

Scope

Birchwood

Inspection report

Fullers Close
Chesham
Buckinghamshire
HP5 1DP

Tel: 01494794112
Website: www.scope.org.uk

Date of inspection visit:
01 August 2017
02 August 2017

Date of publication:
15 September 2017

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Birchwood is a care home which accommodates up to 15 people with physical disabilities and sensory impairment. The service has three bungalows over one site.

Birchwood had a registered manager in place. 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 inspection took place over two days and was unannounced. The previous inspection carried out on 21 May 2015 found the service was meeting the requirements of regulations at that time.

We received mainly positive feedback about the service. Comments included, "I feel safe because I know the staff," and "They (staff) are always in twos." Relatives told us that there had been issues in the past but it's alright now.

There were safeguarding procedures and training on abuse to provide staff with skills and knowledge to recognise and respond to safeguarding concerns.

People received their medicine as specified by the GP. The Medication Administration Records (MAR) had been correctly completed. All staff that administers medicines had been trained in the administration of medicines.

We found sufficient staff were available to meet people's needs. Recruitment procedures were robust to make sure people were supported by staff with the skills required to carry out their role.

Supervisions were not always taking place on a regular basis to ensure staff felt supported. Staff received training in the services mandatory requirements. However, we saw some staff carrying out procedures without evidence of having training in this area.

Care plans had been written to document the needs and preferences of people living at the service. However, these had not always been kept up to date to reflect people's changing needs. People had a range of activities they could take part in.

Evacuation plans were in place in the event of an emergency. Fire alarms were tested on a weekly basis and fire drills took place at regular intervals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the service had policies and procedures to support this.

Consent was not always sought for people who had bed rails in place for their safety.

We found records had not been maintained to a good standard and were difficult to locate. We requested some records to be sent to us following our inspection. Auditing systems were not robust to identify where the service needed improvements. Notifications were not always submitted when an incident occurred.

The service was not always cleaned to an acceptable standard. Staff were expected to carry out cleaning duties as part of their daily work. We had no documented evidence of cleaning that had taken place the service did not have a cleaning schedule to confirm areas had been cleaned. We saw opened undated food in one of the services fridge.

We have made recommendations in relation to supervisions and premises and equipment.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we asked the provider to take at the back 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?

Requires Improvement ●

The service was not always safe.

The service was not always cleaned to an acceptable standard.
We found food opened and undated in fridges.

Medicines were managed safely. Procedures were in place in the event of an error.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Consent was not sought for people who had bedrails in place.

Staff had not always received training to carry out their role.

People were supported to have nutrition relevant to their needs.

Is the service caring?

Good ●

The service was caring.

People commented positively about the staff that supported them.

Staff encouraged people to retain their independence.

Staff respected people's privacy and dignity when supporting them with personal care.

Is the service responsive?

Good ●

The service was responsive.

People had their needs assessed before they joined the service.

People and their families where appropriate were involved in their care planning.

People were supported to socialise within the community.

Concerns and complaints were acted on to ensure the service improved.

Is the service well-led?

The service was not always well led.

The registered manager had not identified shortfalls in the auditing system.

Notifications were not always sent as required.

The manager supported staff and staff spoke positively about how the service was managed.

Requires Improvement 

Birchwood

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 1 and 2 August 2017 and was unannounced.

The inspection was carried out by one inspector and an expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses a specific type of care service. Their area of experience was learning disabilities.

Prior to the inspection we reviewed the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service and notifications we received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with three people who used the service, five relatives who were contacted by phone. We also spoke with five members of staff, the registered manager and the team leader. In addition we observed staff supporting people throughout the service and during the lunch time meal. We also inspected a range of records relating to how the service is run. These included four care plans, four staff files, three Medication Administration Records, (MAR) meeting minutes and the services policies and procedures.

Is the service safe?

Our findings

People told us they felt safe living at Birchwood. Comments included, "I feel safe because I know the staff," and "They (staff) are always in twos." Relatives told us that there had been issues in the past but it's alright now.

Policies and procedures in relation to safeguarding adults accurately reflected local procedures and included relevant contact information. All the staff we spoke with were able to explain the procedure in relation to the safeguarding of adults. Staff told us they received safeguarding training during their induction and regularly thereafter.

