

The service was effective.

People had support from trained staff that were supported by the registered manager in their role.

People were involved in making decisions about their care. Staff understood how to make sure people's rights were upheld.

People had enough to eat and drink and mealtimes appeared to be an enjoyable experience for people.

People had support with their health needs and access to health professionals when they needed them.

### Is the service caring?

Good ●

The service was caring.

People received support from staff that understood people's needs and built good relationships with people.

People were involved in decisions about their care and staff made sure people were communicated with in a way they could understand about how their care and support needs were met.

People received support in a way that promoted dignity and respect and were encouraged to be independent.

### **Is the service responsive?**

The service was not always responsive.

People's care did not always reflect their needs and preferences.

People had access to a range of activities and could do things they enjoyed.

People's complaints were investigated and responded to appropriately.

**Requires Improvement** ●

### **Is the service well-led?**

Not all aspects of the service were well led.

The management team did not have effective systems and governance in place to ensure people had effective support.

The registered manager did not have systems in place that gave assurances people received the care and support in line with their preferences.

People received support from staff and manager who had an open and transparent culture.

Significant events, which affected people who used the service, were not always notified to CQC.

**Requires Improvement** ●

# Birkdale Residential Home

## 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 on 25 and 26 August 2016. The inspection team consisted of one 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.

As part of our inspection, we reviewed the information we held about the service including notifications. A notification is information about events that by law the registered persons should tell us about. We asked for feedback from the local authority contracting and safeguarding team for information they held about the service. We used this information to help us plan our inspection.

During our inspection, we spoke with 15 people who used the service and two relatives. We also spoke with the registered manager, the assistant manager, four care workers, the development coordinator, the cook and one visiting health professional.

We observed the delivery of care and support provided to people who lived at the service and their interactions with staff. We 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 reviewed a range of records, which included the care records of six people and three staff files, which included pre-employment checks and training records. We also looked at other records relating to the management of the service. This included complaints records, accident records, training records, resident meeting records, monthly audit records and medicine administration records.

## Is the service safe?

### Our findings

At our previous inspection on 15 October 2015 we found the provider was not meeting regulations as they had not carried out all of the required checks by law to ensure only suitable people were employed to work at the home. We found the provider had made sufficient improvements and met the regulation at this inspection.

At this inspection we found the provider had taken the required action to make sure people received support from safely recruited staff. The registered manager told us how they carried out appropriate pre-employment checks to include criminal records checks and reference checks. Staff confirmed these checks had been undertaken before they were able to start working with people in the home. We looked at staff records and saw the registered manager had systems in place to recruit staff safely, these included work history detailed on the application forms, two references provided prior to the start date and a Disclosure and Barring Service (DBS) check had been carried out before staff started work. These checks show the details of any criminal convictions a member of staff may have and if these staff are barred from working with vulnerable people. These checks help employers make decisions to ensure prospective staff are safe to work with vulnerable people. This showed us the registered manager now had sufficient systems in place to recruit staff safely.

People told us they felt safe. One person said, "I feel safe, everyone looks after me". We saw staff checking on people to make sure they were safe during the inspection and we saw staff responded quickly to call bell alarms when they were activated. Staff told us they understood how to keep people safe. For example, they could tell us about making sure the environment was kept safe and how they monitored people to identify any risks to their safety. Staff could tell us the signs of abuse and explain what they would do if they witnessed abuse or suspected it. For example, one staff member said, "You have to be aware for any changes with people, such as any unexplained bruising and you have to report this and record where it is". There had not been any safeguarding incidents since our last inspection but the registered manager told us they understood how to manage safeguarding incidents and had a policy in place for staff to follow. The policy was clear and advised staff on what to look for and what action to take including contacting the local authority and others if required. This showed us people were kept safe from the risk of avoidable harm and abuse.

