

Sanctuary Care Limited

# Birchwood Residential Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Birchwood Residential Care Home is a residential care home providing personal care to 44 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 43 people using the services.

Birchwood Residential Care Home is purpose built to accommodate 44 people. The service is on 2 levels with 5 separate units. Each unit has separate adapted facilities. There are dining and common areas on each unit and adapted bathrooms.

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

Since our last inspection, the registered manager had taken action to improve staffing level. The service had enough appropriately skilled staff to meet people's needs and keep them safe. People and relatives were happy with staffing level. They told us staff were kind and caring. The provider had a safe staff recruitment process in place. This ensured that staff were properly checked and supported with induction and training. People received their medicines as prescribed and medicines were managed safely. The service was clean, and people were protected from the risk of infection.

Risks to people were assessed and systems put in place to ensure people were safe. Staff knew how to identify and report incidents of abuse.

There was a positive culture at the service and people benefited from being supported by happy staff which was reflected in the atmosphere at the service. Staff turnover was very low, which supported people to receive consistent care from staff who knew them well. Staff told us they enjoyed their job and making a positive difference to someone's life.

Governance and auditing processes had been implemented to enable the register manager and provider to monitor the service and drive improvements.

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

### Rating at last inspection and update

At the last inspection the service was rated Requires Improvement (published 28 November 2019) and there were breaches of Regulation 18 (staffing) and Regulation 17 (good governance). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 19 and 20 September 2019. Breaches of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve staffing and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Birchwood Residential Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Birchwood Residential 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 Health and Social Care Act 2008.

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 carried out by 2 inspectors, a nurse specialist advisor and an Experts 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

Birchwood Residential Care Home 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.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We sought feedback from the local authority who work with the service. We reviewed the information we already held about the service. This included their registration report and notifications. A notification is information about important events, which the provider is required to tell us about by law. We used all of this information to plan our inspection.

We used information gathered as part of monitoring activity that took place on 13 July 2022 to help plan the inspection and inform our judgements.

#### During the inspection

We reviewed a range of records. This included 8 people's care records. We looked at 8 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We reviewed multiple medicine administration records. We spoke with 11 members of staff including the registered manager, deputy manager, administrator, 2 team leader, 3 care workers, 2 kitchen staff and 1 maintenance person. We also spoke with 9 people who used the service and 4 relatives about their experience of the care provided.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We continued to seek clarification from the provider to validate evidence found. We looked at care quality assurance records, incidents and accidents, and, policies and procedures.

# Is the service safe?

## Our findings

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

At our last inspection, we rated this key question Requires Improvement. At this inspection, the rating has changed to Good. This meant people were safe and protected from avoidable harm.

At our last inspection, the provider had failed to provide sufficient staffing levels to make sure they can meet people's care and treatment needs. This was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

### Staffing and recruitment

- At our last inspection, people using the service told us they felt there were sometimes not enough staff and they had to wait for staff to support them. Staff told us they had concerns about staffing levels and described their shifts as, "Busy all the time" and "Really short, we are like yoyos."
- During our inspection, there were sufficient staff available with the right skills and experience to meet the individual needs of people who used the service. We observed there were sufficient numbers of staff on the day of our visit.
- We reviewed the staff rota, which confirmed there were enough suitably experienced, skilled and qualified permanent staff deployed.
- The provider utilised a dependency tool to determine the amount of staff required to support people. We discussed this with the manager who confirmed they checked that the skills and numbers of staff were sufficient to meet each person's individual needs.
- The provider had introduced a new monitoring system for staff rota and scheduling. Staff were sent rotas in advance and bank staff were available in case of emergencies. A staff member told us, "Yes, there are enough staff here." One person commented, "There are enough carers. They are always busy, but they still find time to chat to me." One relative said, "There seem to be enough carers."
- The provider's recruitment, assessment and induction training processes promoted safety and the culture and values of the service. The provider carried out robust checks on new staff before they started work. This included carrying out a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to protect people from risk of abuse. Staff demonstrated knowledge of the safeguarding processes in place to keep people safe. One staff member told us, "If I saw someone being abused, I will report it to the team leader or the manager."
- People were further protected from abuse because all staff had received safeguarding training on how to recognise and report abuse appropriately. The staff members we spoke with could explain what action they

would take if they suspected or witnessed abuse.

