

The Keepings Limited

Birkdale Residential Home

Inspection report

Station Hill
Oakengates
Telford
Shropshire
TF2 9AA

Tel: 01952620278

Website: www.birkdalecarehome.co.uk

Date of inspection visit:

28 May 2019

30 May 2019

Date of publication:

11 July 2019

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Birkdale is a residential care home providing personal care to 25 people, aged 65 and over at the time of the inspection. The service can support up to 27 people. The home accommodates people in one building and has a day care facility on site called the Daisy Club.

People's experience of using this service and what we found

Governance systems were in place however, some reviews had not been scheduled and care audits needed to be more in-depth. People were positive about the home and staff said they enjoyed coming to work. People told us the management were open and honest and relatives were told when things went wrong. Feedback was gathered from various sources as part of helping the home progress. The management team worked in partnership with others.

People were protected from harm by staff who had been trained in safeguarding procedures. People were supported by sufficient numbers of staff. Risks to people's safety were assessed and people received their medicine by staff trained to administer. Infection control measures were in place and lessons were learnt when things went wrong.

People's needs were assessed, and care plans were person centred. Staff received the necessary training to meet people's needs. People were supported to maintain a balanced diet and had regular access to drinks and snacks. People were supported to access health care and the building was adapted to meet their needs.

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

People were treated with dignity and respect and they were encouraged to express their views. People's privacy was maintained.

People were supported to maintain relationships and received information in an accessible format. Complaints were investigated, and feedback provided. People received end of life care in line with local multi-disciplinary guidance.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 7 June 2018).

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 re-inspection 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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Birkdale Residential Home

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 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 consisted of one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Birkdale is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced. Inspection activity started on 28 May 2019 and ended on 29 May 2019.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 12 people who used the service and two relatives about their experience of the care provided.

We spoke with five members of staff including the provider, registered manager, deputy manager, and care workers.

We reviewed a range of records. These included four people's care files, medication records and accident and incident forms. We looked at four staff files in relation to recruitment and staff supervision, health and safety records and various audit checks.

After the inspection

After the inspection we spoke with the Local Authority to validate some of the evidence found.

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.

Systems and processes to safeguard people from the risk of abuse

- People were protected from harm by a staff team who had been trained in recognising and reporting abuse. One person told us, "I feel safe. The staff are always watching out for us. If there was something wrong, they would pick up on it."
- Staff had access to policies and procedures and had followed the safeguarding process when needed, including notifying the commission that an incident of concern had occurred.

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed and plans were devised to mitigate any risk identified. People told us that assessments had been completed around their mobility to ensure they were able to move around the home safely. One person said, "I had an assessment and staff asked questions. I have a stand aid in my room and a wheelchair"
- We reviewed the documentation in people's care files and discussed with the registered manager the need to ensure the language used was accessible to persons new to the home. For example, the terminology used to describe equipment. Also, that assessments clearly indicated what was a high risk as in some files it was not immediately obvious. However, we were reassured when we spoke to staff that they knew of the risks associated with different people.
- Regular audits were completed on equipment and safety tests were in date. On the first day of inspection we did note that the fire risk assessment for the building was overdue its annual review and this had not been scheduled. We highlighted this to the registered manager who took immediate action and the annual review was completed by the provider's fire safety officer before we left.
- Each person had a Personal Emergency Evacuation Plan (PEEP) which instructed staff how to support someone exit the building in an emergency.

Staffing and recruitment

- People were supported by sufficient numbers of staff. The provider carried out safe recruitment checks which included assessing people's character, employment history and qualifications.
- We reviewed the rota for the service and saw that shifts were covered several weeks in advance and that any shortfalls were managed by the team. One staff member told us, "We have a lot of part time staff and it really helps as staff will help out and pick up extra hours if other staff are unwell or have an urgent commitment. This benefits us as we hardly ever use any agency staff."
- People told us that there was usually enough staff. One person told us, "There always seems to be enough staff about." Another person told us, ""When I press the call bell, they come quite quickly. I have an emergency button if I need it". On the day of inspection, we observed that staff were able to anticipate people's needs and the call bells were rarely used.

Using medicines safely

- People received their medicine by staff who had received training and were deemed competent to administer.
- People confirmed that they got their medicine at regular times. We observed staff giving people their medicine and checking whether people required any 'as required' medicine such as pain relief. Staff had access to clear protocols that ensured they knew when people may need 'as required' medicine.
- Medicine in the home was stored safely and accurate records were kept.
- People were offered a choice of drink to take their medicine with and staff sat with them while they took it, to ensure people did not feel rushed.