People told us staff helped to manage risks and keep them safe. One person told us, "Staff help me to stand up with this aid, it's worrying but I know they will keep me safe". We saw staff following the risk assessments for people when they provided care and support. For example, we saw people having their position changed in line with the risk assessment and action plan for preventing broken areas of skin and wounds. Staff understood when people were at risk and what action needed to be taken to reduce these risks. Staff could tell us about risks and the actions required in detail, for example, One staff member said, "Risk assessments are very detailed, for example with [a person], they are at risk of skin tears so the risk assessment tells us things like to use soft towels and take extra care with bedding". Another staff member said, "[A person] is at risk of falls due to being unsteady, we have to make sure someone is there when they walk and remove any hazards, we also had advice from the occupational therapist". We saw detailed risk assessments and action

staff should take to minimise the risks. This showed us staff understood the risks for people and knew how to minimise the risks to keep people safe.

Staff could tell us how they responded when someone had an accident. They told us people were checked over and medical advice was sought where required for people. They told us accident forms were completed and the registered manager was informed. The records we saw showed us what happened but did not include any information about how the accident had been investigated and what action had been taken to reduce the risk of the accident happening again. We spoke with the registered manager about this and they said they would look at how action taken following an accident was recorded in the future.

People said there were enough staff on duty to meet people's needs. One person said, "There is always someone around when you need them". We saw there were enough staff on duty during the day of the inspection to meet people's needs. People who needed support did not have to wait and communal areas had staff present throughout the day. Staff told us they thought there were generally enough staff on duty to support people. One staff member said, "Some days are better than others, people always have the care they need even if we are short staffed for some reason". The registered manager told us they worked out how many staff they needed based on people's needs. This showed us there was sufficient staff available to meet people's needs.

People told us they received their medicine on time and could have pain relief when they needed it. One person said, "Staff always make sure you have your medicine". We saw staff had received effective training in administering medicine and competency checks were carried out. For example, we saw they used a 'do not disturb' apron to make sure people would not interrupt them whilst they gave people their medicine. We saw staff using gloves and pots to avoid touching people's medicines and explaining to people what the medicine was for. However, we saw one person's pain relief had run out. This person had not shown signs of needing the medicine during the time it was unavailable. We spoke to the registered manager about this and they said they would review how stocks were checked and the ordering processes to make sure it did not happen again. One staff member said, "The medicine training is really good, I feel confident in administering the medicine". People's medicines were stored securely and according to the manufacturer's instructions. For example, we saw medicines stored in a refrigerator and daily temperatures checks recorded. People understood what their medicine was for. We saw staff explaining to people and recording when people took or refused their medicine accurately on the medicine administration records. We saw controlled drugs were stored correctly and accurate records of administration with daily checks carried out on stock levels recorded. Controlled drugs are medicines that have specific legal guidelines around their storage and use in order to prevent them from being misused or causing harm. This showed us people received their medicine as prescribed and the administration and storage of medicines was safe.



## Is the service effective?

### Our findings

People received effective care and support. One person said, "Staff do know how to support me, they know how I like things done". Relatives told us they felt staff understood how to deliver effective care and support. One relative said, "Staff look after [my relative] very well here". We saw staff using the training they had received. For example, we saw staff supporting people to move safely with the right equipment. The staff told us they received effective training in key aspects of their role and could give examples of how they used the skills. The registered manager said training was refreshed and competency checks were carried out, the records we saw supported this. This showed us staff had the skills to carry out their roles and responsibilities effectively.

Staff told us the induction was helpful. One staff member said, "You have to shadow people when they first start and the staff you shadow have to sign a checklist which shows people have completed certain tasks". The registered manager told us basic training and shadowing were used, the records we saw supported this. All the staff we spoke with said they received regular supervisions and attended team meetings. We saw the registered manager was available to staff and offered support during the inspection. One staff member told us, "We have supervision every three months and can always talk to the management team about things". This showed us the registered manager had systems in place to offer support to staff and make sure they understood their roles and responsibilities.

People who had the capacity to make decisions about their care told us staff always sought their consent before providing care and support. One person said, "Staff always ask if it's ok to do things". We saw staff seeking consent when giving care and support. For example, people were asked for consent before staff repositioned them in the chair, or before they were supported to go to the dining room and when their medicine was offered. Staff could tell us how they asked people for consent to provide support. One staff member said, "I always ask for consent, before helping people". Staff told us The Mental Capacity Act 2005 (MCA) was about people being able to make choices for themselves and give consent to the care and treatment they received. One staff member said, "Some people sign consent forms for things and these are in the care plans". Another staff member said, "You have to be able to look for other signs of consent [when people cannot verbally communicate]".

