

## Turning Point

# Turning Point - Birchwood Nursing Home

### Inspection report

Lees New Road  
Oldham  
Lancashire  
OL4 5PP

Tel: 01616212750  
Website: [www.turning-point.co.uk](http://www.turning-point.co.uk)

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This was an announced inspection which took place on 14 March 2016. We had previously carried out an inspection in September 2014. We found the service to be meeting the regulations we reviewed at that time.

Birchwood Nursing Home is registered to provide accommodation for up to 16 people who require support with nursing or personal care. The service specialises in providing a rehabilitation service for people with enduring mental health conditions. People who use the service have their own en-suite bedrooms and access to the communal areas. Two bedsits are also available for people who are assessed as ready to move into a more independent living situation. At the time of this inspection there were 15 people using the service.

The provider had a registered manager in place as required under the conditions of their registration with the Care Quality Commission. 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. The registered manager was supported in the day to day running of the service by a clinical lead and an administrator. The implementation and development nurse manager for clinical services was also based at Birchwood.

Staff had received training in safeguarding adults. They were able to tell us of the action they had taken to protect people who used the service from the risk of abuse. They told us they would also be confident to use the whistleblowing procedure in the service report any poor practice they might observe. They told us they were certain any concerns would be taken seriously by the registered manager.

Systems were in place to ensure staff were safely recruited although we noted the provider's recruitment policy needed to be updated. Staff demonstrated a commitment to providing high quality personalised care for the individuals who accessed the service. People were supported to achieve their rehabilitation goals.

Robust systems were in place to ensure the safe handling of medicines. People were supported to take responsibility for their own medicines whenever possible.

Regular checks took place to ensure the safety and cleanliness of the environment. People who used the service were responsible for cleaning their own bedrooms, with support from staff as necessary.

Staff told us they received the training and supervision they needed to be able to carry out their roles effectively. Staff were able to demonstrate a good understanding of the Mental Capacity Act (MCA) 2005. We saw that arrangements were in place to ensure people who used the service were in agreement with the support provided.

Staff we spoke with told us they enjoyed working in the service and felt valued by both colleagues and the

registered manager. Staff felt able to raise any issues of concern or make suggestions to improve the service in supervision and staff meetings.

Care records we reviewed included information about the risks people might experience. Support plans were in place to help ensure staff provided the level of support necessary to manage the identified risks. Support plans were regularly reviewed to address any changes in a person's needs. People who used the service told us staff provided the right level of support to meet their needs.

People who used the service were able to access meals from the central kitchen or prepare their own meals with staff support as necessary. Staff told us they would try and encourage people to choose healthy ingredients and cooking methods.

People who used the service had opportunities to comment on the support they received. We saw that their views had been taken seriously and acted upon in order to improve their experience in the service.

Quality assurance systems were in place including regular audits and checks completed by the registered manager and clinical lead. We found that the managers and staff demonstrated a commitment to continuing to drive forward improvements in the service.

## 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.

People who used the service told us they felt safe. They had no concerns about the care and support they received from staff.

Recruitment processes were sufficiently robust to protect people who used the service from the risk of unsuitable staff. People told us there were always enough staff available to provide the support they needed.

There were appropriate systems in place to help ensure the safe administration of medicines.

People's care records included information about any risks individuals might experience and the support they needed from staff to manage these risks.

### Is the service effective?

Good ●

The service was effective.

Staff received the induction, supervision and training they required to be able to provide appropriate support to people who used the service. Systems were in place to assess the competence of all staff to carry out their roles effectively.

Staff had received training in the Mental Capacity Act 2005. Staff told us how they supported people to make their own decisions and choices.

Where necessary people received support to help meet their health and nutritional needs.

### Is the service caring?

Good ●

The service was caring.

People who used the service told us staff were kind, caring and supportive.

Staff demonstrated a commitment to providing high quality

support and care. People told us staff would always support them to develop their independent living skills and to achieve their rehabilitation goals.

### Is the service responsive?

Good ●

The service was responsive.

Arrangements were in place to help ensure people received individualised care to meet their diverse needs.

People who used the service were involved in reviewing the support they received in Birchwood. This helped to ensure the service was responsive to people's changing needs.

People were encouraged to provide feedback on the service they received. Any complaints or suggestions were acted upon to help improve people's experience of the service.

### Is the service well-led?

Good ●

The service was well-led.

The service had a manager who was registered with the Care Quality Commission and was qualified to undertake the role. They demonstrated a commitment to ensuring people's experience of the service was positive.

Staff told us they enjoyed working in Birchwood and felt well supported by both their colleagues and the managers in the service

Quality assurance systems in place were used to drive forward improvements in the service.

