Care Quality Commission

Angel Care plc

Birchy Hill Care Home

Inspection report

Birchy Hill
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Lymington
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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

Birchy Hill Care Home provides care for up to 65 people who require residential or nursing care. People had a variety of complex needs including dementia, physical health needs and mobility difficulties.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had systems in place to respond and manage safeguarding matters and make sure that safeguarding alerts were raised with other agencies.

People who were able to talk with us said that they felt safe in the home; and if they had any concerns they were confident these would be quickly addressed by the
staff or manager

Assessments were in place to identify risks that may be involved when meeting people's needs. Staff were aware of people's individual risks and were able to tell of the strategies in place to keep people safe.

Staff knew each person well and had a good knowledge of the needs of people, especially those people who were living with dementia.

There were sufficient numbers of qualified, skilled and experienced staff deployed to meet people's needs. Staff were not hurried or rushed and when people requested care or support, this was delivered quickly. The provider operated safe and effective recruitment procedures.

Medicines were stored and administered safely. Clear and accurate medicines records were maintained. Training records showed that staff had completed training in a range of areas that reflected their job role.

Staff received supervision and appraisals were on-going, providing them with appropriate support to carry out their roles.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. At the time of our inspection applications had been submitted by the managing authority (care home) to the supervisory body (local authority) and had yet to be authorised. The manager understood when an application should be made and how to submit one. They were aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests.

The food menus offered variety and choice. They provided people with nutritious and a well-balanced diet. The chef prepared meals to meet people's specialist dietary needs.
People were involved in their care planning, and staff supported people with health care appointments and visits from health care professionals. Care plans were amended to show any changes, and care plans were routinely reviewed every month to check they were up to date.

People were treated with kindness. Staff were patient and encouraged people to do what they could for themselves, whilst allowing people time for the support they needed. Staff encouraged people to make their own choices and promoted their independence.

People knew who to talk to if they had a complaint. Complaints were passed on to the registered manager and recorded to make sure prompt action was taken and lessons were learned which led to improvement in the service.

People's needs were fully assessed with them before they moved to the home to make sure that the home could meet their needs. Assessments were reviewed with the person their relatives and where appropriate other health and social care professionals.

People were encouraged to take part in activities and leisure pursuits of their choice, and to go out into the community as they wished.

People spoke positively about the way the home was run. The management team and staff understood their respective roles and responsibilities. The registered manager was approachable and understanding to both the people in the home and staff who supported them.

There were effective systems in place to monitor and improve the quality of the service provided. We saw that various audits had been undertaken.

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. Risk assessments contained detailed guidance on how to respond to risks associated with people's care needs.

The home had sufficient numbers of suitably skilled and competent staff deployed to keep people safe. Staff were subject to safety checks before they began working in the service.

Medicines were appropriately stored and disposed of. People received their medicines when they needed them. Staff had received training in how to administer medicines safely.

Is the service effective?

Good

The service was effective. Staff had received robust training and on-going development to support them in their role. They had received an effective induction and good support from management.

Staff were knowledgeable about the requirements of the Mental Capacity Act 2005 (MCA). The provider had effective arrangements and plans in place to ensure people's liberty was not restricted without authorisation from the local authority.

People were fully involved in deciding what they wanted to eat and drink. Healthy eating and menu planning was regularly discussed at residents meetings.

Is the service caring?

Good

The service was caring. Staff were kind, compassionate and treated people with dignity and respect. The service had a culture that promoted inclusion and independence. People and relatives told us they felt valued by the staff and management.

Healthcare professionals, feedback reviews from relatives and people told us Birchy Hill provided good care. Care plans were personalised and provided detail about people's hobbies and interests

Is the service responsive?

Good

The service was responsive. People's care needs were regularly reviewed and staff were knowledgeable about the care they required.

The provider had arrangements in place to deal with complaints. People and relatives consistently told us any issued raised were dealt with in good time.

People were provided with a range of activities.

Is the service well-led?

Good

The service was well-led. The registered manager and the provider had good relationships with professionals. Relatives told us various professionals visited the home to assess people's care needs.