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. We saw people were able to make decisions for themselves about their care and support. The registered manager and staff told us, most people could make decisions for themselves. We saw a mental capacity assessment, a best interest assessment and decision was recorded on one person's care record. This showed us the provider was following relevant law and guidance in seeking people's consent to care and treatment.

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). At the time of our inspection the registered manager told us there was nobody who was currently subject to a DoLS, however they understood that when someone had their liberty deprived they needed to make sure this was done in the least restrictive way and make an application to the Local Authority for authorisation. Staff told us they understood what depriving someone of their liberty was and gave examples such as the use of equipment to keep people in bed and preventing people from leaving the building. Staff told us there was nobody who was having their liberty deprived currently in the home and our observations supported this.

People had enough to eat and drink and were offered a balanced diet. People told us they had enough to eat and drink and could choose what they wanted. We observed people being offered a choice of meals with different hot and cold options available. We observed the mealtime was relaxed and most people enjoyed their food. One person said, "I like this soup, it's really tasty". Another said, "I like my salad." We saw people were supported to have alternatives when they did not want what was on offer or did not like what they had ordered. For example, one person told staff, "The chips are hard". The staff member then offered a range of different options for a replacement meal. People who needed support at mealtimes or required encouragement to eat received this in a way that maintained their dignity. The cook told us they were given clear information about people who needed a special diet, which included any advice of the health professionals on how to provide this. For example, one person needed to eat a soft diet and a number of people were living with diabetes and required an appropriate diet. Staff understood how to meet people's preferences with food and how to manage any risks identified. The care records we saw included information about risks associated with nutrition and the action staff needed to take. The registered manager told us the cook was looking at introducing different options into the menu and that currently there was not a fixed menu in place while this was taking place. People had hot and cold drinks throughout the day. Staff monitored the daily intake of food and fluids for those people who needed it. This showed us people had access to a balanced diet and had enough to eat and drink.

People told us they had good access to health care with regular visits from doctors, nurses, opticians and dentists. One person said, "I can see a doctor if I need to and I have seen the dentist recently". We saw staff monitored people's health and used the daily records to record their observations. Where someone required support from a health care professional this was actioned promptly and all advice and treatment was recorded in the care records. Staff could tell us how they received information about a person's health and gave examples of different professionals who provided support.

## Is the service caring?

### Our findings

People living in the home and their relative's spoke highly of the home and the support provided by staff. One person told us, "This is my home I would never move now". A relative told us, "I am very happy with the care here it has a really homely feeling". Positive and caring relationships had been developed between staff and people living in the home. We saw staff making time to talk to people about things, which were important to them. Staff could tell us about people and their life histories, they could tell us about things people enjoyed and we saw staff talking to people about these things throughout the day. For example, we saw staff talking with one person about a subject that made them happy and we saw the person laughing. This detail was included in the person's care records for staff so they could talk to the person about things, which made them happy. We saw people reacted positively when staff approached them, smiling and were happy to chat. One person enjoyed talking about their previous job and staff encouraged them to talk about this asking questions and showing interest. Staff told us it was important to get to know people and they spent time understanding what people had done in the past and what they liked to do. Staff told us the care plans held lots of information, which helped them to get to know people. For example, one staff member said, "It's nice to know what they have done in the past and small things which are important memories for them; [a person] likes to talk about their mother's porridge". This shows us people had positive caring relationships with staff who supported them.

People had their individual communication needs met. We saw staff communicating with people in an effective way, for example making sure they were on the same level as the person they were talking with. One staff member said, "We have to talk to people and encourage people to engage, [a person] will speak to you if you take the time and have patience then they can understand what you are asking them and respond". This shows us staff understood how to communicate with people about their care and support.