Preventing and controlling infection

- People were protected from the risk of infection due to effective infection control measures being in place.
- Staff had access to personal and protective equipment (PPE) such as gloves and aprons, which people confirmed staff used when they supported them with personal care.
- People told us the home was always clean and tidy and we observed domestic staff working in the home throughout the day, maintaining both people's rooms and communal areas.
- Hand hygiene was promoted in the home and visitors had access to hand sanitizer they could use when they arrived.

Learning lessons when things go wrong

- Accident and incident forms were completed and reviewed by the registered manager on a regular basis and care plans adjusted if necessary
- Staff who were involved in a situation were encouraged to share their ideas to help prevent any reoccurrence.

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 inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. 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

- People's needs were assessed prior to admission and reviewed on a regular basis.
- People told us that they had been involved in the assessment process. One person said, "I had an assessment and the staff asked me about me."
- People's care plans contained assessments related to both their health and social care needs. For example, continence care and important social networks.
- Information gathered from assessments was used to create a care plan that was personal to the individual and reflected their routines and any expected outcomes.

Staff support: induction, training, skills and experience

- People were supported by staff who had received training relevant to their role. One person told us, "Yes the staff are well trained. I have fallen, and they knew exactly what to do."
- New staff were given a detailed induction to ensure they knew what was expected of them in the role. One staff member told us, "When I started I was given opportunity to shadow other staff for the first few weeks. This allowed me to get to know people and learn how the home worked."
- People's competency was assessed and if necessary staff attended refresher training. One relative told us, "Staff are well trained. They have a lot of training. If a member of staff slips up. They have a meeting with the [the registered manager] and they sort it out. They may put them on a refresher training."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a balanced diet and had access to drinks and snacks. One person told us, "The food is very good. I get toast with an egg on it, if I feel peckish at night."
- We saw that the menus for the week were on display and that people were given a choice of meal options. A relative told us, "They tell [relative] the choices and they choose what they want. If they do not want what they have on offer, they can choose something else."
- We observed the meal time experience and saw that it was pleasant for people. People were engaged in conversation with one another and staff were present to offer the necessary support.
- People's nutritional and cultural needs, in relation to their diet were documented in their care plan.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with other agencies to support people with the care they received. Information was shared with relevant people including health and social care professionals as well as family and interested parties.
- People were supported to have a smooth transition into the home. One staff member told us, "The Daisy

club takes people from the community. It has been a great help for people who eventually want to transition in to the residential home. As they already knew the home, have made friends and we already know a lot about their care needs."

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

- Several areas in the home had recently been refurbished and we saw that plans were in place to update other areas, such as some of the bathrooms.
- Grab rails were present throughout the home which we saw several people using to aid their mobility.
- Signage was in place to tell people that CCTV was in operation in certain areas as per legal requirements.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access necessary healthcare. People were supported to attend appointments in the community as well as receive additional support in the home. One person told us, "I went to the dentist, staff went with me"
- People were supported to access services in an emergency and referrals were made to relevant professionals if a need was identified. For example, following a fall.

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

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- People were involved in decisions about their care and people's capacity to make certain decisions were assessed using the principals of the MCA. In some people's files this information was limited. We discussed this with the registered manager who agreed to improve this.
- Applications to deprive someone of their liberty were submitted to the local authority as required.
- Where there was uncertainty over a decision we saw that best interest meetings were held and key stakeholders were involved, such as the social worker.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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 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 told us they were treated in a kind and respectful way and our observations during the inspection supported this view. One person told us, "They are very caring. They are respectful, and they are respectful to my relatives." Another person's relative told us, "The staff are caring. I know staff give presents to residents who have no visitors on special occasions."
- Staff had time to sit and talk with people throughout the day. People were able to discuss their care needs as well as talk about everyday subjects. We overheard people talking to staff about news events, music as well as reminiscing about the past.
- The home had completed life histories with most people and staff were able to tell us about people's individual personality and the things they enjoyed.

