

South Yorkshire Housing Association Limited

Birch Avenue

Inspection report

67 Birch Avenue
Chapelton
Sheffield
South Yorkshire
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Date of inspection visit:
15 December 2015

Date of publication:
09 February 2016

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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 15 December 2015 and was unannounced. The home was previously inspected in August 2014 and during this inspection we identified a breach of legal requirements relating to the safe use of equipment. Lifting equipment is serviced and tested under the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) and should be serviced every six months. We identified that equipment had not been serviced within the above timescale. We undertook a focussed inspection of 7 April 2015 identified that the provider had not followed the plan which they had told us would be completed by 31 March 2015. This meant that Birch Avenue continued to be in breach of legal requirements. When we visited on 15 December 2015, we found the provider had addressed these concerns.

We found that all slings and hoists had been checked by LOLER and saw reports to this effect dated 21 April 2015 and 16 May 2015. We also saw a daily audit which contained information about the sling being in good repair, if the label was readable and the sling description and size. This audit was checked on a weekly basis by senior staff and any actions noted and resolved.

Birch Avenue is a one-storey purpose built home and provides nursing care for 40 older people with dementia. The home has four, ten bedded, 'bungalows' with an interlinking corridor surrounding a large garden and patio area. Each unit has a communal lounge and dining room. All 40 bedrooms are single and have en-suite facilities. There is a central kitchen and laundry.

The service had 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 was supported by four senior staff known as clinical educators. Their role was to support each bungalow and ensure day to day effectiveness of the service.

People received their medicines safely and appropriately. However, some medicines were not always recorded correctly. For example, we looked at Medication Administration Records belonging to five people and found there were gaps in two people's records where some medicines had no signature or reason to indicate why they had not been administered. We informed the registered manager and the management team who began to address this.

We looked at care plans and found they contained up to date risk assessments. Any potential risk associated with a person's care was recorded and actions in place offering guidance for care staff regarding how to minimise the risk.

Through our observations and by speaking with people, we found there were enough staff available throughout the service to meet people's needs.

The service had a safeguarding policy which identified what they would do if they suspected abuse, what it was and how to report it. We spoke with care workers who told us they had received safeguarding training and could explain the process to us.

We saw records indicating that staff had completed training relevant to their roles. We spoke with staff who confirmed this. Staff felt the training was useful and gave them the skills they required.

The service was meeting the requirements of the Mental Capacity Act 2005.

People were offered a choice of meal at lunch time and drinks and snacks were provided throughout the day.

We looked at peoples care plans and found that relevant healthcare professionals were involved in their care when required.

During the inspection we saw staff interacted well with people. They were knowledgeable about maintaining privacy and dignity and respected people.

We looked at records in relation to eating and drinking and found that one person's care plan stated the person had lost quite a lot of weight in a short space of time. We did not see any evidence that this had been followed up. However, other care plans we viewed were in depth and reflected each person's needs well.

The provider had a complaints procedure and people felt at ease to raise concerns. People felt confident that they would be listened to.

We saw regular audits took place to check the quality of service provision.

People were involved in the service and their views were sought.

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.

We looked at care plans and found they contained up to date risk assessments.

We found there were enough staff available throughout the service to meet people's needs.

The service had a safeguarding policy which identified what they would do if they suspected abuse, what it was and how to report it.

People received their medicines safely and appropriately. However, some medicines were not always recorded correctly.

Is the service effective?

Good ●

The service was effective.

We saw records indicating that staff had completed relevant training. We spoke with staff who confirmed this.

The service was meeting the requirements of the Mental Capacity Act 2005.

People were offered a choice of meal at lunch time and drinks and snacks were provided throughout the day.

We looked at people's care plans and found that relevant healthcare professionals were involved in their care when required.

Is the service caring?

Good ●

The service was caring.

During the inspection we saw staff interacted well with people.

Staff were knowledgeable about maintaining privacy and dignity and respected people.

Is the service responsive?

The service was not always responsive.

We looked at records in relation to eating and drinking and found one issue regarding weight loss was not addressed. Although other care plans reflected people's needs well.

The provider had a complaints procedure and dealt with concerns appropriately.

Requires Improvement ●

Is the service well-led?

The service was well led.

People told us the registered manager was supportive and there was a clear leadership structure in place.

Audits took place to check on the quality of the service.

Good ●

Birch Avenue

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.

The inspection took place on the 15 December 2015 and was unannounced. The inspection team consisted of one adult social care inspector.

Before our inspection, we reviewed all the information we held about the home. We contacted Healthwatch Sheffield to gain further information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with three relatives of people who used the service and spent time observing staff providing care and support to people.

We spoke with three care workers, the deputy manager, the registered manager and the clinical lead. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at four people's care and support records, including the plans of their care. We saw the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Is the service safe?