People told us they could make choices for themselves about how their care and support was delivered and were encouraged to maintain their independence. For example, one person said, "I can choose when I get up in the morning and staff always ask me where I want to sit". We saw staff involving people in making choices about their care and support throughout the inspection. For example, people could choose where to spend their time and what they wanted to do. We saw people choosing where to eat their meals and where they wanted to sit. We saw staff encouraging people to remain independent, for example, one staff member supported someone to stand independently and then walk with support to help them maintain their mobility. Another staff member was seen encouraging someone to eat their meal independently. Staff told us they encouraged people to do as much personal care as they could for themselves so to maintain their independence. The care records we saw showed us where people had been involved in choosing their care and support and were encouraged to be independent. For example, people had expressed their preferences about what food they liked and how they liked to spend their time and care records identified what people could do for themselves. This showed us people were involved in making decisions about their care and support and had their independence maintained.

People told us staff treated them respectfully and with dignity and privacy. One person said, "The staff treat everyone here with respect", another person said, "staff are always respectful to me". Relatives told us they

were free to visit anytime and staff welcome them and always make sure they had privacy to see their relatives. For example, one relative told us, "I come often and I have a meal with [my relative] the staff serve this in [my relatives] room". We saw relatives were free to visit when they wanted throughout the day of the inspection. We saw staff were polite in how they approached people; they made sure they used people's preferred names and maintained people's dignity. For example, we saw staff discreetly support someone to adjust their clothing in a respectful way. We saw staff knocked on doors before entering rooms. Staff spoke about people in a respectful way they said it was important to treat people with respect. One staff member said, "People are like your family in a way, you wouldn't be a carer if you didn't look at it that way". This showed us people's privacy and dignity was respected and promoted.

## Is the service responsive?

### Our findings

People told us they did not always receive care that met their needs and preferences. While people told us staff had learned about some of their likes and dislikes up, several people told us they did not receive a bath or a shower as frequently as they would like. Staff told us people were enabled to bath or shower as often as they wished. However, staff did not know people's individual preferences in this area and they were not outlined in people's care plans. We identified that multiple people had not received a bath or a shower over three weeks prior to our inspection. We did identify that people had been supported to wash, although people's preferences had not been identified and met. We saw people were assessed before they moved into the home and then a care plan had been developed which was reviewed regularly but did not identify or address people's preferences around taking a bath or a shower. When this was discussed with the registered manager, they were not able to provide an explanation as to why these people's preferences had not been considered and upheld. The registered manager told us they would speak with staff and make changes to people's care plans to reflect their preferences for bathing. This showed us people did not always receive personalised care that was responsive to their needs.

People told us they could take part in activities and pursue their interests and hobbies. One person told us they liked to read, someone else said they preferred to stay in their room and watch films on their DVD player. One person told us, "I like gardening, but I haven't done any here". Another person told us, "The activities coordinator collects books for me from the library". We saw people taking part in activities during the inspection. For example, one person had been out on a shopping trip. They told us, "I enjoyed my time out today". We saw someone else who was having their nails painted and others taking part in a group activity playing a game. Throughout the day, we saw people singing along to music and watching television. We saw many people were involved in activity and conversation throughout the day. Some people however preferred to be in a quieter area or in their own rooms. The registered manager told us they had an activities coordinator on duty most days that arranged group activities for people and supported people to do things they wanted to do on an individual basis. This showed us that people had access to a range of activities and could do things they enjoyed.

People and their relatives told us they had not needed to make any complaints, but they understood how to do this. We saw staff resolving issues for people during the inspection. For example, one person complained about the sausage they had for dinner and the staff member alerted the cook who came to talk to the person. The person was offered an alternative for their meal. Staff told us they would always try to resolve any complaints people had and would report things to the registered manager. The registered manager told us there had been no formal written complaints since the last inspection and non-formal verbal complaints were not logged. However, they explained how the complaint would be logged, investigated and responded to. The complaints policy was visible for people and relatives to see and gave details about how complaints would be investigated. The policy also detailed people could refer complaints to the local government ombudsman if they were not happy with the outcome. This showed us the registered manager had systems in place to manage complaints about the service.

