

Turning Point

Turning Point - Birchwood Nursing Home

Inspection report

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Date of inspection visit:
18 October 2018

Date of publication:
19 November 2018

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 unannounced inspection took place on 18 October 2018. We had previously carried out an inspection on 14 March 2016 when we found the service had complied with all the regulations we reviewed.

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

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. At the time of this inspection there were 14 people using the service.

Birchwood Nursing Home is located in Oldham. There are shops and other amenities close by.

At our last inspection in March 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had a manager who was registered with us. 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 the legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The registered manager of Birchwood Nursing Home was on annual leave on the day of the inspection. The staff team supported us to collect the information we needed.

People said staff treated them with kindness and compassion. Comments included, "The staff are amazing here, very supportive" and "There are so many good staff who look out for you."

Staff were aware of their responsibilities to safeguard people from abuse. Safe recruitment practices were in place and the service followed national and local safeguarding guidance.

There were sufficient staff to care for people. Risks to people's safety were assessed and medicines were administered safely.

Staff knew people's care needs, preferences, personal histories and backgrounds. People said staff protected their privacy and their dignity was respected.

People were supported to be independent and develop new skills.

We found that records were written in a positive and respectful way and provided guidance on how to support people.

People received care from staff who were appropriately trained to effectively carry out their job roles.

People were supported to have maximum choice and control of their lives. The service acted in accordance with the Mental Capacity Act (2005).

People's nutritional needs were met and they were supported to maintain good health and receive ongoing healthcare support.

People received personalised care that met their individual needs. People were given appropriate support and encouragement to access meaningful activities and follow their individual interests.

Birchwood Nursing Home had arrangements in place to receive feedback from people that used the service, their relatives, external stakeholders and staff members about the services provided.

We found that records were sufficiently maintained and effective systems were in place to monitor the quality of 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? The service remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Good.	Good ●

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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 was conducted by one adult social care inspector on the 18 October 2018.

Before this inspection, we reviewed notifications that we had received from and about the service. A notification is information about important events which the provider is required to tell us about by law. We reviewed the Provider Information Record (PIR) before the inspection. This is a form that asks the provider to give some key information about the service, and tells us what the service does well and the improvements they plan to make. We used this information to help plan the inspection. We also checked with the local authority commissioning and safeguarding teams. We did not receive any concerns relating to Birchwood Nursing Home.

We spoke with eight people who used the service, two senior staff nurses, an area manager, an administrator, four care staff members, the chef, the domestic staff and five health and social care professionals that had worked with the service.

We observed interactions between staff and the people living at the service. We reviewed care records and risk management plans for four people who lived at the service, and checked five medicines administration records to ensure these were accurate and completed correctly. We looked at a range of staff files and the training records for all the staff employed at the service to ensure that staff training was up to date. We also reviewed additional information on how the quality of the service was monitored and managed.

Is the service safe?

Our findings

The service continued to provide safe care. People told us they felt safe at the service. They told us, "I feel safe here, without feeling restricted", and "I feel safe knowing people keep an eye out for me. I still feel free though." We saw that people alerted staff to let them know they were leaving the building and gave an estimate when they expected to be home. Personalised protocols were in place that could be followed if a person did not arrive home as expected. The entrance to the building was secure and visitors had to sign in and out of the building to maintain a high standard of security.

The service carried out environmental safety checks of the fire safety equipment, fire alarms and electrical appliances. Upper floor windows had restrictors to prevent falls and accidents. Each person had a personal evacuation plan so staff knew how to support people to evacuate the premises in the event of an emergency. The staff were trained in fire safety and the alarms and emergency lighting were tested as required. There were contingency plans in place in the event of a fire or need to evacuate the premises.

We saw the service had taken a proactive approach to manage risks. These included analysis, identification and review of environmental risks and hazards. Each risk assessment identified the hazard, who might be affected, any control measures in place and any further measures required.

Each person's care records included risk assessments and care plans to mitigate these risks. These included risks associated with the environment and more specific assessments relating to mental health. We saw risk assessments relating to; absconding; personal care; harm to self and non-compliance with medicines.