# Turning Point - Birchwood Nursing Home

## **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 inspection took place on 14 March 2016 and was unannounced. The inspection was undertaken by one adult social care inspector.

Before the inspection we reviewed the information we held about the service including the last inspection report and notifications the provider had made to us. When we visited the service the registered manager gave us a copy of the recently completed provider information return (PIR); this is a document that asks the provider to give us some key information about the service, what the service does well and any improvements they are planning to make. We also contacted the local authority safeguarding team and the clinical commissioning group to gather their views regarding the service. No concerns were raised with us by these teams.

During the inspection we spoke with four people who used the service. We also spoke with the registered manager, the clinical lead, the registered nurse on duty, a support worker, the cook, the domestic and the implementation and development nurse manager for clinical services.

We looked at the care and medication records for three people who used the service. We also looked at a range of records relating to how the service was managed; these included four staff personnel files, staff training records and policies and procedures.

# Is the service safe?

## Our findings

All the people we spoke with who used the service told us they felt safe and had no concerns about the care and treatment they received in the service. Comments people made to us included, "I feel safe because of the staff", "I feel safe here. The staff treat me properly" and "Staff do the best they can for me so I feel safe here."

We asked staff how they ensured people were kept safe when they used the service. The clinical lead told us they were responsible for undertaking an assessment to determine a person's suitability for the service once a referral was received. They told us this included a comprehensive assessment of the risks the person presented to themselves or others in order to decide if the service was able to manage these risks.

We reviewed the care records of a person who had recently been admitted to the service. We saw that these included a robust assessment of the risks presented by the person and the action staff should take to ensure they offered an appropriate level of support to manage these risks. A crisis plan was also in place following a recent increase in the level of risk and vulnerability demonstrated by the person.

Records we reviewed showed all staff had completed training in safeguarding adults. In addition to the provider's safeguarding policy, staff had access to the local authority's multi-agency safeguarding policy and procedure. Staff were able to tell us the correct procedure to follow should they witness or suspect abuse including contacting local authority safeguarding teams for adults. Staff told us they would feel confident to report any poor practice they observed using the whistle blowing policy.

We saw that during a recent staff meeting staff had been asked to complete a safeguarding quiz to demonstrate their understanding of the different types of abuse people might experience. The registered manager told us staff had found this a very useful exercise to complete.

We noted that safeguarding was also discussed in meetings between managers and people who used the service. An 'easy read' safeguarding policy was also on display on a noticeboard in one of the communal areas. These measures helped to ensure people who used the service knew how to protect themselves and others from the risk of abuse.

During the inspection we observed that staff responded promptly and appropriately to safeguarding concerns raised regarding potential financial abuse experienced by a person who used the service in the local community. Records we reviewed also provided evidence that the registered manager had taken appropriate action to deal with any safeguarding issues which had arisen in the service.

People who used the service told us there were always enough staff on duty to meet their needs. Comments people made to us included, "Staff are always there when you need them" and "There are always enough staff around." Staff told us they were expected to work flexibly so that they were available to support people to attend appointments or community based activities. From our observations, there were sufficient staff on duty throughout the day to meet people's needs.

The care records we reviewed contained individualised risk assessments. These covered areas such as mental health, physical health, nutrition, finances and concordance with medication. We saw that risk assessments had been reviewed and updated at regular intervals or when there was a change in the person's needs or condition.

The registered manager told us that there was a stable staff team in place and that the team worked well together. They told us that they occasionally used agency nurses in order to cover for staff sickness or holidays. They showed us the induction checklist which was completed with any new agency nurses, although they advised us that they tried to use the same agency staff wherever possible in order to provide continuity of care for people who used the service.

We looked at the systems in place to ensure staff were safely recruited. We noted the provider had a recruitment and selection procedure in place which detailed some of the pre-employment checks which should take place before a person was employed to work in the service; these checks included references, a pre-employment medical questionnaire and proof of the person's identity. However, we noted the policy did not include the requirement to undertake additional checks as to why a person's employment had ended when they had worked previously with vulnerable adults or children. When we discussed this with the provider's Human Resources Department they confirmed that these checks were always undertaken but would ensure the recruitment and selection policy was updated to make this requirement clear.