# Is the service well-led?

## Our findings

At our inspection on 15 October 2015 we found the acting manager had not notified CQC about some significant events as required by law. At this inspection, we found this had not improved and the registered manager had not notified CQC about expected and unexpected deaths. The registered manager had notified us of serious injuries. There had not been any other incidents, which required notification, however we were not assured that the registered manager understood all the areas of notification. We spoke to the registered manager about this and they said they were not aware that they needed to notify us about deaths and they would review the guidance for providers on meeting regulations to improve their knowledge of reportable incidents.

This is a breach of Regulation 16 of the Care Quality Commission (Registration) Regulations 2009. Notification of death of service user.

During our comprehensive inspection on 8 April 2015 we found the registered manager did not have effective management systems and quality assurance processes in place. In our inspection on 15 October 2015, we found some progress but this required further improvement. During this inspection, despite some further improvements, the provider had not made sufficient improvements and had not met the regulations at this inspection.

We found the registered manager had introduced a number of monitoring systems and quality assurance checks. Some of which were effective these included monitoring the cleanliness of the service, health and safety, equipment maintenance and spot checks on care delivery. We found areas where the registered manager had not developed management systems to be assured that people would receive the care and support they needed. For example, the registered manager had received advice from their pharmacist following an audit of the medicine administration systems on 20 April 2016 to develop a system to check and record stock balances to help identify errors and maintain stock availability, we found the registered manager had not taken the suggested action. The pharmacist completed a further audit on 8 July 2016 and gave the same advice. The registered manager had implemented a weekly medicine audit process however; this was not always effective in checking the stock of medicines. We found that a weekly audit had been completed on 22 August 2016 which had failed to identify a person's medicine had not been ordered. We also found a number of accidents had taken place over a period involving the same individuals and whilst this was highlighted by the system, the registered manager used to investigate accidents, there was no evidence of any action taken to look for patterns and reduce or remove risks of reoccurrence. We spoke to the registered manager about this and they said they would look at how accidents and incidents were monitored.

We found the registered manager did not have an effective system in place to monitor how people received their care and support in line with their preferences. For example, on the day of the inspection people had not received a bath or a shower, in line with their preferences. We talked to the registered manager about this and they told us they did not have a system in place to check people were receiving person centred care and support in line with their care plan. This showed us the registered manager could not be assured that

people received the care and support in line with their preferences.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2008. Good Governance.

At our last inspection the service still did not have a registered manager in post. At the time of this inspection a registered manager was in post, the manager had registered with CQC on 11 July 2016. This means the service was meeting their conditions of registration.

We saw the registered manager had displayed the current ratings for the service in a prominent place for people to see as required by law. However, checks on the provider website showed the rating was not displayed, which is also a requirement of the regulations. We raised this with the registered manager who said they were not aware this was required on the website but would contact someone in the organisation to make the required changes.

People and their relatives told us they could not recall being asked about their views of the service. However, we saw records of resident meetings, which had taken place. The records detailed areas raised by people, for example, increases in some activities changes to the time the evening meal was served. We saw these changes had taken place.

People told us they could talk to the management team about things. One person said, "You can always speak to them about things, they are always here for you". We saw people knew who the registered manager was and when the provider visited on the day of the inspection people knew who they were and spent time chatting to them. Staff told us things had really improved since the current manager had taken over. Staff said communication was better and the atmosphere had improved and people were happier. One staff member said, "You can take any issue to the registered manager and they will help". The provider told us there had been many improvements made since the registered manager had taken over following the last inspection. The registered manager told us about the many improvements since the last inspection. They said they had focussed on developing a person centred culture where people could receive care and support which was specific for their needs. The registered manager explained they had done this by introducing training and updating and changing all the care plans for people. We found improvements had been made since our last focussed inspection 15 October 2015.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 Registration Regulations 2009 Notification of death of a person who uses services  The provider had not notified us of the expected and unexpected deaths of service users for 12 months prior to the inspection date.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had not developed management systems that gave an assurance people would receive the care and support they needed and would reduce or remove risks of incidents.