Policies and procedures were designed to minimise the risk of harm. These included safeguarding and whistleblowing policies. A system for whistleblowing provides a commitment by the service to encourage staff to report genuine concerns around poor practice without recrimination.

Records showed that all staff had received training in these areas, and when we spoke with them they demonstrated an understanding of what might constitute harm and the procedures for responding to and reporting allegations of abuse. At the time of our inspection there were no safeguarding concerns but we saw evidence that when alerts had been raised appropriate protective measures were put into place and allegations were fully investigated. Staff were watchful for any potential concerns.

Where accidents or incidents had occurred, there was an evaluation, review and an action plan implemented to reduce the risk of a reoccurrence. The service also referred all accidents to the local authority for monitoring purposes.

We saw that there had been a robust recruitment procedure. We looked at four staff files. Each file contained at least two written references, an application form with any gaps in employment explored, proof of the staff members addresses and identity and a Disclosure and Barring Service check (DBS). DBS checks aim to help employers make safer recruitment decisions and minimise the risk of unsuitable people being employed to work with vulnerable groups of people.

There were sufficient staff on duty to meet people's needs although two people told us that they occasionally had to wait for support during the day if staff were supporting someone to an appointment. We passed these comments on to the area manager who told us they would review the staffing levels during busier periods. Staff said there was generally enough staff to meet people's needs. The staff rota showed at least two care staff on duty during the day plus at least one nurse/manager. Night time staff consisted of one waking night staff and one nurse. Managers were on call 24 hours to support staff.

We observed a medicine round at lunch time and saw this was carried out safely. The nurse on duty had full responsibility for administering medicines. Records and medicines stocks showed medicines were administered to people as prescribed. Medicines were safely stored and the temperature of the medicines storage room and fridge were monitored. All medicines errors were fully investigated.

The home was clean and hygienic. There were no offensive odours. Aprons and gloves were available to control the risk of infection. People told us the home was kept clean and hygienic. The service completed audits to support good practice in handwashing and controlling infectious diseases.

Is the service effective?

Our findings

The service continued to provide effective care. People said they felt supported by staff who understood their needs. One person said, "If I'm having a bad day, they know me well and can help me." A health and social care professional told us, "I find the team to be open honest and transparent. Service users seem happy when asked and seem to enjoy and benefit from the environment." During the inspection we saw one person became upset and staff reassured the person calmly, professionally and with kindness.

The home's environment was well-maintained with a large communal lounge and a dining room. People commented on the 'family atmosphere' of the home. There was a communal kitchen area and an accessible garden complete with a seated smoking area. People said they sat out in the garden and made use of this area particularly in the summer. A second kitchen area was available for people to do their own cooking independently.

Many people living at the home could make decisions about their own care and support. Where decisions were made on behalf of people who were unable to give their consent, mental capacity assessments had been carried out in accordance with the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making 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 make 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. Applications for DoLS were made where appropriate. Staff were trained in the MCA and had a good awareness of the legislation. People told us staff asked for their consent before providing care.

Newly appointed staff received an induction to prepare them for their job and this involved an assessment of their competency to work effectively and safely with people. The induction included enrolment on the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standard that should be covered as part of induction training of new care workers. Staff confirmed the induction prepared them for their role.

Staff were up to date with essential training. The staff members we spoke with told us they were provided with training that enabled them to do their job and meet people's needs. The service provided staff with specialist mental health training including; complex needs, hoarding behaviours, suicide and self-harm, mental health and learning disability and drug and alcohol awareness. A member of staff told us, "I did a course called 'working through paranoia', it was so interesting I was bowled over. I've been able to apply

this knowledge to my work here."

People told us they liked the food and that there was choice. One person said, "The food is fine, we get a choice and if we don't fancy it we can make our own." People enhanced their daily living skills by preparing a certain number of their own meals to prepare them for moving on from the service. People's nutritional needs were assessed. There was a menu that changed regularly. The staff knew people well, ensuring people with dietary needs received the correct meals. Many meals were home cooked and fresh fruit and vegetables were provided. Snacks were made available day and night.

The provider and staff liaised positively with health care services. We saw that the service informed people's doctors of any changes or incidents that occurred. One health and social care professional told us, "I have worked with the staff at Birchwood over a number of years and have always found them to be a well-led, professional team. They inform me promptly of any concerns, and include the team in all decision making and update meetings."

