

Melton Health Care Limited

Birch Abbey

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

The inspection took place on 16 and 17 June 2015 and was unannounced.

Birch Abbey is a care home providing personal and nursing care. It can accommodate up to 60 older people. The home specialises in caring for people with dementia. The accommodation is purpose built and planned over four floors. A passenger lift provides to access all areas of the home. Single bedrooms with ensuite facilities are provided over three floors. There is a large secure garden area at the side and rear of the home and parking facilities at the front of the building. It is located in a residential area close to Southport town centre. There

were 48 people living in the home at the time of our inspection. The provider also provides support in people's own homes. One person currently receives this support.

A registered manager was in post. '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.'

Summary of findings

Staff understood how to recognise abuse and how to report concerns or allegations.

There were enough staff on duty at all times to ensure people were supported safely.

We saw the necessary recruitment checks had been undertaken so that staff employed were suitable to work with vulnerable people. However we found that some staff had started work at Birch Abbey prior to a DBS check being completed and returned and references being received from their previous employer. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults.

Staff said they were well supported through induction, supervision, appraisal and the home's training programme.

We found medicines were not always administered safely to people. Some medication administration records were incorrectly completed and showed inaccurate medicines.

Staff sought people's consent before providing support or care. The home adhered to the principles of the Mental Capacity Act (2005). Applications to deprive people of their liberty under the Mental Capacity Act (2005) had been submitted to the Local Authority. Staff had a good understanding of the Mental Capacity Act (2005) about how the act applied in a care home setting.

People told us they received enough to eat and drink, and they chose their meals each day. They were encouraged to eat foods which met their dietary requirements.

The building was clean, well-lit and clutter free. Measures were in place to monitor the safety of the environment and equipment. We found the home did not always promote a positive dementia - friendly environment.

People's physical and mental health needs were monitored and recorded. Staff recognised when additional support was required and people were supported to access a range of health care services.

Staff we spoke with showed they had a very good understanding of the people they were supporting and were able to meet their needs. We saw that they interacted well with people in order to ensure people received the support and care they required. We saw that staff demonstrated kind and compassionate support.

We saw that people's care plans and risk assessments were regularly reviewed. People had their needs assessed and staff understood what people's care needs were. Referrals to other services such as the dietician or tissue viability nurses and GP visits were made in order to ensure people received the most appropriate care.

Different activities that were provided for people who lived in the home. There was little in the way of stimulation for people who were on the first and second floors.

The home had a complaints policy and processes were in place to record complaints received. This ensured issues were addressed within the timescales given in the policy.

We found person-centred culture within the home. This was evidenced throughout all of the interviews we conducted and the observations of care.

There were systems in place to get feedback from people so that the service could be developed with respect to their needs.

The service had a quality assurance system in place with various checks completed to demonstrate good practice within the home. Checks for medication administration were not robust enough to correct errors when they were identified.

You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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 not always safe.

We found medicines were not always administered safely to people.

Some medication was still being used after the recommended use by date.
Some medication administration records were incorrectly completed and showed inaccurate medicines.

Some staff started work before recruitment checks were undertaken to ensure staff were suitable to work with vulnerable people.

Staff understood how to recognise abuse and how to report concerns or allegations.

There were enough staff on duty at all times to ensure people were supported safely.

Requires Improvement



Is the service effective?

The service was not always effective.

Birch Abbey did not always promote a positive dementia - friendly environment.

Staff said they were well supported through induction, supervision, appraisal and the home's training programme.

Staff followed the principles of the Mental Capacity Act (2005) for people who lacked capacity to make their own decisions.

People told us they received enough to eat and drink and chose their meals each day. They were encouraged to eat foods which met their dietary requirements.

Requires Improvement



Is the service caring?

The service was caring.

People and their relatives told us they had choices with regard to daily living activities and they could choose what to do each day. They told us staff treated them with respect.

Good



Summary of findings

Staff we spoke with showed they had a very good understanding of the people they were supporting and were able to meet their needs. We saw that they interacted well with people in order to ensure they received the support and care they required.

We saw that staff demonstrated kind and compassionate support.

Is the service responsive?

The service was not always responsive.