Most people had risk assessments in place. However, we saw some people did not have any risk assessments in place in relation to bed rails. We spoke to the team leader about this and they told us the current care plans and risk assessments were being updated and this is a work in progress. We requested risk assessments to be completed and sent to us.

Emergency plans were in place for people in the event of a fire. This detailed each person's mobility ability. Staff had participated in fire training and there were regular fire drills. Routine maintenance was carried out by the maintenance person. Staff reported any faults promptly and these were dealt with quickly.

The service did not employ a domestic member of staff to carry out cleaning of the service. Staff told us, "We clean as we go." However, we noted the communal areas in all bungalows we visited had floors that appeared not to have been cleaned. We asked to see the cleaning schedule to confirm areas that had been cleaned. We were told this is not in place and staff do not document when cleaning has been carried out. This puts people at risk of acquired infections. One relative we spoke with told us, "The only thing we had issues with is the cleanliness my relative has asthma so dust is a problem the right amount of time wasn't spent on cleaning."

The service did not have a cleaning schedule appropriate to the care being delivered. We were also aware of broken equipment such as cookers and washing machines. The registered manager told us, "We have reported this to senior management but we are still waiting for replacements."

We recommend the service ensures premises and equipment are maintained in line with current guidance.

People received their medicine as specified by the GP. The Medication Administration Records (MAR) had been correctly completed. All staff that administers medicines had been trained in the administration of medicines. Robust procedures were in place in the event of medicine errors. We were aware of a recent medicine incident which had been actioned by the service to ensure staff learnt from mistakes.

The service followed robust recruitment procedures, records demonstrated prospective staff members employment history had been reviewed as part of the recruitment process. Disclosure and barring service

checks (DBS) had been completed before staff were appointed to positions within the home. The DBS enables organisations to make safer recruitment decisions by identifying candidates who may be unsuitable for certain work, especially that involve vulnerable adults.

Although we found that staffing levels were in line with the services assessed allocation requirements, observations during our visit found that people did not always receive care in a timely manner. Discussions with family members confirmed that staff did their best to meet the needs of people, but sometimes there were not enough staff available to help everyone. We saw that staff were task focused and were not able to spend quality time with people. Comments we received from one relative were, "It seems there's never any extra time for my relative I'd say there were not enough staff." However, the service had volunteers who were able to spend time with people either in conversation or supporting people to attend activities. Staff told us staffing levels were the main issue within the service. One comment from a member of staff was, "It's just about getting the right staff." We discussed staffing with the registered manager and they told us the service use their own bank staff when necessary. We saw that where additional help was required the registered manager would assist staff with supporting people.

The service had a policy and procedure to review and monitor accidents and incidents. Accident and incident records had been completed as required when events had occurred at the service. However we found incidents such as medication errors had been reported to the safeguarding authority but had not been notified to the Care Quality Commission.

People were supported to take risks to remain as independent as possible and feel in control of their lives. We saw staff were vigilant in case people required assistance when manoeuvring around the home in their wheelchairs. Staff told us some people go out around the grounds of the service regularly. When more support was required staff accompany people on shopping trips for example.

Is the service effective?

Our findings

Relatives we spoke with had mixed views about the skills and training of staff. One relative told us the long term staff were very skilled and knowledgeable but the agency staff were not so skilled. Another comment we received was, "I just wonder the training staff are given is the training they need."

We saw that agency staff received training from the agency and were supported with an induction from the service before supporting people.

When new staff commenced employment at the service they complete an induction programme. This covered essential core training set out by the service. For example, safeguarding of adults, medicine administration, fire awareness and manual handling. The training matrix showed details of training staff had completed. However, we were aware some people were being supported by staff that did not always have the skills and training to carry out their role. For example, we saw that staff were carrying out blood glucose monitoring for one person who had diabetes. Blood glucose monitoring is a procedure where the skin is pierced to draw blood. The test reveals individual patterns of blood glucose changes. The person may be at risk if staff have not received training to recognise the impact that significant changes in the person's blood glucose may have on their health.

