

## Alliance Care (Dales Homes) Limited

# Birkin Lodge

### Inspection report

Camden Park  
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Kent  
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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

### About the service

Birkin Lodge is registered as a care home with nursing for 50 older people. There were 43 people living in the service at the time of this inspection visit.

### People's experience of using the service and what we found

People and their relatives were positive about the service. A person said, "I get on fine with the staff and they're friendly." A relative said, "The staff are very good in my eyes and are genuinely kind people."

People were safeguarded from the risk of abuse and received safe care and treatment. Medicines were managed in the right way, there were enough staff on duty and safe recruitment practices were in place. Accidents and near misses had been analysed so lessons could be learned to help avoid preventable accidents. Infection was prevented and controlled and people had been helped to quickly receive medical attention when necessary.

People were supported to have maximum choice and control of their lives and care staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

The accommodation met people's needs and expectations. People were treated with kindness and compassion, their privacy was respected and confidential information was kept private.

People were consulted about their care, had been given information in a user-friendly way and were supported to avoid the risk of social isolation. There were arrangements to resolve complaints and people were treated with compassion at the end of their lives so they had a dignified death.

Quality checks had been completed and people had been consulted about the development of the service. Good team work was encouraged and joint working was promoted.

For more details, please read the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

At the last comprehensive inspection the rating for this service was Good (report published 22 November 2018).

We completed a focused inspection after this because we had received concerning information people were not consistently being kept safe. At the focused inspection we looked at our key questions 'is the service safe' and 'is the service well-led'. The rating for the service was Requires Improvement (published 15 February 2019). The registered provider completed an action plan to show what they would do and by when to improve.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Birkin Lodge

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the registered provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was completed by three inspectors.

#### Service and service type

Birkin Lodge is a care home with nursing. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided and both were looked at during this inspection.

The service had a manager who had applied to be registered with the Care Quality Commission. A registered manager and the registered provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used information the registered provider sent us in the provider information return. This is information registered providers are required to send us with key information about their service, what the service does well and improvements they plan to make.

We sought feedback from the local authority and professionals who work with the service. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with 10 people living in the service and we met with five relatives and friends.

We spoke with four care staff, two nurses, the chef and the maintenance manager. We met with the deputy manager who was the clinical lead and who supervised the delivery of nursing care. We also met with the manager and a regional manager.

We reviewed documents and records that described how care had been planned, delivered and evaluated for six people.

We examined documents and records relating to how the service was run including health and safety, the management of medicines and staff training and recruitment. We also looked at documents relating to learning lessons when things had gone wrong, obtaining consent and the management of complaints.

We reviewed the systems and processes used to assess, monitor and evaluate the service.

In addition, 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 speak with us.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At the focused inspection there was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Suitable provision had not been made to ensure a person was kept safe when they left the service. Also, a person who became distressed did not receive the assurance they needed to stay safe. In addition, two shortfalls in the service's fire safety equipment had not been addressed.

At this inspection we found enough improvement had been made and the registered provider was no longer in breach of regulation 12. There was suitable provision to keep people safe when they left the service and when they became distressed. The shortfalls in fire safety equipment had been addressed.

- People's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. People who needed extra help due to having reduced mobility were assisted to transfer in the right way. This included care staff assisting people to transfer using hoists and supportive handling belts.
- People were helped to keep their skin healthy. There were special air mattresses to reduce pressure on a person's skin making pressure ulcers less likely. Nurses and care staff used low-friction slide-sheets when helping a person to change position in bed to reduce the risk of skin being chaffed. People were helped to promote their continence. They were discreetly assisted to use the bathroom whenever they wished. Nurses regularly checked to ensure people had not developed a urinary infection. A person said, "I need quite a bit of help and the staff are always willing."
- People had been helped to avoid preventable accidents. Hot water was temperature-controlled and radiators were guarded to reduce the risk of scalds and burns. Windows were fitted with safety latches to prevent them opening too wide so they could be used safely. There was a modern fire safety system to detect and contain fire. Nurses and care staff had been given guidance and knew how to quickly move people to a safe place in the event of the fire alarm sounding.

### Using medicines safely

At the focused inspection there was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because medicines had not consistently been managed safely. There were mistakes in the recording of some medicines administered to people and suitable arrangements had not been made to give a person's medicine covertly (without their knowledge).

At this inspection we found enough improvement had been made and the registered provider was no longer in breach of regulation 12. There were accurate records of medicines administered to people and

strengthened arrangements for occasions when a medicine needed to be given covertly.