Different activities that were provided for people who lived in the home. There was little in the way of stimulation for people who were on the first and second floors. We did not see any activities taking place on the first and second floors.

People had their needs assessed and staff understood people's care needs. We saw that people's care plans and risk assessments were regularly reviewed.

Referrals to other services such as, the dietician or occupational therapist and GP visits were made in order to ensure people received the most appropriate care.

The home had a complaints policy and processes were in place to record complaints received.

Requires Improvement



Is the service well-led?

The service was not always well led.

We found an open and person-centred culture within the home. This was evidenced throughout all of the interviews we conducted and the observations of care.

There were systems in place to get feedback from people so that the service could be developed with respect to their needs.

The service had a quality assurance system in place with various checks completed to demonstrate good practice within the home. Checks for medication administration were not robust enough to correct errors when they were identified.

Requires Improvement



Birch Abbey

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 16 & 17 June 2015. The inspection team consisted of two adult social care inspectors, a specialist advisor and an expert-by-experience. A specialist advisor is a person who has experience and expertise in health and social care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The specialist advisor and expert-by-experience attended the home on the first day of the inspection.

Before our inspection we reviewed the information we held about the home. This usually includes a review of the Provider Information Return (PIR). However, we had not

requested the provider submit a PIR prior to this inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at the notifications the Care Quality Commission had received about the service. We contacted the commissioners of the service to obtain their views.

During our inspection we used a number of different methods to help us understand the experiences of people who lived at Birch Abbey. This was because the people who lived at the home were not always able to communicate their needs and we were not always able to directly ask them their views about their experiences. We carried out observations throughout the home and spoke with six people who lived at the home, eight relatives and visitors. We spoke with the registered manager, two registered nurses, two care staff, the cook and the administrator.

We looked at the care records for five people, seven staff recruitment files, medicine charts and other records relevant to the quality monitoring of the service. We undertook general observations, looked round the home, including some people's bedrooms, bathrooms, the dining room, lounges and external grounds.

Is the service safe?

Our findings

All of the relatives we spoke with told us they thought their family members were safe living at Birch Abbey.

We looked at how medicines were managed in the home. All of the relatives we spoke with told us as far as they knew their family members received their medication on time. One relative said, "X has soluble medicine. Staff dissolve it in juice and stay with them whilst they drink it." Another said, "Staff stay with X whilst they swallow them (the tablets). There was a separate clinic room on each floor in the home. The clinic room on the ground floor was clean and orderly although very small. The nurse in charge told us that there were plans to also have a clinical office opposite the manager's office.

The index in the controlled drug (CD's) register was not fully completed. This should be kept up to date as an additional control measure to avoid administration errors. CD's no longer required were only documented 'as destroyed'. The record should include method of destruction and witnessed. CD disposal kits were available in the cupboard. CD stock balances were checked on each occasion they were administered. Stock balances of all CD's on the ground floor were checked as part of the inspection and were found to be correct. CD's prescribed for a person who was recently deceased were still being held in stock and were out of date and therefore should have been destroyed. This would reduce the risk of storing excess and unwanted medication in the home. Controlled drugs are prescription medicines that have controls in place under the Misuse of Drugs Legislation.

We found some pain killer medication was still being held in stock when it was no longer prescribed and should have been destroyed to reduce the risk of storing excess and unwanted medication. A bottle of liquid pain killer medication was out of date; the bottle was dated as being opened on the 17th November 2014 and only has a three month life once open. Potential risks with out of date medicines in this category are the strength of the dose could be increased unnecessarily.

The drug fridge contained appropriate items and there were no excess items. Records showed there were only five occasions in April 2015, two occasions in May 2015 and on the 14th June 2015 when temperatures recorded showed the temperature was within the acceptable range. The lack

of daily recording of temperatures increased the risk of medicines that required refrigeration not being stored correctly. Medicines need to be stored correctly so that the products are not damaged. The appearance of the medicine may not change by incorrect storage it may not be effective any more. In some cases, it may harm the person who takes it.

