

Sue Ryder

Sue Ryder - Birchley Hall

Inspection report

Birchley Hall
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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 

Overall summary

This was an unannounced inspection, carried out on 06 and 12 February 2015.

Birchley Hall provides care and support for up to 30 people. The premises comprises of 24 single and three double bedrooms and a passenger lift to two floors. There is parking available at the front of the building.

At the time of our inspection there were 18 people living at the service.

There has been no registered manager at the service since August 2014. However, the provider had appointed

a manager and they have commenced the process to become the registered manager of the service. 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.

Summary of findings

The last inspection of Birchley Hall was carried out in September 2014 and we found that the service was not meeting all the regulations that were assessed. During this inspection we found that the required improvements had been made.

People told us they felt safe at the service and that they were treated well. Family members told us that they had no concerns about their relatives safety. Staff knew what was meant by abuse and they had a good understanding of the procedures they needed to follow for reporting any incidents or suspicions of abuse.

Staff had information about people's individual needs which included people's wishes about how they wanted their care and support to be provided. Care plans were regularly reviewed and updated with the involvement of the person they were for to ensure they were accurate and up to date.

Recruitment practices were safe and ensured staff were suitable to work with people in a care setting. Staff received the training and support they needed for their roles and people told us the staff were good at their job. There were sufficient numbers of staff to ensure people's needs were met in a timely way.

Staff worked well with external health and social care professionals to make sure people received all the care

and support they needed. People were referred onto to the appropriate service when concerns about their health or wellbeing were noted. Medication was managed safely and people received their medication on time.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. Policies and procedures were in place to guide staff in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Decisions made on behalf of people were made in accordance with the law to ensure they were made in people's best interests.

People had access to all parts of the home which were kept clean, and safe. Good infection control practices were followed to minimise the spread of infection across the service. Staff knew what their responsibilities were in the event of an outbreak of infection. Staff were confident about dealing with emergencies and emergency equipment was in place and easily accessible.

The service was being well managed by a person who people described as approachable and supportive. Systems for identifying improvements to the service were in place and effective.

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.

People told us they felt safe and that staff treated them well. Risks to people's health and safety were identified and managed.

Staff knew what their responsibilities were for ensuring people were protected from abuse.

Staff were recruited safely and they received appropriate training for their roles. People's needs were met by the right amount of staff.

Good



Is the service effective?

The service was effective.

People were provided with individualised care and support to meet their needs.

The principles of the Mental Capacity Act 2005 were followed to ensure decisions were made in people's best interests.

People enjoyed the food and received the support they needed to eat and drink.

Good



Is the service caring?

The service was caring.

People told us that staff were kind and caring and that staff respected their privacy. People were listened to and they felt their views about the service mattered.

Staff treated people with dignity and included them in decisions about their care and support.

Good



Is the service responsive?

The service was responsive.

Staff knew people's needs and ensured people received the care and support they needed.

People had the opportunity to engage in activities they enjoyed.

There was a complaints system in place and information about how to complain was accessible to all. Complaints were listened to and promptly dealt with.

Good



Is the service well-led?

The service was well led.

People commented that the manager was approachable and supportive.

Systems which were in place to assess and monitor the quality of the service had brought about improvements to the service people received.

People who used the service and their family members were given the opportunity to comment about the service and their comments were listened to and acted upon.

Good



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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.

We visited the service on 06 and 12 February 2015. The first day of our first visit was unannounced and the inspection team consisted of two adult social care inspectors.

On the first day of our visit to the service we spoke with seven people who used the service and we looked at four people's care records. We looked at records relating to three members of staff. We spoke with four family members

and six staff and observed how people were cared for. One adult social care inspector returned to the service for a second day and spoke with a further three people and checked records relating to the running of the service.

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.

Before our inspection we reviewed the information we held about the service including the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications of incidents that the provider had sent us since the last inspection. We contacted local commissioners of the service to obtain their views about it.

Is the service safe?