- Medicines were reliably ordered so there were enough in stock and they were stored securely in temperature-controlled conditions.
- Nurses who administered medicines had received training. Medicines were administered in the correct way so each person received the right medicine at the right time. A person said, "The staff give me my tablets like clockwork."
- There were additional guidelines for nurses to follow when administering variable-dose medicines. These medicines can be used on a discretionary basis an example being to provide pain relief.
- The deputy manager regularly audited the management of medicines so they were handled in the right way.

#### Staffing and recruitment

- The manager had calculated how many nurses and care staff needed to be present given each person's care needs. Records showed shifts were reliably being filled. Extra care staff were made available when a person needed to be accompanied to a hospital appointment.
- There were enough nurses and care staff to ensure people promptly received the assistance they needed. This included washing, dressing and using the bathroom.
- Safe recruitment and selection procedures were in place. Applicants were required to provide a full account of previous jobs they had done so the manager could check their previous good conduct.
- Disclosures from the Disclosure and Barring Service had been obtained. These disclosures establish if an applicant has a relevant criminal conviction or has been included on a barring list due to professional misconduct. All these checks helped to ensure that only suitable people were employed to work in the service.

#### Systems and processes to support staff to keep people safe from harm and abuse

- People were safeguarded from situations in which they may be at risk of experiencing abuse. Nurses and care staff had received training and knew what to do if they were concerned a person was at risk. A person said, "The staff are lovely here and I feel completely safe with them."
- There were systems and processes to quickly act upon any concerns including notifying the local safeguarding of adults authority and the Care Quality Commission. This helps to ensure the right action is taken to keep people safe.

#### Preventing and controlling infection

- Infection was prevented and controlled by nurses and care staff correctly following guidance about how to maintain good standards of hygiene. A relative said, "The place is very clean without being too hospital-like."
- Nurses and care staff wore clean uniforms and used disposable gloves and aprons when providing people with close personal care.
- There was an adequate supply of cleaning materials. Fixtures, fittings and furnishings were clean as were mattresses, bed linen, towels and face clothes.

#### Learning lessons when things go wrong

- Accidents and near misses had been analysed so lessons could be learned and improvements made. The manager had established what had happened to reduce the likelihood of the same thing reoccurring. An example was identifying the times of day when people had fallen so the reasons for this could be identified.
- When things had gone wrong action had been taken to reduce the likelihood of the same thing happening again including requesting assistance from healthcare professionals. An example was an alert mat beside a person's bed notifying care staff when the person had got up and needed assistance.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last comprehensive inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The manager and/or deputy manager met each person before they moved into the service. This gave people the chance to ask questions about the service. The assessment also established the care a person needed to ensure the service could meet their needs. An example was arranging for any special medical devices a person needed to use to be available as soon as they moved into the service.
- The assessment also considered how to respect a person's protected characteristics under the Equality Act 2010. An example was respecting a person's cultural or ethnic heritage. Another example was asking a person if they had a preference about the gender of the nurses and care staff who provided their close personal care.

Adapting service, design, decoration to meet people's needs

- There was a passenger lift giving step-free access around the accommodation. There were bannister rails in hallways, supportive frames around toilets and an accessible call bell system.
- Each person had their own bedroom they had been encouraged to personalise by furnishing them as they wished.
- There was enough communal space and there were signs to help people find their way around.
- Most of the accommodation was well decorated and homely in nature. Some paintwork was chipped and discoloured. There was a programme of refurbishment underway and the manager assured us defects would quickly be addressed.

Staff support: induction, training, skills and experience

- New nurses and care staff received introductory training before they provided people with care.
- Care staff received refresher training in subjects including the safe use of hoists and how to support people to promote their continence. Nurses also received refresher training in clinical subjects including managing healthcare conditions and wound care.
- Nurses and care staff received individual supervision from a senior colleague to review their work and to plan for their professional development.
- Care staff knew how to care for each person in the right way. An example of this was a member of care staff promptly assisting a person when they wanted to change their continence promotion aid. Nurses had the knowledge and skills to provide nursing care in line with national guidance. This included the correct use of medical devices such as catheters draining urine directly from a person's bladder. It also included the correct use of special medical dressings.
- Checks were completed to ensure nurses were registered with their professional body to practice their

profession.