The drug trolley was tidy and clean and all items were current and bottles containing liquids were dated when opened. Medicines given not contained in the blister pack were clearly labelled by individual resident. The home had its medicine charts in a separate file. At the front of the chart was a photograph of the person. Allergy alerts were also recorded. This meant that people would not be administered medication they shouldn't because they would have an allergic reaction to it. Where 'as required' (PRN) medicines were prescribed there were protocols attached to the MAR chart indicating when it should be used dose and frequency. There was a full current list of staff signatures in the file for staff who had administered medicines in the home.

We checked the medication administration records (MAR) for people who lived in the home. We found a number of issues on some of the MAR charts we looked at. A fax from a GP dated 1st June 2015 instructing to stop a medication used to treat dementia. The record showed this was signed as still being given. This was brought to the attention of the registered manager who was able to ascertain that this medicine was still prescribed and there was more recent correspondence to confirm this. Not having accurate records means people are at risk from not receiving their medicines safely.

A fax from a consultant psychiatrist dated the 7th April 2015 attached to the MAR chart stated a change to an alternative anti-depressant drug. This was not on the current MAR chart this was also brought to the attention of the registered manager for investigation. This meant people were not receiving their medicines safely. A person was prescribed eye drops for four times a day for five days. The chart indicated that they had in fact received these drops for seven days. Another person was prescribed an anti-biotic for seven days. We saw the chart was only signed for six days. Therefore it was impossible to tell if this person had received their full course of medication. Not completing the full course of medication prescribed could reduce the effectiveness of the treatment.

Is the service safe?

All of these issues were brought to the attention of the nurse in charge for their attention.

Five people who lived in the home were identified as having their medication covertly. This means that medication is disguised in food or drink so the person is not aware they are receiving it. Mental capacity assessments had been completed to confirm the person lacked capacity. The person's GP had provided written agreement for the covert administration of the medicine in the person's best interest. However, we found only one plan indicated that a pharmacist had been consulted as to the suitability of the medicines been given this way.

A person was prescribed medicine used for treating osteoporosis and also a calcium supplement. The MAR chart did not have instructions on how these two medications should be managed and there was not a specific medication care plan for staff to follow. Medicine used for treating osteoporosis should be taken 30 minutes before breakfast and the calcium supplement two hours later as the latter can stop the former from working. This was also brought to the attention of the nurse in charge.

Whilst on the second floor we noted that the keys to the stock medicines were left in the cupboard doors rather than held by the nurse in charge. The fridge was also found to be unlocked and contained a bottle of eye drops which was out of date. The bottle was dated as opened on the 31st March 2015 and only has a shelf life of 28 days from opening. These issues were also brought to the attention of the nurse in charge for immediate action.

This was a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how staff were recruited. We saw six staff files. We found application forms had been completed and applicants had been required to provide confirmation of their identity. We found that three staff had commenced their employment at Birch Abbey prior to a DBS check being completed and returned. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults. This assists employers to make safer decisions about the recruitment of staff. We saw that the staff concerned had since received a clear DBS check so were safe to work with vulnerable adults. The recruitment files for three staff who had recently started

work at Birch Abbey showed that there were no references in place prior to them commencing the job. The person responsible told us they intended to chase up the references this week. They informed us this process had been delayed as they had been on holiday. References are required to confirm staff are of good character and suitable for the work.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how the home was staffed. Relatives told us there were sufficient numbers of staff to support the people who lived at the home. A relative told us that the home never appeared short staffed and staff were attentive at all times to people's needs. Staff told us that there were enough staff on duty to ensure people received the support they needed. The staff ratio was consistently in place to provide necessary safe care.

Throughout the day, there appeared to be adequate numbers of staff to meet people's needs and to support them safely. During our inspection the registered manager was on duty with, two trained nurses, three senior care leads for each floor and ten care staff. Care staff provided 'one to one' support for one person; we saw this was provided over a number of short shifts throughout the day to enable staff to engage more meaningfully with the person. The care team were supported by a chef, kitchen assistant, three domestic staff and maintenance person. A receptionist, finance manager and administrator completed the support team. At night the home was staffed with a trained nurse and four care staff. We looked at the staffing rota which confirmed this.

Staff understood how to recognise abuse and how to report concerns or allegations. There were processes in place to help make sure people were protected from the risk of abuse. Risk assessments and support plans had been completed for everyone to help ensure people's needs were met and to protect people from the risk of harm. Care staff we spoke with had a good understanding of how to keep people safe. We spoke with the nurse on duty. They told us, "I have trust in the team and I am confident they would alert me to any concerns. All the staff have attended safeguarding training and understand their responsibilities."