We reviewed four staff personnel files to check that the required documents were in place. We found that only one of the personnel files included references. The registered manager told us the provider's human resource department an external auditor had both recently conducted an audit of staff files and found them to be fully compliant. We were told that since the move to a centralised office a number of staff records had been lost, including references received when staff were appointed before 2008. The registered manager told us that they had been advised to complete a risk assessment to ensure there were no gaps in the employment records of each staff member for whom no references could be located. Following the inspection the registered manager contacted the provider's human resource department at our request. As a result of this contact the registered manager told us the human resources department had located the references for the three staff for whom this information was not held on the files we reviewed. We were sent a copy of this information to confirm the required pre-employment checks had been completed.

From the records we reviewed we saw that the provider had a process in place to ensure all nursing staff employed in the service were registered with the Nursing and Midwifery Council.

We asked the registered manager about the involvement of people who used the service in the recruitment and selection of staff. They told us that one particular person in the service would normally 'meet and greet' prospective staff who attended the service for interview. They were then asked for their feedback regarding the conduct and approach of applicants, although they did not take part in the formal interview process. The registered manager told us that people who used the service would also put forward questions to be included in the selection interview. The implementation and development nurse manager told us that they recognised that Birchwood needed to go further in involving people who used the service in the recruitment of staff; this included providing people with the support and training they would need to be able to fulfil this role effectively. They told us that this was a key area for service development over the next 12 months.

We checked the systems in place to help ensure the safe administration of medicines. We noted that only trained nursing staff were allowed to administer medicines to people who used the service. During the inspection, with permission, we observed medicines being administered to two people who used the service. We noted that people were reminded about the medicines they were prescribed and records were



completed promptly to confirm that each person had received their medicines as prescribed.

People who used the service were supported to take responsibility for their own medicines when it was assessed that it was safe for them to do so. We saw that a system was in place to allow a staged transfer of responsibility from staff administering medicines to an individual managing up to a week's supply of their medicines. We spoke with one person who had responsibility for managing their own medicines on a weekly basis. They told us, "I have a blister pack [monitored dosage system]. Staff always check that I have been taking my medication."

When we spoke with the clinical lead they told us that a recent audit had identified a potential discrepancy regarding the stock of one particular medicine. They told us that as a result of this an action plan had been devised which involved all nursing staff completing refresher training regarding the safe handling of medicines. All nursing staff, including agency nurses, had attended a supervision session where the concerns identified during the audit had been discussed. They had also been required to complete a reflective practice exercise to demonstrate their learning from the concerns raised by the audit.

We checked to see how people were protected from the risk of cross infection. We saw there was a policy and procedure in place for staff to follow. Staff also had access to best practice guidance to help ensure appropriate infection control measures were taken.

We saw that hand sanitizers were available throughout the service and an annual handwashing audit was carried out by the infection control lead in the service. The registered manager told us that they carried out regular infection control audits in the service. In addition a further audit was conducted by the provider's health and safety unit. We saw that in the most recent audit carried out by the provider in July 2015 the service had been judged to be compliant in 6 of the areas reviewed and outstanding in 13 of these areas. However the clinical lead told us a more recent internal audit they had conducted together with the administrator employed in the service had identified several areas which required attention. They showed us the action plan which they had put in place as a result of this audit. They told us they had a meeting planned to review progress against this plan.

During the inspection we spoke with the domestic employed in the service. They advised us they were responsible for cleaning all communal areas. They told us people who used the service were responsible for cleaning their own rooms, with staff support if necessary. They informed us they had undertaken training in infection control and had all the equipment and products needed to carry out their role.

We looked at the systems in place to ensure the safety of equipment used in the service. Records we reviewed showed safety checks in relation to gas, electric and small pieces of electrical equipment had been carried out at required intervals.

Risk assessments were in place in relation to the environment, lone working and equipment used in the service. The provider also had a business continuity plan in place which detailed the action staff should take in the event of an emergency at the service. Staff also had access to a 'critical hour grab bag' which contained items such as a torch, first aid kit and bottled water. The contents of this bag were checked on a weekly basis to ensure all required items were in place.

Inspection of records showed regular in-house fire safety checks had been carried out to ensure that the fire alarm, emergency lighting and fire extinguishers were in good working order. We saw that regular fire evacuation drills took place. Records we reviewed showed that personal evacuation plans were in place for all people who used the service.

## Is the service effective?

### Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Due to the nature of the service there were no people subject to DoLS at the time of this inspection. However staff demonstrated a good understanding of the principles of the MCA and the requirement to support people to make their own decisions whenever possible. Records we reviewed showed the capacity of each person to consent to their admission to the service was assessed during the referral process.

People who used the service told us staff always respected their choices and decisions. One person commented, "There are no restrictions on us. We can choose to do what we like."

