SBS-Services Limited

Birkdale Village Care Home

Inspection report

20 Crescent Road
Birkdale
Southport
Merseyside
PR8 4SR

Tel: 01704564801
Website: www.BirkdaleVillageCareHome.co.uk

Date of inspection visit:
01 April 2021
14 May 2021

Date of publication:
12 July 2021

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Birkdale Village Care Home is a residential home providing personal care for people aged 60 and over. There are 19 rooms available with 16 residents living there currently. Birkdale Village is one building, across three floors. All floors are accessible via a lift.

People's experience of using this service and what we found
People appeared well cared for and looked after. There was a caring and positive culture amongst staff at the service. However, the systems and processes underpinning people's care were not always safe and robust.

Although we found no evidence that people had been harmed as a result, we identified several areas that put people's health and safety at potential risk.
The provider did not have an effective system in place to safely manage the administration of people's medicines. The provider did not have an adequate system in place to learn lessons if mistakes were made. We have made a recommendation about updating some risk assessments, as well as incident recording and audits.

There was a 'family' type feel and many of the staff had worked at the service for several years, meaning they knew the people that lived there well. However, although we found no evidence of safeguarding concerns during our inspection, there was a lack of formal systems and processes in place to protect people from the risk of abuse. We have made a recommendation regarding safeguarding processes.

Governance systems were not always effective and needed to be updated, to ensure opportunities were not missed to improve the service. However, the provider did respond positively and effectively to feedback from other professionals, to make improvements to people's care.

People were protected from the risk of spread of infection especially around COVID-19. At the time of inspection there had been no recorded cases in the service throughout the pandemic. People and relatives said they felt safe and there were enough staff to safely 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.

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 good (July 2019).

Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We received concerns in relation to infection and prevention control, and the governance of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

The provider has taken some actions to mitigate the risks.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Birkdale Village Care Home on our website at www.cqc.org.uk.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to the management of medicines, staff recruitment and monitoring the quality and safety of the service.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

Requires Improvement

The service was not always safe.

Details are in our findings below.

Is the service well-led?

Requires Improvement

The service was not always well led.

Details are in our findings below.

Birkdale Village Care 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was undertaken by two inspectors.

Service and service type
Birkdale Village is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 did not have a manager registered with the Care Quality Commission. This means that the provider is 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.

The first day of inspection was 1 April 2021 and the second day was 14 May 2021. We spoke to relatives by telephone after the on-site inspection.

What we did before the 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 this information to plan our inspection.

During the inspection
We spoke to three people that used the service, five staff and one visiting professional. We looked at five feedback surveys filled in by relatives about their experience of the service. We looked at three people's care records and two staff files. We looked at policies and procedures for the service and maintenance safety files. We looked at medication records for six people.

After the inspection
The provider continued to send information after the inspection, and we spoke to relatives by telephone.

Requires Improvement

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 remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

● The service had made necessary safety checks for new staff. However, the service did not have up to date disclosure and barring checks for existing staff. This was a concern as it meant managers did not always have up to date assurances that staff were fit and suitable to safely support people living at the service.

We found no evidence that people had been harmed however, the provider failed to ensure safe recruitment processes were followed. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider responded to our concerns and agreed to make the necessary checks as soon as possible.

● There were enough staff to keep people safe and meet their needs.
● The service managed episodes of staff sickness through overtime and block booking of regular agency staff.

Using medicines safely

At the last inspection we found a lack of checks being carried out on medicine stocks. The provider had made changes and were now undertaking medicine stock checks which was an improvement. However, we found further concerns with the management of medicines.

● People did not always receive their medicines safely or as prescribed.
● The provider's medicines policy was out of date therefore did not provide staff with the most up to date guidance about how to manage medicines safely.
● Medication audits had not been carried out, therefore there was no management oversight to ensure the safe management of medicines.
● During some nights of the week there were no staff trained to administer medicines. Therefore, staff were dispensing and signing for medicines before they were administered.

We found no evidence that people had been harmed however, the provider failed to ensure the safe management of medication. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We discussed our concerns with the provider, and they confirmed changes had been made immediately to address. For example, they ensured that all night staff had the necessary training to administer medicines.

Systems and processes to safeguard people from the risk of abuse

● There was a caring, 'family-like' culture at the service and staff knew people well. However, we found gaps in the formal systems and processes for safeguarding people from the risk of abuse.
● There was a lack of effective systems in place to identify, record and monitor safeguarding concerns, should they arise, to safeguard people from the risk of abuse.
● The service did not have a clear and effective safeguarding policy at the time of inspection.
● As there was no robust system to monitor training, it was not clear whether staff had received safeguarding training within appropriate timeframes, and we found some gaps in staff knowledge.
● We did not find any incidents of actual harm during the inspection, and the service made changes straightaway. This included producing an effective safeguarding policy and updating safeguarding training.

We recommended the provider implements updates and changes to safeguarding policy and training at pace, to ensure there are formal systems established to protect people from the risk of abuse.

Assessing risk, safety monitoring and management
● Risk assessments had been completed for aspects of people's care such as moving and handling, and nutrition, and there were plans in place to guide staff on how to safely manage identified risks, however there was a lack of evidence to show ongoing monitoring of risk.

We recommended the provider ensures regular updates of people's risk assessments, to reflect people's current support needs to keep safe.

● There were up to date fire evacuation risks assessments and maintenance records for electrical and gas appliances.

Learning lessons when things go wrong
● Effective systems were not in place to identify, record and investigate concerns. Therefore, it was not possible to assess whether lessons were learned if things went wrong, to help protect people better.
● The provider did not audit their practice so themes and areas for improvement could be identified.

We recommended the provider put systems in place to monitor incidents and audit their practice.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● There had been no positive cases of COVID-19 recorded at the home throughout the pandemic.
● We were assured that the provider's infection prevention and control policy was up to date.

Requires Improvement

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Managers did not fully understand quality performance, risks and regulatory requirements. This meant that opportunities to improve the safety and quality of people's care had not always been identified effectively.
- This led to concerns highlighted on this inspection not being identified and acted upon. For example, the unsafe management of medicines, staff recruitment and safeguarding.
- The provider did not have systems in place to demonstrate learning from accidents and incidents, and complaints.

We did not find evidence of actual harm for people who used the service. However, the provider failed to operate effective systems for checking on the quality and safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We discussed our concerns with the service who agreed to produce an action plan to make necessary changes.

- There was no registered manager in place and had not been for over six months. However a manager has been appointed and intends to apply to CQC to become the registered manager.

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

- We were not assured the provider understood and acted on their duty of candour. They did not have measures in place to adequately monitor if something goes wrong, to be able to evaluate, understand and learn from incidents.
- However, the provider responded positively and quickly to feedback from external professionals to improve people's care.

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

- The service promoted a positive culture; staff were enthusiastic about their work and had a caring attitude towards each other and people who lived at the service.
- Managers encouraged feedback from both staff and users of the service and their relatives.

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

- People that used the service and their relatives told us they were involved in decisions about how the service was run and felt they were listened to.
- Staff told us they felt listened to and their ideas were considered.

Working in partnership with others

- The service worked well with external professionals such as district nurses to achieve good outcomes for people.
- The service engaged well with the infection prevention and control team to improve their practice.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure the safe management of medicines.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to operate robust systems to check on the quality and safety of the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider failed to ensure fit and proper persons were employed.