Supporting people to eat and drink enough with choice in a balanced diet

- People were helped to eat and drink enough. Kitchen staff prepared a range of meals giving people the opportunity to have a balanced diet. People had been consulted about the meals they wanted to have. A person said, "The food is very good here actually and there's always more than enough."
- People were free to dine in the privacy of their bedrooms and those who needed help to eat and drink enough were assisted by care staff.
- People's weights were monitored so significant changes could be noted and referred to healthcare professionals for advice. Nurses and care staff also recorded how much people had to eat and drink to check enough nutrition and hydration was being taken.
- Speech and language therapists had been contacted when people were at risk of choking. Nurses and care staff were following the advice they had been given including blending food and thickening drinks to make them easier to swallow.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to receive coordinated care when they used or moved between different services. This included nurses passing on important information when a person was admitted to hospital or if they moved to a different care setting.
- Arrangements were promptly made for a person to see their doctor if they became unwell. People had also been assisted to see dentists, chiropodists and opticians.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 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 make 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 with appropriate legal authority. In care homes and some hospitals this is usually through the Act's application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the Act and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People had been supported to make everyday decisions for themselves whenever possible. Examples of this were people being supported to choose what clothes they wanted to wear and the times they wanted to get up and go to bed. A person said, "It's up to me when I get up and go to bed, the staff ask and don't take over."
- When people lacked mental capacity the manager ensured decisions were made in each person's best interests. They consulted with relatives and healthcare professionals when a significant decision needed to be made about the care provided. An example was the manager liaising with a person's relatives when it was necessary for them to have rails fitted to the side of their bed. This helped prevent them rolling onto the floor and possibly injuring themselves.
- Applications had been made to obtain authorisations when a person lacked mental capacity and was being deprived of their liberty in order to receive care. There were arrangements to ensure that any conditions placed on authorisations were implemented. These measures helped to ensure that people only

received care that respected their legal rights.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that people were supported and treated with dignity and respect.

At the last comprehensive inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were positive about the care they received. A person who had special communication needs smiled and held hands with a member of care staff when we used sign-assisted language to ask them about their care. Another person said, "I like seeing the staff around because they help and we can have a chat."
- Nurses and care staff recognised the importance of providing care in ways that promoted equality and diversity. They had received training and guidance in respecting the choices people made about their identities and lifestyles. People from the gay, lesbian, bisexual and transgender communities were welcome. People had been supported to meet their spiritual needs by attending religious ceremonies held in the service.

Promoting people's privacy, dignity and independence

- People's right to privacy was respected and promoted. Nurses and care staff recognised the importance of not intruding into people's private space. People could use their bedroom in private whenever they wished. When providing close personal care staff closed the door and covered up people as much as possible. Communal bathrooms and toilets had working locks on the doors and people could lock their bedroom door.
- Private information was kept confidential. Care staff had been provided with training about managing confidential information in the right way. Written records that contained private information were stored securely when not in use. Most care records were electronic and access to these was password-protected.
- People received care promoting their dignity. A person showed us their neatly- ironed clothes hanging in their wardrobe. People wore clean clothes of their choice and had been supported to wash and comb their hair.
- People were assisted to be as independent as they wished. A person said, "The staff let me get on with things in my own way. They know I like to potter about in my room."

Supporting people to express their views and be involved in making decisions about their care

- People were supported to be actively involved in making decisions about things important to them as far as possible. An example was a member of care staff chatting with a person about whether they wanted to be assisted to have a bath or shower.
- Most people had family, friends, solicitors or care managers (social workers) who could support them to express their preferences. The manager had developed links with local lay advocacy resources. Lay advocates are independent of the service and can support people to weigh up information, make decisions and communicate their wishes.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last comprehensive inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Nurses and care staff had consulted with each person, their relatives and healthcare professionals about the care to be provided and had recorded the results in an individual care plan. The care plans had been regularly reviewed in consultation with each person and their relatives so they accurately reflected people's changing needs and wishes.
- People received personalised care responsive to their needs. We saw people being supported to safely move about their home with assistance from one or two care staff depending on their needs. Call bells were answered quickly.
- Nurses and care staff regularly checked on people in their bedrooms to make sure they were comfortable and had everything they needed.
- Nurses and care staff assisted people to maintain their oral health by supporting them to clean their teeth and dentures when necessary.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had information presented to them in a user-friendly way. Parts of care plans were written in an easy-read style with pictures and graphics. There was a written menu and the chef chatted with each person to help them decide what meal they wanted to have.
- Important documents presented information in an accessible way. There was a leaflet explaining the role of the local safeguarding of adults authority and which gave the authority's contact details.
- The complaints procedure was written in a user-friendly way using larger print to make it easier to read. It explained how complaints could be raised and how they would be investigated.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had been supported to keep in touch with their families. With each person's agreement the manager, nurses and senior care staff contacted family members to let them know about any important developments in the care being provided. A relative said, "I like knowing how things are going and the staff are pretty good about keeping in touch with me." The service had an internet connection and so people could use emails and social media to keep in touch with their families.