Staff told us they received the training, support and supervision they required to be able to deliver effective care. We saw that new staff completed an induction when they started work in the service. Records we reviewed showed that an induction checklist was completed to show that new staff had received all the information they required for their role. A member of staff we spoke with told us, "The induction was really good. All new staff get to shadow other staff and find out about the paperwork."

Records we reviewed showed that all staff had completed training in moving and handling, safeguarding, MCA and DoLS, fire safety and first aid. People who used the service told us they had confidence in the staff who supported them. One person commented, "Staff are all very well trained." Staff also attended regular supervision sessions with their identified supervisor. These sessions were used to discuss practice issues as well as learning and development opportunities.

We saw that all staff received an employee handbook when they started work in the service. This included information about the provider's vision and values and outlined the support and training staff could expect to receive to help them carry out their roles effectively. We saw that the provider had introduced a system to regularly assess the competence of staff in the workplace.

We asked how staff monitored people's health and nutritional needs when they accessed the service. We were told that people were able to access meals provided by the central kitchen; this offered a four week menu with a range of choices including vegetarian options. All the people we spoke with who used the

service told us that the food provided from the kitchen was of excellent quality. Comments people made to us included, "The food is very good; we have enough choice", "[The cook] is really nice. She knows I like trifle so she makes that for me" and "The food is brilliant. They do some good meals."

People were also supported to do their own cooking on a regular basis. Staff told us they would always try and encourage people to make healthy choices regarding their meal ingredients or their method of cooking, although they respected that people were able to make their own decisions about this.

We spoke with the cook on duty who told us they were aware of the dietary preferences of people who used the service. They informed us that they always ensured they provided meals to meet people's cultural or religious preferences.

Records we reviewed showed that staff had requested a person's GP make a referral to the dietician when they had concerns regarding their nutritional intake. All the people we spoke with told us staff would always support them to make, and where necessary attend, appointments with health professionals. All the staff we spoke with demonstrated they were aware of the action to take should they have concerns regarding a person's deteriorating mental health in order to ensure individuals received the care and treatment they required.

## Is the service caring?

### Our findings

People we spoke with who used the service spoke positively about the attitude of staff. Comments people made to us included, "Staff look after us", "Staff do a brilliant job here" and "Staff are great. They always treat us with respect."

During the inspection we observed warm, friendly and respectful interactions between all staff and people who used the service. We saw that staff took the time to ask people about their plans for the day and to enquire about their well-being. We observed one staff member helped a person who used the service to understand and respond to a letter they had received regarding a forthcoming health appointment. The support the staff member offered to the person clearly helped them to feel reassured about the process and what they could expect on the day of the appointment.

All the staff we spoke with demonstrated a commitment to providing high quality support and care in order to help people who used the service meet their rehabilitation goals. One staff member told us, "We promote independence for people so that they can eventually move on to get their own place." People who used the service confirmed that staff would always support and encourage them to do as much as they could for themselves. One person who had recently moved into one of the bedsits told us, "I do my own cooking five days a week but staff help me if I need anything; all I have to do is ask."

Records we reviewed showed that support plans contained information about people's social and family history. Staff we spoke with demonstrated they had a good understanding of the needs and preferences of people who used the service. They told us that they tried to ensure that all the care provided was person centred. This was confirmed by all the people we spoke with who used the service.

Care records provided evidence that staff worked with people to identify the goals they wanted to achieve from their admission to the service. Individuals were asked to sign their support plan to indicate their agreement to its contents. We saw that all care records were held securely. This should help ensure the confidentiality of people's personal information.

The registered manager told us there was a stable staff team at Birchwood. This meant people who used the service had the opportunity to develop consistent relationships with the staff who supported them.

People who were admitted to the service were given an information booklet regarding the support they could expect to receive during their stay at Birchwood, including how they could get their views heard and acted upon. A similar booklet was also available for relatives. The registered manager told us people were supported to access independent advocacy services if they needed help in ensuring their health and social care needs were met. We saw that information regarding advocacy services was on display on notice boards throughout the service.

## Is the service responsive?

### Our findings

All the people we spoke with who used the service told us they had been involved in developing and reviewing their support plans. They told us that staff always provided the support they needed to help achieve their rehabilitation goals. Comments people made to us included, "Staff help me all the time. All I have to do is ask and they help me straight away" and "Staff have helped me with budgeting."

We looked at the care records for three people who used the service. We noted these contained detailed information regarding people's health and social care needs. We saw that there was a system in place to ensure people who used the service were involved in reviewing and amending their support plans as their needs changed. All the people we spoke with confirmed they had been involved in regular review meetings both with staff from Birchwood and with other professionals involved in their care. We saw that the service used the nationally recognised 'recovery star' framework to support people who used the service to record and recognise their progress

People who used the service were supported to undertake activities both within Birchwood and in the local community; these activities included a walking group, using local leisure facilities, video games and pool. We saw that each person had an agreed plan for each day which included support from staff to undertake cooking, laundry and other activities of daily living. All the people we spoke with who used the service told us they had access to enough activities to promote their health and well-being.