Our findings

We carried out an unannounced comprehensive inspection of this service on 5 August 2014. During this inspection we identified a breach of legal requirements relating to the safe use of equipment. Lifting equipment should be serviced and tested under the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) and should be serviced every six months. We identified that equipment had not been serviced within the above timescale. We undertook a focussed inspection of 7 April 2015 identified that the provider had not followed the plan which they had told us would be completed by 31 March 2015. This meant that Birch Avenue continued to be in breach of legal requirements. When we visited on 15 December 2015, we found the provider had addressed these concerns.

We found that all slings and hoists had been checked by LOLER and saw reports to this effect dated 21 April 2015 and 16 May 2015. We also saw a daily audit which contained information about the slings being in good repair, whether the label was readable and the sling description and size. This audit was checked on a weekly basis by senior staff and any actions noted and resolved.

We looked at care plans and found they contained up to date risk assessments. Any potential risk associated with a person's care was recorded and actions in place offering guidance for care staff regarding how to minimise the risk. For example, risk assessments were in place for moving and handling, falls, and the risk of malnutrition

We spoke with relatives of people who used the service and they felt the service was safe. One relative said, "It's all fine here, we just need continuity of the staff team. If it is staff we know, we are happy." They went on to tell us that this was gradually improving.

We found there were enough staff available throughout the service to meet people's needs. People were supported by nurses and care workers and we saw people's needs were met quickly and efficiently. We spoke with staff who felt there were enough people working with them on each shift and they felt they worked well as a team. Staff were confident that they could talk with members of the management team if people's needs changed, and if this impacted on the staff ratio this would be resolved.

The service had a safeguarding policy which identified what they would do if they suspected abuse, what it was and how to report it. We spoke with care workers who told us they had received safeguarding training and could explain the process to us. Staff told us they would report anything of this nature immediately. We spoke with the registered manager about safeguarding and were shown a log where safeguarding concerns were recorded and clearly stated the actions they had taken.

People received their medicines safely and appropriately. However, some medicines were not always recorded correctly. For example, we looked at Medication Administration Records belonging to five people and found two people's records had gaps where there were some medicines which had no signature or reason for not administering. We informed the registered manager and the management team who began to address this.

The service had a procedure in place for recording medicines prescribed 'as required.' We spoke with a nurse who explained the process. This was to record on the reverse of the MAR sheet when the medication had been given and the reason.

The service had a medication policy which was available to staff, this included recording, storing, administering and monitoring medicines. We saw temperatures were taken of medicine fridges and store rooms to ensure medicines were stored at the correct temperature.

We saw the service had a staff recruitment system in place. We looked at four staff files and found the recruitment process had been followed. Pre-employment checks were obtained prior to new staff commencing employment. These included two references, and a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable people. The service was in the process of recruiting staff and waiting for employment checks to be completed.

Is the service effective?

Our findings

We spoke with relatives of people who used the service and they felt the regular staff were knowledgeable about their role. Staff we spoke with told us they received lots of training. One staff member said, "The training is good, I have learnt a lot while working here and this helps me to do my job."

We saw training records which showed staff attended training in mandatory subjects such as fire safety, food handling, moving and handling, safeguarding health and safety and infection control. The service had a training matrix which identified when training was completed and required and when it was due to be refreshed. We also saw certificates in staff personal files we looked at. Staff we spoke with felt the training was worthwhile and found they had opportunities to learn. We observed staff supporting people and found they had the knowledge to carry out the tasks required of them.

Staff told us they felt supported by their managers and received regular supervision sessions. These were individual meetings with their line manager. They felt these sessions were useful and contributed to their development.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We found the service to be meeting the requirements of the MCA and DoLS. Some staff confirmed they had received training in this subject and others were completing this. On the day of our inspection we saw some staff were attending a MCA training session. We were informed that this training was taking place on site so that examples of practical situations could be used to aid learning. We found that where appropriate DoLS requests had been made to the authorising body.

Care plans we looked at clearly recorded the person's capacity and how best to support the person. Where people lacked capacity to make decisions, they had been made in the person's best interest and included relevant people. One care worker said, "It is all about what's best for the person and not what makes my job easier."

We observed lunch being served in one bungalow and saw people were offered a choice and a nutritious meal. We saw staff made sure people got the meal they preferred and then they began to assist people. One care worker carefully placed a small amount of everything on the plate on to a spoon for one person. This showed a very thoughtfully approach and the person appeared to enjoy the meal. One person said, "I have had a lovely dinner, it was really nice."

During our observations we noted that the environment was not very 'dementia friendly.' We saw bathrooms and toilet had appropriate signage, but other rooms did not. There was nothing tactile for people to touch and the décor was not very bright. We raised this with the registered manager who showed us a plan of future developments which was in process. This included pictures of the home as it was and how it was planned to be. This showed the registered manager had acknowledged this as an area of improvement.

We looked at care plans and found that people had access to health care professionals when required. Relatives we spoke with confirmed that they were kept informed when the doctor had been or other professionals had been involved in their relative's care.

Is the service caring?