People using the service, their relatives and professionals were regularly asked for their feedback and this information was used to help improve the service.

Good leadership was seen at all levels. Relatives told us the senior staff and registered manager were approachable and took any concerns raised seriously.

Care Quality Commission

Birchy Hill Care 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 and 13 April 2016 and was unannounced.

The inspection team consisted of two inspectors.

Before our inspection we reviewed previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law.

During our visit we spoke with the registered manager, the head of care, two nursing staff, 10 care workers and six relatives. We spoke with four healthcare professionals, three people living in the home and an administrator.

We pathway tracked six people using the service. This is when we follow a person's experience through the service and get their views on the care they received. We looked at staff duty rosters, six staff files, feedback questionnaires from relatives, staff training records, quality assurance documents, team meeting records, supervision and appraisal records, checked the providers recruitment practices, reviewed policies and procedures relating to medication, health and safety, reporting of incidents and checked decision making processes.

We observed interaction throughout the day between people and care staff. Some of the people were unable to tell us about their experiences due to their complex needs. We used a short observational framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who are unable to talk with us.

We last inspected the home on 29 October 2013 where no concerns were identified.

Good

Is the service safe?

Our findings

Relatives and health care professionals told us the service was safe. One relative said: "Of course it is safe here I have never seen anyone being abused in any way". One person told us they felt staff protected them from possible harm. They said: "They (staff) wouldn't let anything bad happen to me".

The provider had rigorous processes for reporting any incidents of actual or potential abuse. Staff were fully aware of their responsibilities for recognising and reporting abuse, and for reporting any poor practice by colleagues. We were given examples of issues appropriately raised by staff and were told senior staff were very supportive. We saw from our records that the service notified the Commission of all safeguarding incidents and other agencies, such as the local authority safeguarding team in a timely manner. The provider had an up to date safeguarding policy. This detailed what staff should do if they suspected abuse. We asked staff about whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. All staff said they would feel confident raising any concerns with the manager. They also said they would feel comfortable raising concerns with outside agencies such as CQC if they felt their concerns had been ignored.

Medicines were received, stored, disposed of, and administered safely. Birchy Hill used an independent pharmacy for all their medication needs. We saw that the Bio-Dose system was used for all people that had their medication administered to them by the nursing staff. The head of care assessed the competency of each nurse who administered medicines on an annual basis. Medicine administration records (MAR) demonstrated people received their prescribed medicines at the times required. Nursing staff who administered people's medicines were aware of the medicines that people received to manage known health issues. People's allergies were clearly recorded, to ensure people were protected from possible harm. Medical information was contained in people's care plans with information charts that listed all medication they had been prescribed, protocols for administering medication that has been prescribed as and when required and how people liked to take their medication. The pharmacist that was used by Birchy Hill completed an audit of the medication systems on 12 January 2016 and provided helpful feedback. Some people living at the home received medicine covertly. Care records clearly showed that in these cases best interest decisions had been made in line with the Mental Capacity Act (2005).

Risks to people's safety and well-being were managed. They were able to tell us how they put plans in place when a risk was identified. For example, they described the action they had taken to minimise the risk of falling for one person who had a number of falls. There was a plan in place which staff were aware of and used. Where people's needs changed, staff had updated risk assessments and changed how they supported them to make sure they were protected from harm. For example, where people were identified as at risk of developing pressure ulcers, specialist equipment such as pressure relieving mattress had been obtained reducing the risk of them developing skin break down. Safety checks had been carried out at regular intervals on all equipment and installations. Fire safety systems were in place and each person had a personal emergency evacuation plan (PEEP) to ensure staff and others knew how to evacuate them safely and quickly in the event of a fire. The provider ensured the premises and equipment were maintained. Health and safety records we looked at confirmed regular environmental checks were undertaken and any

issues swiftly remedied. The provider had an agreement to use the local church and community hall should people need to be located to another area during an emergency.