Is the service safe?

Systems were in place to maintain the safety of the home. This included health and safety checks and audits of the environment. A fire risk assessment had been completed and people who lived at the home had a personal emergency evacuation plan (PEEP). This helped ensure their needs for evacuating the building had been assessed and the information was readily available to be shared when required. We spoke with the member of staff responsible for the maintenance of the home. They told us that emergency evacuation drills were completed within the home. Records we saw confirmed that a drill had taken place on 10 June 2015.

Safety checks of equipment and services such as, fire prevention, hot water, legionella, gas and electric were undertaken; maintenance work was completed in a timely way to ensure the home was kept in a good state of repair. Relatives we spoke with thought the home was clean and well maintained. Some of their comments included: "They keep (my family member's) room clean", the premises are superb", Generally speaking it's very clean." A team of domestic staff were responsible for the cleanliness of the building. We spoke with staff and one member of domestic team. They advised us that the domestic staff team had been reduced by one full time person due to ill health and that at times it was difficult to complete their cleaning schedules but 'they all do their best'. Staff were responsible for certain areas within the home and we was observed that some parts of the home were cleaned to a higher standard than others. Cleaning schedules were viewed and there appeared to be inconsistencies in the way individual domestic staff completed their jobs. We were informed the

cleaning schedules were used as an audit tool. However we did not see any evidence the information in the audit was used to establish a general oversight of this area or that any action had been taken to address any issues raised from the audit.

We carried out an inspection of the whole building. We found a toilet brush in one bathroom was dirty and the floor of one hairdresser's room on the first floor had hair and food debris which had not been cleared up. On the second day of our inspection this room was clean. A number of bathrooms did not contain any or contained broken toilet roll holders which is not in line with infection control guidance. Some of the inspection team joined people for lunch. We found the arms of the chairs in the Bistro felt sticky, and therefore had not been cleaned properly. The domestic team supervisor informed us they undertook an environmental check each morning.

Personal protective equipment was observed in bathrooms, though we found there was not always a supply of aprons available in some bathrooms. Staff were observed to use personal protective equipment (PPE). They wore appropriate gloves and aprons when carrying out personal care and blue aprons when in food areas. Accidents and incidents that affected people's safety were documented and audited (checked) to identify trends, patterns or themes. The manager advised us of the actions taken in respect of incidents that affected three people who lived at the home. The actions had been taken in a timely manner to reduce the risk of re-occurrence and help ensure the person's on-going safety and wellbeing.

Is the service effective?

Our findings

People at the home expressed their needs and wishes in different ways and our observations showed staff understood and responded accordingly. People appeared comfortable and relaxed with the staff.

We asked the relatives we met their views on the staff at Birch Abbey. Their comments included, “I think the carers are of a very high standard; they’re beyond kindness”, “Most of them are suitably trained and skilled. There are some who come in on a casual basis that need a bit of guidance” and “They’re always ready to look after you, it’s marvellous.”

On the day of the inspection after the main busy morning period the home settled into a routine. We saw staff going about their duties and appeared to be clear about what was expected of them. We observed care staff sought advice from the nurse in charge regarding people’s needs and conditions. We spoke with one of the nursing staff about the challenges of supervising direct care delivery by the care staff when they were the only nurse on duty on that floor. They told us, “As I am going about my general duties I can observe directly interactions and responsiveness of these staff to the residents. As I’m doing the medicines rounds I listen to interactions of staff whilst they are providing personal care in residents’ rooms or bath/wash rooms.” There was also a senior care lead assigned to each floor of the home who supervised and supported the care staff in their day to day duties. This helped ensure staff were providing safe and effective care for people living in the home. It also gave supervising staff opportunity to observe and be aware of the skills and practices of the care staff.

The manager had an electronic training plan and the training matrix which we looked at showed us that staff had received mandatory [required] training in a number of areas. For example, moving and handling, safeguarding, infection control, health and safety, first aid, food safety, equality and diversity and risk assessment. All of the people who lived in the home had some short term memory loss and the majority of the staff had attended dementia awareness training. Some staff had attended medication, palliative care, end of life and Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS)

training. Other training records we look at showed 42% of staff were trained at NVQ (National Vocational Qualification)/Diploma level 2 or level 3. A further 21% were undertaking either the NVQ/ diploma at level 2 or level 3.