The registered manager told us they had arrangements in place to ensure people's religious and cultural needs could be met. They told us they had arranged for a prayer room to be available to both people who used the service and staff. They also informed us that a member of the staff team had language skills which they had been able to use to engage the family of a person referred to the service. They told us they would also arrange access to formal interpreting services when necessary.

We looked at the system for managing complaints in the service. We noted a complaints procedure was in place which provided information about the process for responding to and investigating complaints. Information was also on display in the communal areas to advise people how they could provide feedback on the service they received. A suggestion box was also available for people to use.

We looked at the complaints log and saw evidence that, where a complaint had been received, the registered manager had conducted an investigation and reported the outcome to the complainant. The registered manager told us all complaints were reported centrally to the provider in order for themes and trends to be identified. All the people we spoke with told us they would not have any hesitation in making a complaint to the registered manager or other staff and were certain that their concerns would be taken seriously.

Records we reviewed showed regular meetings took place between managers, staff and people who used the service. A 'You said, we did' notice was displayed on the notice board in one of the communal areas. This showed that managers and staff had listened to the views of people who used the service and taken action

to address any requests or comments made. All the people we spoke with who used the service told us they felt listened to in these meetings and were confident that any suggestions they made would be taken seriously.

## Is the service well-led?

### Our findings

The service had a manager in place who was registered with the Care Quality Commission (CQC) and was qualified to undertake the role. They were supported in the day to day running of the service by a clinical lead and an administrator.

Prior to the inspection we checked our records and saw that incidents that CQC needed to be informed about had been notified to us by the registered manager. This meant we were able to confirm that appropriate action had been taken by the service.

We asked the registered manager about their key achievements since the last inspection. They told us they were proud that every member of staff had either completed or been booked on a new e-learning mental health foundation course which consisted of 16 modules. They told us staff had provided positive feedback on their learning from this course.

All the people we spoke with who used the service provided positive feedback about the managers in Birchwood, particularly the registered manager. Comments people made to us included, "[The registered manager] is a brilliant bloke. He always listens to our point of view. He listens to both sides of the story" and "[The registered manager] has an open door policy. He's a very nice chap." During the inspection we observed the registered manager and clinical lead to be visible throughout the service, directing staff where necessary regarding the support people required.

We looked at the results of the most recent satisfaction survey distributed by the provider to people who used the service in October 2015. We noted that most of the responses were very positive. People's responses stated they felt listened to and involved in the way the service was run.

Staff told us they enjoyed working in Birchwood and found the managers to be approachable and supportive. One staff member told us, "I can always go to the nurse on duty or [the registered manager] for advice." Another staff member commented, "The management are very approachable and exceptionally helpful." Staff told us they had access to a 24 hour manager on call service should this be required. The results of the most recent staff survey distributed by the provider showed all staff found it easy to approach managers in the service. 100% of staff respondents agreed that the service was safe and well managed.

Records we reviewed showed regular staff meetings took place. Staff told us they were able to raise any suggestions they might have and that these were always listened to.

There were a number of quality assurance processes in place in the service. These included audits relating to medication, care plans and infection control. The provider had introduced a quality monitoring tool for registered managers to use in order to assess their service against the five key questions asked by CQC during inspection visits. We saw that this had been completed for Birchwood and the registered manager had assessed the service as being 'good' in all five areas. The registered manager told us they intended to involve staff in continuing to gather evidence to the quality assessment tool. Two of the staff we spoke with

told us they had been allocated to the 'caring' question and were able to give us examples of good practice in this area.

We discussed with the registered manager and implementation and development nurse manager that the provider's current quality monitoring tool only asked managers and staff to consider if they were providing a service which was good or required improvement, rather than all of the ratings currently available, including whether the care provided could be considered to be 'outstanding' in any or all areas. The managers told us they would discuss this further with the department responsible for producing the tool as they wanted to continue to drive forward improvements in the service and strive to be able to demonstrate outstanding practice wherever possible.

We saw that the registered manager attended regular regional governance meetings organised by the provider. Minutes from these meetings showed that the provider had a focus on ensuring each service, including Birchwood was delivering high quality care. This was achieved through discussion of any incidents, complaints and the lessons learned from these for each service. A regular regional clinical practice group was also organised by the provider to allow services the opportunity to share best practice.