There were enough skilled staff deployed to support people and meet their needs. During the day we observed staff providing care and one-to-one support at different times. Staff were not rushed when providing personal care and people's care needs and their planned daily activities were attended to in a timely manner. Staffing levels had been determined by assessing people's level of dependency and staffing hours had been allocated according to the individual needs of people. Staffing levels were kept under review and adjusted based on people's changing needs. Staff told us there were enough of them to meet people's needs. We observed staff providing care in a timely manner to people throughout our inspection. Staff responded to call bells quickly. People said call bells were answered promptly and staff responded quickly when they rang for help. People who were unable to use this system were checked by staff at regular intervals to ensure their safety but also monitor their needs.

Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. We saw a Disclosure and Barring Service (DBS) check had been obtained before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with children and adults, to help employers make safer recruitment decisions. Checks to confirm qualified nursing staff were correctly registered with the Nursing and Midwifery Council (NMC) were also held on file. All nurses and midwives who practice in the UK must be on the NMC register.

Good

Is the service effective?

Our findings

Staff consistently told us they received robust training and on-going support from their manager. One member of staff said: "I have had loads of good training including dementia and first aid". A relative said: "The chef is great here, she really takes pride in what she does and the food is pretty decent. I would be happy to eat here".

People who had been identified as being at risk of choking, malnutrition and dehydration had been assessed and supported to ensure they had sufficient amounts of food and drink. Nutritional risk assessments were carried out and where appropriate food and fluid intake was monitored and recorded. A nurse told us they used a malnutrition universal screening tool (MUST) to identify people who may be underweight or at risk of malnutrition. Any risks identified such as weight loss were shared with relevant professionals such as their GP or a dietician. People were provided with choice about what they wanted to eat and relatives told us the food was of good nutritional quality and well balanced. The chef offered a menu that took account of people's preferences, dietary requirements and allergies. Staff were knowledgeable about people's dietary needs and accurately described people's requirements. We observed people enjoying their food at meal times. We saw examples of good practice where staff patiently assisted people with drinking fluids. Staff sat at the same level as people when helping them to eat and supported them appropriately at their pace without rushing them.

GP's visited as and when required and people's treatment was reviewed and changed if necessary according to their medical condition. Records confirmed there were systems in place to monitor people's health care needs, and to make referrals within a suitable time frame. Care records were up to date and contained suitably detailed information. Staff implemented the recommendations made by health professionals to promote people's health and wellbeing. For example, in respect of Parkinson's disease and dementia care.

The service had good induction systems and processes in place, with new staff shadowing more experienced staff before working unsupervised. One staff member commented, "We were given a very thorough induction." Staff at all levels benefitted from an annual performance management cycle. This included annual and mid-year performance reviews, and at least bi-monthly one-to-one supervision sessions. Minutes of these meetings demonstrated they were carried out robustly and professionally. Any performance deficits were identified and discussed, with targets set. Positive feedback was given, to confirm good practice. Staff told us they felt they were well supported by the management of the service. One staff member told us, "We get lots of opportunities to talk; the management are really supportive, I wouldn't work anywhere else".

Robust and embedded processes were in place to monitor staff training. Records showed staff were kept up to date with all areas of required training, and had regular 'refresher' training. Staff told us their training was relevant and of good quality. They were actively encouraged to ask for further training to support their personal and professional development. An appraisal record for one member of staff showed additional training had been organised with regard to first aid. Staff members we spoke with displayed a good knowledge of the needs of people living with dementia and related conditions.

Staff were aware of their responsibilities under the Mental Capacity Act 2005. There was an assumption that a person had mental capacity to take decisions unless there were clear indications to the contrary, and took what steps it could to support people in maintaining their decision-making capacity. Staff told us they were frequently involved in the assessments of people's mental capacity. Where it had been decided a person lacked capacity to make an informed decision, staff were involved in working out what measures would best support their interests, whilst minimising any necessary restrictions of their liberty.

The provider's representatives were fully aware of their responsibility to ensure no person was deprived of their liberty unlawfully. They were able to demonstrate they had acted appropriately in line with the law in regard to the Deprivation of Liberty Safeguards (DoLS). These safeguards are part of the Mental Capacity Act 2005. They are a legal process followed to ensure that people are looked after in a way that does not inappropriately restrict their freedom. They had also engaged with the DoLS lead officer at the local authority to understand the local expectations for DoLS applications.