The personnel records we looked at confirmed an induction took place for newly appointed members of staff. We saw that this now included the completion of the Care Certificate induction course which the provider had introduced for all newly recruited staff. This new Care Certificate has been introduced nationally to ensure care workers are consistently prepared for their role through learning outcomes, competences and standards of care.

Staff we spoke with confirmed they received regular supervision and an appraisal each year. One staff told us they felt very supported and felt able to raise any concerns with manager should they arise. We observed that records of supervision and appraisal were contained in the personnel records. An electronic record was also kept by the administrator to help ensure supervising staff arranged and carried out supervision with their staff.

We looked to see if the service was working within the legal framework of the Mental Capacity Act (2005) (MCA). This is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. We saw from the care records that staff sought consent from people and their relatives and involved them in key decisions around daily life and support and holding ‘best interest’ meetings for specific decisions around people’s care and welfare. This follows good practice in line with the MCA Code of Practice.

Care records showed examples of recent practice which showed they were clearly aware of their roles and responsibilities under the MCA. We found mental capacity assessments had been completed when a specific decision needed to be made. For example for covert (hidden) or PRN (as required) medication. The registered manager advised us that four people living at the home were subject to a Deprivation of Liberty Safeguards (DoLS) plan. A further twelve applications had been submitted to the local authority and were awaiting a doctor’s and Best Interest Assessor’s visit. DoLS is part of the Mental Capacity Act (2005) and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests.

Is the service effective?

We observed the lunch time meal in the Bistro on the ground floor. This was seen as a sociable occasion. However, on the first day of our inspection we observed a chaotic feel to the lunchtime service, as staff were serving people with main meals whilst others were being served their dessert. The registered manager informed us this was to "Recognise and support individual choice, allowing people to finish their meals and start eating their desserts when they wanted to."

The Bistro was busy with a lot of staff coming and going. This meant the room did not appear to be a relaxing environment for people to enjoy their meal. People were able to move freely around the restaurant (dining room) and to sit where they felt most comfortable for meals. We did not see the menu for the day displayed anywhere in the Bistro. This would have helped to remind people what the choices for the day were.

Staff told us people made their choice for meals each morning. They said, "If they change their mind at lunchtime they can." We observed that a cold drink was offered with lunch but people were not offered a choice. One person went to the 'counter' to request 'their drink'. People received a cup of tea after their meal. People were not offered a choice. One of the inspection team joined people for lunch on the first day of our inspection. They found the meals served were 'very hot'. We did not hear staff warning people of this when serving the meals to them. One person when served their meal told us it was cold. Staff took it away to warm it in the microwave. The meal was returned to the person approximately five minutes later and they did not eat it. The person was not asked why they had not eaten it or was not encouraged to eat it by staff. We did not observe the person offered an alternative meal. We asked staff what they would be able to have for lunch. Staff told us, "their pudding". This meant there was a risk of this person not having any food at lunch time.

We saw one person was served with a meal to suit their dietary needs. The person told they did not like what they had been given. One of the staff who was nearby confirmed the person did not like the meal. We did not see the person offered an alternative. We observed that people who required support from staff to eat their meals received it at the same time as others were eating. We saw that staff interacted with people during the mealtime and supported

people to eat their meal at a pace that suited them. We noted that some people had lunch that was blended. All the food items were served separately on the plate for the person to enjoy the individual components of the meal.

We spoke with the cook who told us menus were based on a two week menu. Different menus were served according to the seasons. We saw a good variety of food and snacks were offered on the menu. People were offered a selection of cereals, toast, teacakes and crumpets as well as a hot option for breakfast. The cook and care staff consulted with families about the people's likes and dislikes. The cook had clear records of people's likes, dislikes and allergies. Other important dietary information also recorded included special diets people were on, such as a diabetic, vegetarian or soft diet. The cook had a good working knowledge of people's dietary needs and how they were met. They told us that any additional information would be gathered from the care staff who "Had a very good knowledge of people's needs".