- People told us they felt safe and they could talk to staff. One person told us, "At home, I felt vulnerable, but not anymore. It's a safe environment, where you are looked after well. There's always someone looking out for us." Another person told us, "I'm very safe here. It's lovely. Everyone is kind and they know exactly what I need, I'm well looked after."
- Where safeguarding incidents had occurred, the manager had submitted the required CQC notification and safeguarding alerts without any delay and had worked in tandem with the local authority to resolve any concerns they had.

#### Assessing risk, safety monitoring and management

- Sufficient risk assessments were in place to ensure people received safe care.
- Risk assessments gave staff clear guidance on how to support people safely. For example, people who were at risk due to their physical health or their medical conditions, they had a risk assessment in place. Risk assessments were reviewed regularly to ensure they were accurate.
- The service had sought input from external healthcare professionals and where appropriate, advice on actions for staff to take, to mitigate risks and safely support people and reduce the risk of harm. Assessments provided clear instructions for staff to help minimise or eliminate the potential risk of harm or injury to people's health.
- Fire safety procedures were in place including weekly fire alarm checks and staff received training in evacuation procedures. Fire evacuation procedures were based on each person's needs and mobility and up to date records were available. Systems were in place to monitor the safety of the building and equipment used. Maintenance records were up to date. Systems and records showed the service was maintaining the safety of people using the service and equipment.
- Each person had a personal emergency evacuation plan (PEEP) to ensure they contained clear guidelines on how people would need to be evacuated safely in the event of a home emergency.
- Individuals risk assessments and care plans were constantly reviewed to ensure they remained up to date and met the person's needs whilst reducing risks to them.

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

#### Using medicines safely

- Medicines were being managed safely.
- Information regarding the support people needed with their medicines was recorded within their care plans. This information was clear, up to date and accessible to staff.
- Staff had been trained in medicine administration and followed the provider's medicines policy.
- We observed staff give medicines to people. The staff were polite, gained permission and then gave



people their medicines. They signed electronically for each medicine on the Medicine Administration Record (MAR) after giving it.

- Medicines including controlled drugs were stored securely. Staff monitored and recorded the medicines refrigerator and room temperatures daily. These were within the required range.
- Records showed staff had been assessed for their competency to ensure they were able to manage and administer medicines in a safe way.
- Medicines were safely administered, regularly audited and appropriately stored and disposed of. Staff were trained to administer medicine and this training was regularly updated. People's medicine records were fully completed and up to date.

#### 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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- People's relatives told us visiting was easy, and they could arrive whenever. Visitors were required to have their temperature taken and sign in the visitors' book. Visiting was facilitated in people's bedrooms.

#### Learning lessons when things go wrong

- The provider had systems to ensure lessons were learnt from any incidents to ensure the safety of people who lived in the home. Incident and accident records showed that issues were addressed quickly, recorded and investigated to find the cause. There was evidence of actions taken to mitigate future risks. For example, in relation to a skin tear there were immediate actions outlined for staff to undertake. Analysis was carried out, which identified the theme and trends to help mitigate future potential risks. Learnings lessons from accidents and incidents was shared with the staff team through meetings and at daily briefings.
- Risk assessments and care plans were reviewed to ensure they remained up to date and met the person needs in reducing the risk.

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

At our last inspection, the provider had failed to monitor the quality of the service being delivered. We were not satisfied that the systems were used effectively to assess, monitor and improve 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.