Good

Is the service caring?

Our findings

Relatives and healthcare professionals told us the service was caring. One relative said: "I have absolutely no doubt about the staff here, they are all very caring in how they talk to people here". A healthcare professional said: "Each time I have visited in the past the staff have always been polite and respectful".

Staff provided care in a kind and sensitive nature. Staff responded positively and warmly to people. Staff checked on people's welfare when they preferred to remain in their bedroom or not to take part in the activities. A member of staff provided reassurance for a person who was anxious. They sat next to them gently stroking their back and talking with them to provide comfort and reassurance. They were both smiling to each other and then started singing a song together.

People were supported to make sure they were appropriately dressed and that their clothing was arranged to ensure their dignity. Staff were seen to support people with their personal care, taking them to their bedroom or the toilet/bathroom if chosen. Staff provided clear explanations to people before they intervened, for example when people were helped to move from an armchair to their wheelchair using specialised equipment. Staff checked at each stage of the process that people were comfortable and knew what to expect next. Staff promoted independence and encouraged people to do as much as possible for themselves. A relative said: "I know mum can't do much for herself anymore but it is good to see the staff trying to get her up on her feet and walking around a bit".

Each person's physical, medical and social needs had been assessed before they moved into the service and communicated to staff. Pre-admission assessment of needs included information about people's likes, dislikes and preferences about how their care was to be provided. Care plans also included a 'life diary' which documented people's upbringing, early life, education, teenage years, career and work, social and recreational interests and personal achievements. Care plans were developed and maintained about every aspect of people's care and were centred on individual needs and requirements. This ensured that the staff were knowledgeable about the person and their individual needs.

People were able to spend private time in quiet areas when they chose to. Some people preferred to remain in a quieter sitting area when activities took place in the main lounge. This showed that people's choices were respected by staff. There were other areas within the home to allow relatives opportunities to speak with staff privately about the care provided to their loved one.

Staff addressed people by their preferred names and displayed a polite and respectful attitude. They knocked on people's bedroom doors, announced themselves and waited before entering. Some people chose to have their door open or closed and their privacy was respected. Staff covered people with blankets when necessary to preserve their dignity. People were assisted with their personal care needs in a way that respected their dignity. A member of staff said: "People must have their dignity so when we give personal care we make sure we talk to them and we ask them if they was to be covered up".

People were involved in their day to day care. People's relatives were invited to participate each time a

review of people's care was planned. A relative told us, "We are pretty involved so we get plenty of notice if anything is going to change". People's wishes and decisions they had made about their end of life care were recorded in their care plans when they came into the service. When people had expressed their wish regarding resuscitation this was clearly indicated in their care plan and the staff were aware of these wishes.

Good

Is the service responsive?

Our findings

People and relatives told us that the service they received was flexible and based on the care and support they wanted. One relative said: "I am pretty much always here so I know they do a good job. They look after mum well and they do everything they need to do to make sure she is looked after well".

The registered manager had created an environment appropriate to people's needs. The design of the premises enhanced the levels of care staff provided. The registered manager told us he followed best practice guidance from a clinical psychologist and dementia care consultant when he decided to redecorate the home. Corridors were spacious with good lighting which is crucial for aiding people living with dementia to make sense of their environment. Doors and surrounds leading to people's rooms were personalised with 'memory boxes' and 'pictures' which provided memory stimulation and recognition of their room. Age appropriate pictures around the home also aided memory stimulation and gave a 'homely feel'. The garden area was designed following the same principles and included with minimal door thresholds which made it easier for people to access the garden safely. Well maintained paths within the garden helped to minimise trip hazards. Seating provided resting points along the paths for people with limited mobility.

Staff ensured that people's social isolation was reduced. Relatives and visitors were welcome to visit the home at any time. A relative said, "We are encouraged to keep in contact by phone, visits, meals and birthday celebrations". We saw a timetable of activities displayed on the noticeboard in the entrance foyer. Activities included exercise to music, musical entertainment, reminiscence, quizzes, garden club, voice therapy and karaoke. We observed people taking part in activities such as making dolls and arts and crafts. We also saw people relaxing in the garden and listening to music.