Staff consistently sought people's permission before providing care. Throughout the inspection we observed and heard staff encouraging and prompting people with decision making regarding their care needs in a positive way. Before providing support, we heard staff explaining what they were going to do in a way the person understood. All staff on duty communicated effectively with people who were living in the home effectively.

We found the environment at Birch Abbey did not always promote a positive dementia- friendly environment. Bedroom doors were individualised by colour and numbers to resemble a front door. Memory boxes were fixed to the wall outside the bedroom doors. We found several boxes contained personalised information and photographs to assist people to identify their bedroom. However many boxes did not contain any contents to help with recognition. The ground floor resembled a pavement scene. The carpet had a paving stone pattern on it and street lights were painted on the walls. We found the décor of the upper floors were a stark contrast to that of the ground floor. The flooring on the upper floors was wooden style linoleum. The walls were painted in bright colours; the walls on one floor had flowers painted on them.

Bathrooms and toilets on the upper floors were not identified by any signage at all. This did not encourage people to be independent but rather rely on staff to identify the bathrooms for them. We observed people asking staff

Is the service effective?

where the toilets were. Hand rails were painted in a contrasting colour to the walls. This helped people to easily identify them so they would use them. Stairs and lifts were not accessible to people who lived in the home. Staff used 'fobs' to access doors and lifts. Corridors were not cluttered. This enabled people to walk around the home safely. The ground floor had small lounge areas, a bar area, library and activities room for people to use. We found the upper floors very different. The first floor did not have a lounge. People sat in the corridor. On the second floor a lounge and dining area was used at lunchtime. At other times we saw people sitting on the corridor.

There was no information displayed throughout the home for people to identify the day and date, to assist people to orientate themselves. Meal times were organised very differently on the various floors. On the ground floor, people went to the Bistro for their meal. Tables were set and the activity was observed to be a social occasion. On

the first and second floors, people mostly remained in their chairs in the corridors to eat their meals; there were one or two people who sat in the lounge or the dining room on the second floor. Plain white crockery was in use for everyone. Coloured crockery is known to assist people with dementia to identify their food and to eat it as they may not be able to distinguish similar coloured foods on white plates.

There was a large well maintained and secure garden area for people to use at Birch Abbey. Part of the garden had been paved and tables and chairs provided to enable people to sit out. We saw this area was popular with people who lived in the home and their visitors during our inspection.

We recommend that the provider considers best practice guidance in relation to the design and adaptation of the environment for people with dementia.

Is the service caring?

Our findings

We observed the care provided by staff in order to understand people's experiences of care and help us make judgements about this aspect of the service. During the day we observed staff interacting with different people in a caring, responsive and respectful manner. We saw staff engaged well with people in the home and gave them their full attention. Staff were heard to give explanations of interventions to residents, and explain about times of times of meals and in a patient and appropriate manner.

Staff spoke about the people they supported in a caring way. We observed staff reassure a person who became anxious and distressed that was affecting the other people in the communal area. They managed this difficult situation calmly and sensitively.

Staff were heard to warmly welcome visitors to the home and have a positive rapport with them.

Relatives we spoke with thought the service was caring and compassionate. One person told us, "I've seen the way they [staff] talk to the residents; they never seem to get 'shirty' ". Another person told us, "The staff are lovely, they go out of their way to help."

Relatives told us that people were treated with respect and their dignity and privacy was maintained. One person told us when their family member required support with personal care staff acted discreetly and managed the incident very well. Our observations supported this. We saw staff knocking on people's bedroom doors before entering and explaining to people what they were doing when supporting them.

Relatives felt that the nursing and care staff communicated effectively with them. All the relatives we spoke with told us they were kept informed by staff of any changes to their family member's health.

A separate file was kept in the manager's office which contained all current Do Not Resuscitate (DNR) documents. On the profile page in front of a person's MAR chart it stated "No 'Do Not Resuscitate' DNR order in place" when in fact there was; this presented a risk of the wrong action being taken.

People who lived in the home were supported through the local advocacy service to ensure their views were represented with health and social care professionals where they did not have friends or family to advise them. Contact details for a local advocacy service were available were displayed in the hallway.

Is the service responsive?