Our findings

At our last inspection in September 2014 we were concerned about people's safety. We took action against the provider and set a timescale for the provider to make improvements. At this visit we found our concerns had been appropriately addressed within the timescale we set.

People told us that the staff treated them well and that they felt safe at the service. People told us they would not be afraid to tell someone if they had any concerns about their safety. Comments made by people included, "No problems at all". "I feel very safe"; "I get my pills on time"; "The staff know their job and are good at it"; "There seems to be enough staff and they do a good job" and "Everything is fine. I'd tell them if it wasn't". Family members told us they felt their relative was safe. They commented, "I feel mum is safe. I've never had to raise any concerns about her safety". "There is always plenty of staff". "They are really good and know what they are doing" and "The home is always clean and I've never come across unpleasant smells".

We found that risks to people's health, safety and welfare had been assessed and identified. Risks assessments were carried out, and where appropriate a risk management plan was in place for aspects of people's care and support. Risk management plans covered things such as, nutrition, falls and medication and they formed part of the persons care plan. They clearly identified what the risk was and provided staff with instructions about how they needed to manage the risk to ensure people received safe care and support. Records showed that risks people faced were reviewed and updated on an ongoing basis.

We saw records which showed that since our last inspection one incident of alleged abuse had occurred at the service and that it was promptly acted upon. The manager referred the incident promptly to the relevant local authority safeguarding team for investigation and notified CQC as required. We saw evidence that the manager had taken the appropriate action to ensure people were safe and protected against any further risk of harm.

The provider had a safeguarding policy and procedure and copies of safeguarding procedures set out by the relevant local authorities. We saw that safeguarding procedures were displayed in areas accessible to staff including the

main office and the staff room. This included a flow chart with step by step instructions and guidance about the processes which staff were required to follow for responding to and reporting suspected or actual abuse. Staff told us they had completed up to date training in safeguarding and we saw records which confirmed this. Staff knew what was meant by abuse and they described the different types of abuse and the signs which indicate abuse may have occurred. Staff described the action they would take if they witnessed an incident of abuse or if they suspected or were told abuse had taken place, and we found this was in line with safeguarding procedures.

We found medication was managed safely. Staff who administered medication told us they had received up to date training in the subject and we saw records which confirmed this. Medications, including controlled medicines were stored securely. Procedures, guidance and advice leaflets were displayed in the medication room and easily accessible to staff. This included a copy of the National Institute of Clinical Excellence (NICE) guidance on medicines management in care homes 2014. We checked a sample of people's medication administration records (MARs) and found they included details of prescribed medication and instructions for administration. MARs also recorded medicines received into the service from the dispensing pharmacy and when they were administered or refused. This gave a clear audit trail and enabled the service to monitor medicines kept on the premises

The provider had a staff recruitment and selection policy and procedure. We viewed recruitment records for three staff and found that information and checks required by law for recruiting new staff were obtained. Staff confirmed that they had completed an application form, attended interview and underwent appropriate checks prior to starting work. This ensured staff were fit and suitable to work in a care setting.

There was sufficient numbers of staff to meet the needs of people who used the service. We saw that people's requests for assistance were responded to promptly and people told us they never had to wait too long for assistance. Recruitment and training records showed staff were appropriately skilled and experienced to meet people's needs. People told us they felt safe with staff and

Is the service safe?

that they thought staff were good at their job. Staff told us they had no concerns about staffing levels and family members told us their relative received care and support from the right amount of skilled and experienced staff.

All staff had received training in health and safety matters and records confirmed this. Training included first aid, moving and handling and fire safety. We saw emergency equipment such as fire fighting equipment and first aid boxes located around the service and staff told us where they were kept. Staff explained how they would deal with emergencies such as if a person's health deteriorated suddenly or if a person collapsed.

The building and equipment used at the service was maintained to a safe standard. Records showed that regular checks had been carried out by an approved person, on equipment and systems such as the passenger lift, fire alarms, electrical appliances and lifting equipment. There was a personal evacuation plan in place for each person to appropriately support them in the event of an emergency.