### Continuous learning and improving Care

- At our last inspection, the service had quality assurance systems in place to monitor the quality of the service and to improve delivery of care and support. Audits were completed monthly to identify improvements where necessary. For example, regarding the safe care and treatment of people using the service and governance. However, the systems in place did not always identify the concerns we found regarding staffing.
- The service used a dependency tool to calculate the number of staff hours required to meet people's needs depending on their level of dependency. However, the management team had not identified the challenges staff told us they faced regarding staffing levels at the service. Staff rotas did not clearly demonstrate staff allocation and deployment. This meant it was unclear to which unit staff were allocated on each shift. These findings were discussed with the management team during the last inspection. The management team responded during and after the inspection.
- During our inspection, we noted improvements had been made around the concerns we identified. The provider had a robust system to monitor, assess and drive improvements to their service. These audits included medicine management audits, health and safety audits, premises and equipment audits, infection control audits, staff dependency tools and incident and accidents. Where actions had been identified this informed an action plan. Recent premises and equipment audits had identified few minor repairs were needed. This was completed by the maintenance team.
- There were policies and procedures regarding how to continually improve and work in co-operation with other service providers.
- Internal service improvement plans contained action plans to address any performance shortfalls that were required to be addressed and progress made towards them.
- The management team told us they obtained feedback from staff and people about the service through surveys and telephones. Records confirmed this and the results of the surveys were positive.

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

- The management team had developed a very positive culture which placed people at the centre of the

service. People were included in decisions about how their care and support were provided. They received person-centred care that met their needs and promoted positive outcomes.

- The registered manager was visible in the service, approachable and took a genuine interest in what people, staff, family, and other professionals had to say.
- Feedback from people who used the service and relatives was complimentary about Birchwood Residential Care Home. Both people and their relatives told us they were satisfied with the care they received and would recommend the service to other people. One relative said, "I feel very comfortable speaking to [registered manager]. Deputy Manager is very approachable too." One person said, "[Registered manager] visited me when I was in hospital. She is very pleasant indeed; she comes to see me in my room".
- Processes were in place to ensure people's care was regularly reviewed, and any changes or improvements were acted upon in a timely manner.
- Staff were positive about working for the service and how they were supported in their work. A staff member told us, "I've been here for a long time, management are very approachable and if I need to talk to [provider], they always listen." Another staff member said, "[The registered manager] is a good manager, she talks to everyone. If you have a problem, you go to her and she tries her best to sort it."
- The provider had received a number of care home awards including recently, 'Sanctuary best performance home in the East' along with 'Best Infection Prevention Control' at the NHS North East London.
- The provider invested in the home, had carried out a complete refurbishment of the home. For example, all bathrooms and toilets were fully refurbished. Dining room had new carpets and wooden flooring as well as new armchairs.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and deputy manager understood their responsibilities for ensuring that risks were promptly identified and mitigated. Risks to people's health, safety and well-being were effectively managed through the ongoing review and monitoring of the service.
- Notifiable events had been reported to CQC as required and the provider was aware of their responsibilities around this.
- The registered manager and deputy manager understood their responsibilities under the duty of candour. The provider and registered manager had been open and transparent with people when incidents occurred where the duty of candour applied.
- Policies and procedures to promote safe, effective care to people were available at the service. These were regularly reviewed and updated to ensure staff had access to best practice guidance and up-to-date information for their role.
- The ratings from the previous inspection were displayed at the service and on the provider's website as required by law.

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

- The registered manager was clear about their role and responsibilities. They understood the regulatory requirements of their role and had notified the CQC when required of events and incidents that had occurred at the service.
- The service had appropriate quality assurance and auditing systems in place designed to drive improvements in performance and to maintain effective oversight.
- The registered manager were supported by members of the senior leadership team and told us they felt supported in their role.

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

#### characteristics

- The provider sought feedback to improve the service. People, relatives and staff were asked to complete a survey to enable the provider to learn from feedback and find ways to continuously develop the service.
- The management team, provider and staff were committed to the continuous improvement of the service. They assessed the quality and safety of the service to identify how it could be further improved to promote positive outcomes for people.
- Staff received regular supervision and there were staff meetings which covered priorities such as training, activities, annual leave and safeguarding.
- Staff told us they were happy working at the service. Records confirmed that staff had regular team meetings that allowed them the opportunity to input suggestions regarding the service. One care worker commented, "The home not only thinks about its people needs and wants but they also think about its employees too."

#### Working in partnership with others

- The service worked with other health and social care professionals in line with people's specific needs. Staff commented that communication between other agencies was good and enabled people's needs to be met. Care files showed evidence of professionals working together. For example, GPs and various specialists specific to certain conditions/needs.