Our findings

We looked at how people were involved with their care planning. Due to needs associated with memory loss, the people we spoke with could not recall whether they had been involved in developing their care plans. Relatives we spoke with told us they were involved with a person's care by helping them with their meals when they visited; some had provided information on 'likes and dislikes' but no one told us they had been involved in completing plans of care. There was evidence from the computerised record system that staff contacted family members to keep them updated with people's health and welfare.

People's care records were electronic and only able to be viewed on a computer. We looked at the care plans for 11 people who lived in the home. We found that care plans and records reflected people's identified needs. They were very detailed and had been completed for many aspects of people's care and health needs. For example, risk assessments had been completed in areas such as falls, skin and pressure ulcer care, bed rails, moving and handling, nutrition, nursing dependence, night care and continence. We found that staff updated these assessments every month to ensure the information was current and that people received the care and support to meet their needs.

We saw from the records we viewed that health care professionals such as GP, optician and chiropodist were involved in their care in response to fluctuations in physical care needs. The records contained risk assessments and care plans for all activities of daily living. There was evidence that these were being reviewed and up dated monthly to reflect people's current care needs.

The manager told us about the different activities that were provided for people who lived in the home. A weekly timetable for the activities was displayed on the notice board in the hall way. These included bingo, memory box reminiscence, arts and craft, agility and parachute game, music and singing and various board games. We saw that activities were scheduled for an hour each afternoon. One of the care staff we spoke with told us they were responsible for organising and doing these activities with people. Another staff member told us it was their turn on that day but they did not know what they should be doing.

There was a 'baking club' held each week. We saw several people who lived in the home being supported to make scones. We also observed a visitor from the pet therapy team, who brought a dog with them. They told us they visited every fortnight for about 20 minutes. We could see the dog was popular with people.

In addition the home had a monthly events programme. Events for the remainder of 2015 included a tea dance, a summer and Christmas fair, flower how and barbeque afternoon (in the home), 'Wear it pink' event (in aid of breast cancer awareness) and a singer/entertainer. The home was celebrating Spain when we visited. Many people we spoke with didn't really understand what it was about or why it was happening.

We saw a large 'Connect 4' game and football nets in the garden which we were told were used by the people who lived in the home.

There was little in the way of stimulation for people on the first and second floors. On the second floor there was a TV on the wall; some people sat facing it. However we saw the TV was switched to a radio station.

Relatives we spoke with gave a mixed response to the activities provided. Their comments included; "My relative likes listening to music and I've seen them playing bingo", "My relative goes out in the garden and I've seen them having their nails done" They're starting to do things in the afternoon, it needs to develop". However many relatives we spoke with expressed negative comments, for example, "They are bored", "There's not a lot of activity goes on the second floor", "During the day she sits in the corridor, there's not a of stimulation. "I think they spend most of the day in the chair", they walk up and down and sit. I don't know what else" and "I've never seen anything going on."

During the two days of our inspection we did not see the scheduled activities taking place on any of the three floors. One member of staff said as it was 'Spanish week' they would be dressing up and doing Spanish dancing. We saw some staff wearing Spanish style hats and grass skirts.

On the ground floor people mainly sat in the main corridor; staff and visitors interacted with people sitting here as they passed them. We saw two people sitting in the two small lounges on the ground floor. On the first and second floors we saw little in the way of stimulation for people except for conversations with staff as they passed or supported them with meals. People sat in the corridor areas. On the first

Is the service responsive?

floor there was no lounge; this room was now the hairdressing room. On the second floor the lounge area was used by two people whilst they were having their lunch. People mainly faced the wall and windows.

The provider had a complaints procedure which was displayed in the reception area for everyone to see. People we spoke with who lived in the home told us there did not

have any complaints. Some relatives told us of a proposal to restrict visiting times which had been made which caused them to complain to the provider. We saw that action had been taken to investigate complaints and there was an audit trail of how they were managed. The registered manager told us there were no complaints currently being investigated.

Is the service well-led?