The service had not ensured staff had received training in this area to be competent in recording the person's blood glucose. We spoke with a member of staff who regularly carried out this procedure and asked them about their training in monitoring the person's blood glucose. They told us they had training years ago but could not recall who carried out the training. We asked to see evidence that staff had training in this area and the registered manager told us there is no evidence staff have had any training. Following the inspection visit the provider sent us evidence that training for staff in this area had been sourced and booked.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. We saw that the service did not always work within the principles of the MCA. For example, where people had bed rails in place for their safety, consent was not sought. We discussed this with the registered manager who told us they would obtain consent from people as soon as possible.

This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014

Staff told us supervisions had not always been carried out on a regular basis but has now improved since

the registered manager has taken up their post. We asked to see evidence of supervisions completed however, this was not available during our inspection. We requested for this information to be sent to us following our inspection. However, we have not received this at the time of writing this report. Staff told us they felt supported and could speak to the registered manager at any time.

We recommend the provider seeks advice from a reputable source about best practice in relation to supervising staff in social care services.

We observed people enjoying their food at lunch time and saw staff assisting people with food and fluids who required this. Staff were knowledgeable about people's dietary requirements and were able to explain who needed specific food and fluids. For example, some people had difficulty with fluids and had thickener in their drinks. Staff told us how many scoops of thickener people required and we saw this collaborated with people's care plans. Staff supported people appropriately without rushing them. Nutritional assessments were carried out for people who may be at risk of malnutrition or who required their food monitoring in order to lose weight. Any risks identified were shared with the appropriate healthcare professional such as a dietician. People told us they do their shopping for food online so they get to choose what they have.

Is the service caring?

Our findings

We received mainly positive comments about the caring nature of staff at the service. One person told us they thought staff were caring because they can 'read them inside out'. Another person told us they did not think staff were caring because they were not given enough time to wake up. Relatives told us the staff were caring except when they were 'pushed for time'. One comment was, "Well... the easiest way we see that is when we are there and when we ask is everything ok, yes I think so."

We saw that staff had developed compassionate, caring and positive relationships with the people they supported. People used a variety of communication methods which suited their needs for example, eye gaze, light writer and letter charts. A light writer is a keyboard based communication aid. We saw staff that were familiar with people's different ways of communicating and were knowledgeable in the use of the different aids used.

People were able to personalise their rooms as they wished. We saw one person who liked lady birds had their room displayed with different types of lady birds in the form of cushions, bedcovers and ornaments. Staff told us people were supported in day to day decisions about choice of clothes for the day and booking future holidays.

People's privacy was respected. People could choose whether they wanted to spend time in the communal areas or time in the privacy of their rooms. People could have visitors when they wanted to. Families told us they felt the service helped people to maintain contact with family and friends. Staff described how they supported people with their personal care, whilst respecting their privacy and dignity. When people had to attend healthcare appointments they were supported by staff that knew them well and would be able to understand their communication needs. People were able to move freely around the home. Staff knocked on people's doors before entering. Doors were closed when people were in bathrooms and toilets.

People had key workers who were the main point of contact should they require specific requirements outside of their day to day needs such as healthcare appointments.

Where appropriate people had care plans which recorded their preferences regarding end of life care. Specific details on all aspects such as who they would like with them and where their funeral would be. These had been written with people and their families in an accessible format.

Is the service responsive?

Our findings

People mostly received the care they needed which was responsive to their needs. The service had a visible person centred care culture. Staff had developed positive relationships with people and their families. Staff kept families informed of any changes to their family member's health.

Most people had lived at the service for many years. When people first moved into the service an assessment of need was carried out to identify choices and preferences and how these could be met. One person we spoke with told us how they had moved from another care home because the home could not meet their needs. The person commented, "Over here I feel my needs are met." Relatives told us most of the time the service met their family member's needs. Comments included, "I would say 90% of the time" and "If there is enough staff, as I said the staffing is limited, sometimes they are very short of staff and things might not happen as quick as you would like them to."