People's physical and mental health needs were considered by the service. One person had recently had an appointment with the chiropodist, the community mental health team and visited the asthma clinic. A health and social care professional told us about how funding from 'the commissioning for quality and innovation' (CQUINS) had been spent to raise awareness of people's health needs. They said, "CQUIN has previously been used to provide education for staff as the service user needs have changed and our locality needs, this includes personality disorder and dual diagnosis, this year the focus is on health and wellbeing for service users."

Is the service caring?

Our findings

People commented on the kindness and compassion of the staff. For example, when we asked one person if they got on well with the staff they replied, "I can speak to the staff. I'm not just 'bigging' it up, this is the best place I've lived," and "They [staff] care about us. I am treated like an adult and given lots of freedom."

People were encouraged to maintain their independence by having chores to do around the building and keeping their bedrooms clean and tidy.

We observed staff speaking to people kindly and with respect. Staff knocked on people's bedroom doors and waited for a response before entering, which promoted people's privacy.

Staff were aware of the need to treat people equally irrespective of age or disability or race. Staff had attended training in equality, diversity and inclusion.

Care plans showed people were involved in decisions about their care. People said they were able to exercise choice in how they spent their time, in the meals they ate and the times they received personal care. A senior staff nurse told us, "We try to help people get into a routine and good habits for when they move on but we don't dictate. They can choose how to spend their time how they wish." One person said, "When I first came here I spent most of my time in bed. Now I do most of my own cooking and a range of activities fill my day."

A health and social care professional we spoke with said, "I have had no issues with Birchwood Nursing Home and have always felt welcome. They have been super supportive with the clients that have resided there."

We saw people were well presented and dressed appropriately for the weather and looked well cared for. This showed that staff were attentive to people's needs and preferences.

Bedrooms were individually decorated and contained people's own personal possessions such as family photographs. Some people chose to spend time in their rooms, but were invited to join any events that were happening. One person commented, "I spend some time in my bedroom if I'm feeling like I want to be quiet. The staff check in on me."

People told us that they held a resident account that they could access as they wished to develop their independence and financial skills, one person said, "I go out sometimes and the staff help me budget for activities."

We saw from assessments and support plans that people were supported to express their own individuality in relation to their spiritual, cultural and personal preferences. Staff could tell us how they recognised people's preferences and upheld their confidentiality. Birchwood Nursing Home's family guide stated, "We aim to cater for any specific requirements in terms of spiritual needs and provide a list of places of worship

for many different faiths in the resident guide book. Staff will support residents in regard to their faith."

People were treated with dignity and respect, and without discrimination. There were enough staff to spend time with people who used the service and when we spoke with them, care staff were able to indicate how they understood people's preferences, and wishes.

The service held regular meetings, including a weekly meeting where people discussed menu and activity choices. The service could share information at this time and people could share any concerns. We saw a 'you said – we did' board in the hall way which tracked how resident's suggestions had been actioned by the service. This showed that the service valued the opinion of people living at Birchwood Nursing Home and sought to make improvements in line with their wishes.

All the records we asked to look at were stored securely. Staff received training in information management and confidentiality which ensured information would only be shared with people who needed to know people's personal details.

Is the service responsive?

Our findings

Care records showed people's needs were assessed prior to being admitted to the home. Care plans reflected individual needs and how people preferred to receive support from staff. The care records showed attention to detail regarding personal care such as oral health care and people's needs at night. Each person had information in their records detailing their preferred routines, preferences and life history. People said they were involved in decisions about their care which were included in the care records. A health and social care professional told us, "I have found the Birchwood staff helpful, collaborative and keen to maintain good communication during this transition period including through regularly attending our team meetings. I have no cause for concern on safety, effectiveness and leadership to date."

We looked at four care records. Information about each person was detailed and written in a person-centred way focussing on their abilities and strengths. The care records contained detailed information to guide staff on the care and support to be provided. They also showed that risks to people's health and well-being had been identified, such as the risk of poor nutrition and the risk of injury. Where a risk had been noted, action to reduce or eliminate any identified risk was recorded in detail. Charts were completed to record any staff intervention with a person, for example, recording food intake, an identified risk regarding mental health, and when 'as required' medication might be used.