- People were supported to pursue their hobbies and interests. There was an activities coordinator who invited people to enjoy small group events including armchair exercises, games and crafts. They also engaged people on an individual basis helping them to deal with correspondence and providing nail and hand-care. There were outside entertainers who called regularly to the service.
- People were supported to celebrate seasonal occasions such as Easter and Christmas and personal events such as birthdays.

#### Improving care quality in response to complaints or concerns

- The complaints procedure reassured people about their right to make a complaint. A relative said, "There's no formal feeling to the place. I feel quite at ease here and would be confident about speaking with the manager if I had a concern."
- There was a procedure for the manager to follow when resolving complaints. This included establishing what had gone wrong and what the complainant wanted to be done about it. The regional manager told us no complaint would be considered as closed until the complainant was satisfied with the outcome.
- Records showed the manager had quickly resolved complaints. They had corresponded with complainants providing an explanation if things had gone wrong and offering an apology.

#### End of life care and support

- People were supported at the end of their life to have a dignified death. People were asked about how they wished to be assisted and relatives were welcome to stay with their family member to provide comfort.
- The service liaised with the local hospice who gave advice about caring for a person approaching the end of their life. There were arrangements for the service to hold 'anticipatory medicines' so they could quickly be given in line with a doctor's instructions to provide a person with pain relief.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care, supported learning and innovation and promoted an open, fair culture.

### Continuous learning and improving care

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the focused inspection there was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Suitable quality checks had not been completed to monitor and evaluate the running of the service.

At this inspection we found enough improvement had been made and the registered provider was no longer in breach of regulation 17. Quality checks had been strengthened by making them more detailed and they were completed more frequently. The checks included the condition of equipment such as wheelchairs, infection control, the operation of the call bells and care records.

- More robust arrangements to monitor and evaluate the running of the service had resulted in people consistently receiving safe care and treatment meeting their needs and expectations.
- People and their relatives considered the service to be well run. A relative said, "I do think the service is well run because I can see my family member is well cared for and likes the staff."

### Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Nurses and care staff had been supported to understand their responsibilities to meet regulatory requirements. They had been provided with up-to-date written policies and procedures to help them to consistently provide people with the right assistance. This included updated information from the Department of Health about the correct use of use of equipment, medical devices and medicines.
- There was a member of the management team on call during out of office hours to give advice and assistance to support staff.
- There were handover meetings between shifts to update nurses and care staff about developments in the care each person needed. Staff also attended regular staff meetings to further develop their ability to work together as a team.
- Staff said there was an explicit 'no tolerance approach' to any member of staff who did not treat people in the right way. They were confident the manager would quickly address any 'whistle-blowing' concerns about a person not receiving safe care and treatment.

### Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People had been asked to comment on their experience of living in the service. They had been invited to attend residents' meetings to give feedback about their experience of living in the service. Action had been

taken to implement suggested improvements including changes being made to the menu.

- Relatives were invited to give feedback about their experience of using the service when contributing to the review of their family members' care plans.
- Health and social care professionals had also invited to comment on the service by submitting written suggestions or by speaking with the manager. A social care professional told us they enjoyed good communication with the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager had established a culture in the service emphasising the importance of providing people with person-centred care. A relative said, "I'm very confident the residents here come first and the staff recognise this is the residents' home."
- The manager and regional manager understood the duty of candour requirement. This requires the service to be honest with people and their representatives when things have not gone well. They had consulted guidance published by the Care Quality Commission and there was a system to identify incidents to which the duty of candour applied. This helped to ensure that people with an interest in the service and outside bodies could reliably be given the information they needed.
- It is a legal requirement that a service's latest Care Quality Commission inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The registered provider had conspicuously displayed their rating both in the service and on their website.
- Services providing health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. This is so that we can check that appropriate action has been taken. The manager had submitted notifications to Care Quality Commission in an appropriate and timely manner in line with our guidelines.

Working in partnership with others

- The service worked in partnership with other agencies to enable people to receive 'joined-up' support. The manager subscribed to professional publications relating to best practice initiatives in providing people with nursing, rehabilitation and care.
- The manager had attended training events to keep up to date with changes being made in care provision. An example was the manager being ready to implement important changes being made to deprivation of liberty safeguards.