Our findings

We looked at the quality assurance systems in place to monitor performance and to drive continuous improvement. The manager was able to show us a series of quality assurance processes both internally and external to Birch Abbey to ensure improvements were made and to protect people's welfare and safety. The home had a very comprehensive audit tool for all aspects of its medicines management. The audit was carried out by the qualified staff and the completed audits for April and May 2015 showed a number of areas that required improvement. 16 areas were identified in April 2015 including that photographs needed up dating and 14 areas in May 2015. There was no action plan attached to the audit and staff were unable to tell us what happened with the audit after its completion. The lack of an action plan meant that errors were not addressed in a timely way to prevent a reoccurrence and help ensure safe management of medication.

This was a breach of Regulation 17 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A monthly health and safety audit was completed. Other audits were completed by the department leaders for the kitchen, cleaning, maintenance and accidents/incidents. We noted that not all audits contained an action plan. This meant that plans were not in place to show any improvement in the quality of the service provided. Care plans were audited each month by people's key workers or named nurse to ensure the information was current and support was given in accordance with people's care needs.

We observed quality audits had been completed during 2014/2015 related to gas and electrical appliance testing, fire prevention equipment, passenger lift and the heating and water system. This assured us that people who lived in the home were supported to live in a safe environment. The home had received a 5 star [very good] food hygiene rating in May 2015.

The service had a registered manager in post. Relatives and visitors we spoke with knew who the manager was and said they were approachable. Some comments made by relatives included, "I think the manager is fantastic", "My expectations make me think the home is well run", "Everything goes alright" and "It's well managed."

Staff told us there was good staff team and everyone was focused on ensuring people got the best care possible. We saw the manager working with the staff throughout the inspection. One staff member we spoke with stated the atmosphere in the home had changed; They said, "Everybody is more positive and team work is improving."

Staff meetings were held. We saw minutes from meetings in February, March and May 2015. Weekly heads of department meetings had recently commenced. Staff who attended them told us they found them very useful as they felt part of the management team. The manager stated these meetings gave them an oversight of all areas within the home as any current or on going issues were discussed in this forum.

Relatives meetings were held. We saw minutes which confirmed meetings had taken place in September 2014 and March 2015. Some relatives we spoke told there were also plans to have a 'tea bar' for relatives in January or February 2015 but these had not taken place.

A process was in place to seek the views of families and people living at the home about the service provided at Birch Abbey. In 2014 satisfaction surveys were given to people who lived in the home and their relatives. We saw evidence that some actions had been completed, such as issues with contacting home during evenings and weekends and the lack of activities, however, there was no evidence that the results of the surveys had been analysed and action plan created to show how the organisation would improve the service based on these results. Surveys for 2015 had not yet been distributed.

The manager had notified CQC (Care Quality Commission) of events and incidents that occurred in the home in accordance with our statutory notifications.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>People who use services and others were not protected against the risks associated with medicines because effective measures were not in place for the safe management of medicines.</p> <p>Regulation 12 (2) (g).</p>

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>People who use services and others were not protected against the risks associated with medicines because effective measures were not in place for the safe management of medicines.</p> <p>Regulation 12 (2) (g).</p>

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>People who use services and others were not protected against the risks associated with medicines because effective measures were not in place for the safe management of medicines.</p> <p>Regulation 12 (2) (g).</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Action we have told the provider to take

People who use services were not protected against the risks associated with medicine administration because of the lack of an effective system to monitor and improve the quality and safety of the service provided.

Regulation 17 (2) (a).

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

People who use services were not protected against the risks associated with medicine administration because of the lack of an effective system to monitor and improve the quality and safety of the service provided.

Regulation 17 (2) (a).

Regulated activity

Personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

People who use services were not protected against the risks associated with medicine administration because of the lack of an effective system to monitor and improve the quality and safety of the service provided.

Regulation 17 (2) (a).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

People who use services and others were not protected against the risks associated with unsuitable staff because of the lack of established and effective recruitment procedures.

Regulation 19 (2).

Regulated activity

Regulation

This section is primarily information for the provider

Action we have told the provider to take

Treatment of disease, disorder or injury

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

People who use services and others were not protected against the risks associated with unsuitable staff because of the lack of established and effective recruitment procedures.

Regulation 19 (2).

Regulated activity

Regulation

Personal care

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

People who use services and others were not protected against the risks associated with unsuitable staff because of the lack of established and effective recruitment procedures.

Regulation 19 (2).

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.