We looked around the service and saw that all areas were clean and hygienic. Staff had received infection control training and records confirmed this. There was a good supply of personal protective equipment such as disposable gloves and aprons to minimise the risks of the spread of infection. There were hand washing facilities including liquid soap and paper towels which enabled people who used the service and staff to maintain hand hygiene and reduce the risks of cross infection. The laundry was appropriate to the needs of the people who used the service. Clean and dirty laundry was stored separately to minimise the risks of cross infection and we saw contracts were in place to make sure that any clinical waste was safely disposed of. The manager and staff knew what their responsibilities were for safeguarding people and others in the event of a breakout of infection within the service.

Is the service effective?

Our findings

At our last inspection in September 2014 we were concerned about the effectiveness of the care received. We took action against the provider and set a timescale for the provider to make improvements. At this visit we found our concerns had been appropriately addressed within the timescale we set.

People told us they received the care and support they needed and that staff knew them well. People's comments included, "They do everything to please you". "When I ask them for anything they always respond positively". "I can't believe how well they know me" and "They are there when I need them".

Staff told us they had received on-going training and that they had been given opportunities for development. For example, a member of staff told us they had recently progressed within their position. Staff had completed National Vocational Qualifications (NVQs) in care and there was an ongoing training programme to make sure staff completed up to date mandatory training and training specific to the needs of people who used the service. We saw records which confirmed this. This ensured staff had up to date knowledge of current good practice and the needs of people who used the service. Staff told us they had received regular formal supervisions and an annual appraisal of their work from their line manager, and records confirmed this. These gave staff the opportunity to discuss their work, personal support and training needs. The sessions were also an opportunity for staff to receive feedback on their performance and discuss their personal development.

Records showed people had accessed health and social care professionals to meet their assessed needs. One health care professional we spoke with during our inspection visit told us that the staff were really good at communicating with them and that staff had appropriately followed their guidance and advice. They also told us that staff had contacted them when they needed to know anything, or when they had had concerns about people. We saw that one person had recently had a stay in hospital and since their return to the service they were receiving regular visits from district nursing team. This demonstrated the staff were working closely with other professionals to make sure people's needs were met.

Staff made appropriate referrals to community services when they noted a change in people's needs. We saw people had been referred to the dietician and the falls team and that appropriate equipment was in place for people to help with their mobility and independence. For example, we saw grab rails and hand rails around the service to enable people to move around independently, and people had walking aids to help with their mobility. There was a passenger lift so that people could easily access their bedrooms on the upper floor.

Appropriate steps had been taken to make sure decisions were made in people's best interests. The registered manager and staff had received training in relation to the Mental Capacity Act 2005 and the associated deprivation of liberty safeguards (DoLS). They showed a good understanding of the Mental Capacity Act 2005 and DoLS. They knew what their responsibilities were for ensuring that the rights of people who were not able to make or to communicate their own decisions were protected. Where people lacked capacity to make decisions the manager and staff were guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests. Records we saw showed that people's ability to make decisions had been assessed and where appropriate a DoLS had been applied for. Authorised DoLS were held in the individual's care file and a plan of care was in place for this.

People's dietary requirements including their food likes and dislikes were assessed and recorded and a care plan was in place for people who needed support to eat and drink. We spent time with people at lunch time and saw that staff provided people with the support they needed. For example, people who were at risk of choking had their meals cut up and staff sat with people who needed prompting and encouragement to eat and drink. Staff showed patience and understanding when supporting people. People were assisted to eat in an unhurried manner and staff chatted and encouraged their independence. People told us they liked the food provided and that they had a choice at meal times. One person said; "The meals are very nice, I've no complaints at all". Another person told us; "I get plenty to eat and if I don't like it they will always make me something else, I only have to ask." Family members told us they had no concerns about the food. Their comments included; "The food is well

Is the service effective?

presented” and “I’ve eaten here and the food is excellent”. One family member told us how pleased they were that their relative was benefiting from regular meals which were well-balanced and nutritious.