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

- People were supported to be involved in decisions about their care. We observed several instances of people discussing their support and staff responding as directed by the person. One relative told us, "Staff suggest things with regards to [relative] support and [relative] can say no."
- Staff and the managers had built up relationships with family members and we saw positive interactions between them. Visiting family members were welcomed, and relevant information was shared and discussed.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their privacy. People told us that staff always knocked before entering their room and tried to give them privacy when they had visitors. One person said, "Staff respect my privacy. If I have a visitor, they leave us to talk."
- Staff understood the importance of treating people with dignity and respect. One staff member told us, "[registered manager] observes how people are treated and if something is not quite right, the staff member will be supervised and the observations are discussed."

Is the service responsive?

Our findings

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

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'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

- People received care that was personalised to their needs. Most people had a detailed life history in place and routines developed that were specific to the person's needs. One staff member told us, "We try to tailor our support to each person."
- People's equality characteristics were recorded in their care plan such as their race, sexuality, and religion.

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 access to information around the home that was presented in an accessible format. In the day care space, the various activities had been given large print labels to support people to know what was available.
- People communication needs were recorded in their care plan. Where there was a language barrier the home worked with the person's family to help convey more complex information.

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.

- People interacted with one another throughout the day, especially those that chose to go to the Daisy Club. At the Daisy Club which was still part of the home, we saw people engaged in conversation, listening to music, and playing various games with one another. Many of the activities dated back to the 1940's and 50's and were relevant to the people in the home.
- People had access to a minibus so were supported to maintain links with the community. One person told us, "A staff member takes me out so that I can play darts." Another person said, "We go on outings to places like Sutton gardens."

Improving care quality in response to complaints or concerns

- People had access to a complaint's procedure. In people's rooms there was a copy of the service user guide, which contained the information people needed. However, everyone we spoke to told us that they had no complaints.
- One relative told us, "Things have got so much better here, we have no need to complain."
- The registered manager kept a log of any complaints or concerns raised and could demonstrate that

investigations had taken place and action taken if needed. Information was shared with the team as part of the homes learning process.

End of life care and support

- At the time of inspection there was no one in receipt of end of life care.
- The home had signed up to multi-disciplinary team (MDT) working with the community nurses and other key professionals. Guidance, produced by the MDT, was in place to support staff with advance care planning and the associated conditions, they needed to consider as people approached the end of their life.
- We asked people if they had considered any advance wishes and received a mixed response. One person told us, "I've done my plan, I have a DNAR (Do Not Attempt Resuscitation) agreement in place." While others told us, they had not considered it formally but had discussed the subject with family.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained at the same. This meant the service management and leadership was inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Governance systems were in place, however not all the required reviews had been scheduled by the provider. The fire risk assessment was overdue its annual review and there was no system in place to ensure background checks on staff were repeated by the provider, in line with the local authority requirements.
- Audits of the building, health and safety and equipment took place on a regular basis, however we discussed with the registered manager the need for more detailed care plan audits. For example, a risk assessment for someone using a grab rail to support them to sit up was referred to as a Lever Arch. There was no explanation that this was a grab rail which meant new staff might not know what is being referenced. Also greater clarity was needed around identifying the level of risk and decisions being assessed under the MCA.
- We spoke with the provider of the service who told us of the ongoing improvements they were looking to make and the technology they wished to explore around electronic care planning. They told us, "We are looking to see what works best and will invest when we find the right system for us."
- Staff told us about the changes which have been made in the past year and how it has benefitted the service. One staff member told us, "We do lots of training and are always learning new things which benefits the people living here. I'm doing my NVQ's and my dementia foundation course."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and the staff told us they were happy at Birkdale residential home. One person said, "All the people are friendly. We all get on together." Another person said, "I am happy here."
- Staff told us that they enjoyed coming to work. One staff member told us, "I love it here and would let my family move here if they needed care."
- People told us that they found the management of the home approachable and that any issues that arose were dealt with at the time. One staff member told us, "The managers listen and will sort out problems as soon as we mention them." Another member of staff told us, "It is like one big family here and everyone's view is welcomed and respected."

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

- People and their relatives told us that the registered manager was open and honest and that they were informed if anything happened or went wrong. One person told us, "They inform my relatives if there is a problem."

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

- People and their family were fully engaged in discussions about the home. We were advised that following our last inspection a meeting was held with people and their families to discuss the outcome and the way forward.
- Some people seemed unaware of resident's meetings, but others told us that they attended and provided feedback. Relatives told us that they attended meetings and worked with the home to help it progress. We were aware that several families had helped fundraise to support the opening of the Daisy Club so that the outcomes for people could be enhanced.

Working in partnership with others

- The registered manager worked in partnership with other agencies including health professionals and local provider networks.