Care plans were person centred and contained guidance about people's personal preferences for how they liked to be supported. For example, one care plan explained how the person liked to be assisted in the community. Another care plan explained how to support a person who needed to be prompted with personal care. Care plans were detailed and explained the actions that were needed to meet people's needs. They also set out at what time peoples visits and care should be provided. This was to ensure that people's full range of care needs were met at the times of peoples choosing. Bedrooms reflected people's personality, preference and taste. For example, some rooms contained articles of furniture from their own home and people were able to choose furnishings and bedding. People's care plans included risk assessments with clear recommendations to staff about how to reduce the risk that was identified. For example, people who were at risk of falling were provided with walking aids to assist them to mobilise safely. Appropriate measures had been taken for people that were deemed to be at risk of falling out of bed had bed rails and people who were at risk of falling were provided with hip protectors.

The provider kept a complaints and compliments record. People and relatives told us they knew how and who to raise a concern or complaint with. The complaints procedure gave people timescales for action and who in the organisation to contact. People told us that if they were unhappy they would not hesitate in speaking with the manager or staff. They told us they were listened to and that they felt confident in raising any concerns with the staff. Complaints had been appropriately investigated and by the registered manager.

Relatives and staff were familiar with the provider's complaints procedure and they all said they would speak to the registered manager directly. One relative said: "I don't need to complain about anything, I have trust they are doing this right".

Relatives told us they had been given documentation that contained information about the services the organisation provided. This was to help them decide if they felt it was suitable for their needs. The information people were given was clear and it fully explained in detail the services the agency offered. This information meant people were able to make an informed choice about whether the agency was suitable for their needs.

Good

Is the service well-led?

Our findings

Staff, relatives and healthcare professionals told us the home was well-led. A member of staff said: "I wouldn't work for anyone else, he is the best manager I have ever had" Another member of staff said: "I can go to my manager with any issues and she is always approachable, she is really passionate about what she does which helps drive the other staff too".

Senior staff communicated with people effectively. We observed the morning handover. The nurse in charge went through each person's needs / changes to the oncoming nurses. The registered manager followed this meeting with a heads of department meeting informing them of the priorities for the day ahead. Staff told us the handover provided them with good opportunity to discuss any concerns they had regarding people's care needs.

The service had an open culture where people had confidence to ask questions about their care and were encouraged to participate in conversations with staff. Relatives and people told us they were motivated by staff and the care they received was specific to their needs. We observed staff interacting with people positively, displaying understanding, kindness and sensitivity. For example, we observed one member of staff smiling and laughing with one person when playing games. The person responded positively by smiling and laughing back. These staff behaviours were consistently observed throughout our inspection.

As part of the registered manager's drive to continuously improve standards they regularly conducted audits to identify areas of improvement. These included checking the management of medicines, risk assessments, care plans, DoLS, mental capacity assessments and health and safety. They evaluated these audits and created action plans for improvement, when improvements were required. A health and safety audit conducted on 7 July 2015 identified areas for improvement included; ensuring staff had provided their driving licence details, to review the homes asbestos management plan and to review the homes spillage procedures. Monthly audits included environmental checks, infection control, diet and a monthly mattress check. The manager and the head of care were very knowledgeable the homes achievements, development areas and were able to tell us in detail about people who lived in the home.

Staff told us they felt able to raise concerns. The service had a whistle-blowing policy which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. Staff were aware of different organisations they could contact to raise concerns. For example, care staff told us they could approach the local authority or the Care Quality Commission if they felt it necessary.

Team meeting records showed staff had opportunities to discuss any concerns and be involved in contributing to the development of the service. One nurse said: "We meet regularly and there is an open door policy where all staff can raise positive and negative feedback". A member of staff told us there were regular team meetings and staff also had the opportunity to provide feedback when they completed a staff survey. They told us the registered manager was always open to suggestions and on-going improvement. With the assistance of management staff had recently carried out an exercise to support their understanding of The Health and Social Care Act and to aid their knowledge for when the home was next inspected by CQC.