We saw the care records for a person who was assessed as being at high risk of malnutrition. We saw there was a risk assessment in place for this and that it had been reviewed weekly. We saw that the person had received food

supplements and a fortified diet. The cook was able to explain to us how they fortified meals for this person to make sure they had a high calorie content. We also saw that the person had been seen regularly by a dietician and that staff followed their advice. Weight management records for the person showed they had gained weight. This showed that the person received effective care which met their needs.

Is the service caring?

Our findings

At our last inspection in September 2014 we were concerned about people's care. We took action against the provider and set a timescale for the provider to make improvements. At this visit we found our concerns had been appropriately addressed within the timescale we set.

People told us that the staff were kind, caring and respectful. People's comments included; "Staff are kind and caring and they listen to you"; "Staff are always positive" and "They are really respectful". Family members made the following comments; "The care is excellent"; "The staff are very caring, I have no concerns and I can go home and sleep knowing she is well cared for"; "They love her. My mum responds to their love and care" and "We are always made to feel welcome".

We saw that staff gave people choices and respected their decisions. New picture menus had been recently introduced and we saw them being used to help people choose their meals for the day. Staff reminded people what their chosen meal was and provided an alternative to people who changed their mind. Staff assisted people into the dining room and lounge and asked them where they preferred to sit. People told us they were given a choice about things such as how they spent their time and when they got up and went to bed. One person told us "They ask me at night if I'd like to go to bed and if I tell them no, they say that's fine".

Staff respected people's dignity and privacy. For example; we saw people received visits from their GP and district nurses in private and that family members were invited into the office when discussing the care of their relative. People who used the service and their family members told us visits from GPs and other health and social care professionals were always conducted in private. We saw that people received personal care either in their own room or bathrooms with doors closed. Staff knocked on doors

before entering people's bedrooms, bathrooms and toilets. One person commented; "They never come in without knocking first". We saw friendly banter between staff and people who used the service and we saw that staff sat close to people at their request and held more discreet discussions with them.

Throughout the day we saw that people had access to all communal parts of the home and their own rooms. Some people chose to spend time in their room and others chose to sit in quiet areas. People told us it was their choice to spend time alone and that staff respected that. Staff carried out regular checks on people who preferred to be alone and offered them drinks and snacks. Bedrooms were personalised with people's belongings, such as family photographs and ornaments, and people told us this made them feel at home.

People were involved in decisions about the running of the home as well as their own care. Surveys were completed by people who used the service and their family members and they were given the opportunity to comment about things such as the staff, food and activities. Records showed that people's comments were listened to and acted upon. People and family members told us they were involved and they felt their views and opinions mattered.

We saw that some dining tables were arranged in a line. The manager explained that the tables were left arranged in this way at the request of people following a recent celebration with a street party theme. The manager told us that people had enjoyed the event and had commented on how they particularly liked the street party feeling.

Care records contained information about the way people would like to be cared for at the end of their lives. Appropriate health care professionals and family representatives had been involved in discussions to make sure people received appropriate care at the end of their lives.

Is the service responsive?

Our findings

At our last inspection in September 2014 we were concerned about the care people received. We took action against the provider and set a timescale for the provider to make improvements. At this visit we found our concerns had been appropriately addressed within the timescale we set.

People told us that their needs were met and that staff knew them well. People's comments included; "Staff know what to do for me"; "When I call them they come quickly" and "I get all the help I need and staff know what they are doing". Family members told us; "They meet her needs in full"; "They know everyone's needs and cater for them" and "They provide what people want".

A care plan was in place for people's care needs requirements and these were regularly reviewed and updated with the involvement of the individual, and where appropriate their representative. Staff had access to people's care plans and associated records and they told us they read them regularly to ensure they were kept up date with people's needs and how best to support them.

Staff had a good understanding of people's needs and they were able to tell us about how they cared for people to ensure they received effective care and support. We saw that care files included information about things which were important to the individual and their choices and wishes with regards to how they wanted their care and support to be provided. Staff were able to tell us detailed information about how people liked to be supported and what was important to them. People told us that staff knew them well and provided them with all the care and support they needed. People's comments included; "They know I like to sit here in the quiet"; "I get magazines, which I like". A family member told us; "They read to mum, they know she likes it".