Our findings

We spoke with relatives who told us the care was really good. One relative said, "The staff are very caring, kind and considerate." Another relative said, "The staff are friendly and caring and support my relative well."

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. We spent time observing staff interacting with people. There was a good atmosphere throughout the home during our inspection. We saw staff were able to care and support people appropriately and in a friendly and inclusive manner. For example, during lunch one person said, "That sausage is lovely, very tasty." One care worker picked up on this and started a conversation about different flavours of sausage, this showed they involved people and held a relevant discussion.

Care records we saw included detailed life history documents which identified the person's employment, family life and likes and dislikes. However, aspects of this were not included in care plans. For example, one person woke very early every morning and staff thought this was possibly linked to their previous employment. However, this was not included in their care plan. We spoke with the registered manager who told us they were looking at documenting information of this nature better.

The service had appropriate garden area which was situated in the centre of the service. This was well maintained and accessible from all four bungalows.

We spoke with staff about how they ensured people's privacy and dignity was maintained. They told us they made sure doors and curtains were closed when completing personal care tasks. We also observed that they spoke clearly but discretely with people, this showed they were respectful. Staff told us they received training in respect and that it was a key aspect of their role.

People were supported to maintain relationships with their families and friends. We spoke with three relatives who felt welcome at the home and involved in their relatives care. They told us staff were always friendly and very caring to them and their relative. There was a relatives group known as 'support 67' who organised events and met regularly to discuss the service.

Is the service responsive?

Our findings

We looked at four care plans and found in the main, they reflected the person's needs and addressed how these needs would be met. They contained information about areas such as the person's healthcare, communication, personal hygiene, and mobility.

We looked at records in relation to eating and drinking and found one care plan stated that someone had lost quite a bit of weight in a short length of time. We asked the staff about this and were told that it could be that the scales were faulty. We asked the nursing staff if the person had been put on food and fluid charts to monitor this loss or if the person had been re-weighed. We found no action had been taken. In the past the person had been seen by a dietician and a speech and language therapist due to fluctuation in weight, however this had not been a consideration on this occasion.

Care plans were held electronically and could be accessed via computers which were situated in each bungalow. Care plans were mainly updated by the nursing staff but care workers we spoke with were knowledgeable about their content and were able to meet people's needs. For example, one person's care plan we saw stated that they were to be moved using a hoist. The plan contained detailed information about the type of hoist and sling to be used and how staff should carry out the task. We spoke with the care workers about this and they were able to explain the process in depth. Another person required a sensor mat due to frequent falls and we saw this was in place.

One support worker was given time each week to concentrate on the duties of an activity co-ordinator. This person was supported by two apprentices who worked 30 hours a week each and concentrated on providing activities within the home. During our inspection we saw many people taking part in a Christmas carol service. People appeared to enjoy the service and joined in along with the staff. We were shown an activity file which evidenced those activities did take place such as music and relaxation, films, church services and visiting entertainers.

The service had a complaints procedure which was on display in the entrance area of the home. We spoke with the registered manager who showed us a complaints file which contained a log of complaints. Each one had been addressed appropriately and showed that lessons had been learnt to prevent reassurances.

Relatives we spoke with told us they would speak to the nursing staff if they had a concern about their relatives or the home. They told us they felt listened to and were confident that any concerns would be resolved.

Is the service well-led?

Our findings

We spoke with relatives of people who used the service and they told us they found the management team approachable. They told us the registered manager had not been in post long, but they knew who she was and felt they could talk to her.

We spoke with staff who felt their managers were supportive and listened to them. They knew who to speak with if they had a problem and had confidence that they would be listened to. Staff told us they had regular team meetings and were able to contribute to the agenda. They felt the meetings were worthwhile and productive.

The registered manager was supported by a team of deputy managers known as clinical educators. Each one was responsible for the day to day running of the bungalows and supported the care workers and nursing staff. The home also had a clinical manager who provided supervision to the nursing staff and support to the manager from a clinical perspective.

We saw various audits took place to monitor the quality of the service. These included audits for medication, care plans, moving and handling equipment, and infection control. In addition to these audits, South Yorkshire Housing Association (the provider), completed a monthly audit on a specific area for example, in October 2015 this was meals and menu planning, in November 2015 medication. All audits both internally and externally were followed by an action plan which was revisited at the next audit to check it was completed.

The registered manager had been in post since July 2015 and had put some systems in place to help them to get to know the service well. The registered manager had started a communication link meeting. This was to take place on regular basis and attended by a link person from each bungalow and the registered manager. The aim of this was to strengthen communication, raise staff morale, strengthen continuity and improve effective communication. The first meeting took place in November 2015 and the registered manager told us it was successful.

The registered manager had recently sent out staff and relative surveys to gain a benchmark for the service in order to develop it. We were also told that opinions would be sought from the people who used the service.

The registered manager also informed us that the provider were to commence a refurbishment plan in the next financial year. We were told this would address the environment and look at developing a more dementia friendly service.