Staff demonstrated a good understanding of the people they supported. We saw a member of staff administering one person's medicine together with a spoonful of food. However, we were aware that the care plan did not reflect this practice. We were told by a senior member of staff, "Support plans are in progress." We received an updated version of the care plan following our inspection. This demonstrated the service was working towards improvements within the service. The care plan gave instructions to give the person's tablet together with a spoonful of food to enable the person to swallow the tablet. The advice to give the person's tablet with a spoonful of food was given by the services GP and was not classed as 'covert' administration of medicine. Health care passports were in place for people in the event of a hospital admission. Information would give healthcare professionals the most current up to date information about the person.

People and their relatives where appropriate were involved in the writing of their care plans. One person told us, "I have a care plan and I'm always asked what I want to put in there, I think it is in the process of being updated." Relatives told us their family member was always consulted if things change. They told us, "Yes always consulted, they call my relative into the office."

People were able to choose to attend activities of their choice in the community as well as within the service. Some people accessed college courses and attended social events such as shopping and swimming. People were supported by staff, volunteers and befrienders. We saw an art session taking place during our inspection; people were actively involved in making art and crafts which were displayed around the room. Staff told us the volunteers were an important part of the service and enabled people to spend quality time outside of the normal daily routine.

Not everyone wanted to participate in social events and activities. We were aware one person preferred their own company and remained in their room during both days of our inspection. Staff told us, it was their choice and they had always preferred their own company. This demonstrated the service was responsive to individual choice and preference.

A clear complaints procedure was in place at the service which allowed any complaints to be resolved. There had been seven complaints in the last year, five had been resolved the remaining two were in progress. Complaints included missing paperwork, response to call bells and people complaining about other people. Complaints were discussed at team meetings.

Residents and family meetings gave people the opportunity to raise any concerns or comments about the service. Questionnaires were sent to people who used the service as well as staff to gather feedback.

Is the service well-led?

Our findings

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) about important events that happen in the service. This enables us to check that the appropriate action has been taken. The registered manager had not always reported events that happened in the service. For example, we were aware of a significant medicine error that had been reported to the local authority as a safeguarding incident. However, the incident had not been reported to CQC, we discussed this with the registered manager and they told us they were not aware the reporting of medicine errors need to be reported to us. We informed them any safeguarding incidents were also required to be reported to CQC.

This was a breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) 2014

The service had had five registered managers during the previous two years. The registered manager in post at the time of our inspection registered with the service in January 2017. Staff told us they felt the current registered manager was very supportive. Comments included, "The registered manager is exactly what this service needs," "Very welcoming" and "Well managed, very approachable."

People told us they felt the management was good, we received comments such as, "Fine I get on with the boss, we just got a new lady in I haven't got to know them yet" and "They are good." Relatives we spoke with reported they thought the management were good at the moment.

The registered manager demonstrated a good knowledge and understanding of people's needs. During both days of our inspection we observed people engaged well with the registered manager. Staff told us they often 'help out' if staff needs assistance. This was demonstrated during our visit during lunch time when we saw the registered manager assisting people to the dining area.

There were a range of policies and procedures in place to give staff guidance about their roles and responsibilities. Staff knew where the information could be accessed. There was a positive and open culture between people, staff and management. One senior member of staff told us, "I am all about being person centred with staff as well". The registered manager made sure staff were kept informed about people's care needs and about any other issues. This was shared during staff handovers, communication books and team meetings. This was demonstrated during our inspection when a person was admitted to the service. We saw that all staff and management attended a meeting to discuss the person's requirements. Through our observations we saw there was good team working and that staff felt committed to providing a quality service for people.

Questionnaires were sent to people, their families and staff so they could give their views more formally. Relatives' commented on good quality of staff interactions with people, good support with communication and efficiency in dealing with concerns.

Systems were in place for quality monitoring checks; this was completed by senior management who visited

the service on a monthly basis. Auditing internally was carried out by management at the service. However, audits had not identified that some risk assessments were not in place for people. For example we did not see evidence that bed rail risk assessment had been completed. Records were not always in good order and kept up to date. We were told records were a problem at the moment but it was a work in progress. We had to ask for information following our inspection as it was not accessible during our visit. However, we were aware a senior member of the management team was assisting the service with updating and replacing current care plan formats.

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 11 HSCA RA Regulations 2014 Need for consent Consent was not sought from people who had bed rails in place.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA RA Regulations 2014 Duty of candour Notifiable safety incidents were not always reported to the Care Quality Commission.