People were invited to share information about their background, hobbies and interests and their religious and spiritual needs. Staff told us they used this information to help plan both group and one to one activities for people. We saw activities being offered to people during our inspection visit, including board games and art and craft. One person commented "There is something going on most days if you fancy it" and another person told us "They ask me but it's my choice if I join in". A family member told us their relative had been offered trips out and to join in sing-a-longs. People were encouraged and supported to be involved in the local community and the service took part in community activities and encouraged people to use local facilities such as local shops, churches and cafes.

People were supported to keep in touch with their friends and family. During our inspection a number of people received visits from family members and we saw that that they were made welcome. Family members said they were able to visit at any time and were always made to feel welcome. People had the option to spend time in private with their family.

The provider had a complaints procedure and a copy of it was displayed on a notice board near to the entrance of the service. The procedure clearly described the process for raising and managing complaints. People who used the service and family members told us they were given information about how to complain and they told us they understood it. People told us they would complain if they needed to and that they were confident that their concerns would be listened to and acted upon. Family members told us they had no concerns or complaints about the service and that they were confident about approaching the manager if they were unhappy about anything. We viewed the services complaints records and saw that the manager had promptly dealt with concerns and complaints raised. Other records showed that improvements had been made to the service people received as a result of complaints and that learning had taken place.

Is the service well-led?

Our findings

At our last inspection in September 2014 we were concerned about people's safety and care and welfare. We took action against the provider and set a timescale for the provider to make improvements. At this visit we found our concerns had been appropriately addressed within the timescale we set.

The service does not have a registered manager. However, the provider had appointed a manager who had commenced the process to become the registered manager of the service.

We saw that there were clear lines of accountability and responsibility at the service. The manager knew what their responsibilities were for ensuring people received safe and effective care and support. The manager described the structure of the organisation and was clear about their lines of accountability. The manager had a good understanding about the visions and values of the service and they showed a commitment to ensuring high standards of care for people who used the service. This was demonstrated by the improvements made since our last inspection visit and the plans, which we saw for ensuring continuous improvements.

People who used the service, family members and visiting professionals were complementary of the manager and the way they ran the service. People told us that the manager was helpful and kind. Family members told us they felt comfortable speaking with the manager and that they had always taken time to listen to them. Visiting professionals told us they had no concerns about the service and they said they thought it was run well. Throughout our inspection visit we saw positive relationships between the manager and staff and we saw that they acted appropriately and professionally with all personal and professional visitors.

Staff described the manager as open, approachable and supportive and they said they had no worries about raising

any concerns with them. We saw that the manager worked well with staff and provided them with advice, guidance and support when they needed it and staff told us they were not afraid to ask for the manager's help.

Family members told us that they had been invited to meetings to discuss the service. We saw minutes of meetings held with family members and they showed they were provided with key information about the service such as, improvements and plans for the future and how it would impact on their relatives care. Minutes of staff meetings showed they were kept up to date with information about the service such as policies and procedures, working practices and changes to the staff team.

Effective systems were in place to assess and monitor the quality of the service and for planning and implementing improvements to the service people received. Records showed that regular checks had taken place and audits were completed on people's care records, medication, staff performance and the environment. Records showed that any risks to people's health, safety and welfare which were identified as part of the checks were promptly acted upon. Action plans were put in place for other less urgent matters which were identified as requiring improvement. Action plans detailed the area for improvement, required action, the person responsible for the action and the timescale for completion. A representative for the provider worked alongside the manager to help continually monitor the quality of the service and plan improvements.

We saw that there was a system in place for recording and analysing any accidents and incidents which occurred at the service. Records showed appropriate action had been taken following an accident to minimise further risks and to ensure lessons were learnt.

Since our last inspection visit in September 2014 the provider had notified us promptly of significant events which had occurred at the service. This enabled us to decide if the service had acted appropriately to ensure people were protected against the risk of inappropriate and unsafe care.