There was an activities programme. One person told us, "There's lots to do, karaoke, crafts, film nights, quizzes we even held a 'come dine with me' experience. We have had trips to the cinema and swimming but most of us also go out and pursue our own interests which is really important." People confirmed they liked the activities on offer. People had been able to complete educational courses and had worked in local shops on a voluntary basis.

Birchwood Nursing Home had a gardening group where people had successfully grown a variety of fruit and vegetables which had been served up at meal times. There was also a walking group and trips to local cafes.

An art therapist came in to work with people regularly and one person told us they spent time sewing in the activity room which they found very therapeutic.

People told us they would feel confident telling the staff if they had any concerns and felt that these would be listened to, taken seriously and dealt with courteously. We saw that the service had a complaints procedure. We saw a record of complaints and the outcomes with timescales to monitor how these were managed. The deputy manager told us that there had been no formal complaints since the last inspection but should a complaint be made they would inform the person of the results of their investigation and consult the person to check that they were happy with the outcome.

There were systems to ensure the staff team shared information about people's welfare. A staff handover procedure was in place. Information about people's health, moods, behaviour, appetite and the activities they had been engaged in were shared. One staff member told us, "We have an in-depth handover daily and communicate well as a team." This procedure meant staff were kept up-to-date with people's changing

needs.

We looked at how the service was meeting the requirements of the Accessible Information Standard (AIS) as required by the Health and Social Care Act 2012. This requires service providers to ensure those people with disability, impairment and/or sensory loss have information provided in an accessible format and are supported with communication. People were assessed and care plans included details about people's communication needs.

The service was able to offer end of life care to people if this was required, with support from outside agencies. At the time of the inspection Birchwood Nursing Home were not supporting anyone coming to the end of their lives but did have an appropriate policy in place and had explored people's wishes with some people, documenting these in their files.

Is the service well-led?

Our findings

The service is required to have a registered manager. The current manager at Birchwood Nursing Home had registered with CQC in May 2017. 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.

Another health and social care professional said, "In my view the service seems well led by the clinical lead. There are also senior staff who also provide support to junior members of staff. All staff seem to know the service users well."

The service had a positive and inclusive culture. People said they felt welcomed when they first moved to the home. The management team encouraged feedback, led by example and were accessible to both people using the service and staff. The home was transparent and open with effective communication in place and information about the service was accessible. People living, working at and visiting the service confirmed this in their feedback. The registered manager was held in high regard by people living at the home and staff. One person told us, "[Registered manager] always has time for me, no matter what they are doing. They always find time to help."

Staff met with the registered manager if they required support or to discuss important issues. There were handovers between shifts so information about people's care could be shared, and consistency of care practice could be maintained.

Incidents and accidents were investigated accordingly. Investigations included an analysis of events that could be used as an opportunity for learning and preventing further incidents from occurring.

People and those who were important to them had been surveyed for their views about their care and the service manager told us that the surveys were analysed and any points for improvement were placed into an action plan. The questionnaire scores were calculated and any areas of dissatisfaction were looked at, for example, it was raised that people were not sure that the service listened to their concerns, complaints and comments. In response the service decided to ask people for their comments and record the outcome during the weekly meeting.

The law requires that providers of care services send notifications of changes, events or incidents that occur within their services to the CQC. We checked and found that since our last visit we had received appropriate notifications from the service.

We saw spot checks and direct observations were carried out with staff to ensure that standards of care were maintained. We looked at a sample of these and determined they were carried out regularly and where issues were noted, staff discussed these with their manager or attended additional training. Any action taken regarding staff performance issues was also recorded. One staff member said, "Managers and nurses

are always on site so I feel well supported and supervised."

We saw that records at the service were kept securely and could be located when needed. This meant only care and management staff had access to them, ensuring people's confidentiality.

Staff understood the scope and limits of their roles and responsibilities which they told us helped the service to run smoothly. They knew who to go to for support and when to refer to the registered manager. They told us that mistakes were acknowledged and acted on in an atmosphere of support. The management team and staff consistently reflected the culture, values and ethos of the service, which placed the people at the heart of care.