

E.C. Investments (Gloucestershire) Limited

Birchams Grange

Inspection report

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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

About the service:

Birchams Grange is a care home that provides personal care for up to 29 older people who may have physical disabilities and/or be living with dementia, within a large adapted building. At the time of our inspection visit, there were 26 people living at the home.

People's experience of using this service:

Staff understood how to recognise and report abuse. Risks associated with the premises, the care equipment used and people's individual care needs had been assessed and reviewed, and plans were in place to manage these. Staffing levels meant people's needs could be met safely. Systems and procedures were in place designed to ensure people received their medicines safely. We identified the need for improved recording in relation to the use of people's topical medicines, and the management team assured us this would be addressed as a matter of priority. The provider had taken steps to protect people, staff and visitors from the risk of infections.

People's care needs were assessed before they moved into the home and then kept under review to achieve positive outcomes for them. Staff received an initial induction followed by ongoing training and supervision to enable them to fulfil their duties. People had support to choose what they ate and drink, and the risks associated with their eating and drinking were assessed and addressed. Staff and management helped people to access healthcare services and attend routine medical appointments. The home's environment was clean, fresh-smelling and well-maintained.

Staff treated people with kindness and compassion and promoted their rights to dignity and respect. Staff and management understood the need to promote equality and diversity within the service. People's individual communication needs were assessed, and they were encouraged to express their views about the service.

People's care plans were individual to them and covered key aspects of their care needs. Staff understood the need to read and follow these. People had support to participate in a range of social and recreational activities. People and their relatives understood how to raise any concerns or complaints with the provider. Procedures were in place to identify people's wishes regarding their future care.

The provider had quality assurance systems and processes in place to enable them monitor and, where necessary, improve the safety and quality of people's care. The management team promoted open communication and effective engagement with people, their relatives and community professionals. Staff felt well-supported and valued by the management team.

We found the service met the requirements for 'Good' in all areas. For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection: At the last comprehensive inspection, the service was rated as 'Good' (inspection report published on 26 July 2016). At this inspection, the overall rating of the service has remained 'Good'.

Why we inspected: This was a planned inspection based on the service's previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any information of concern is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-led findings below.

Good ●

Birchams Grange

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team: The inspection was carried out by one inspector and an Expert 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: Birchams Grange is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service is required to have a manager registered with the Care Quality Commission. At the time of our inspection, there was a registered manager in post. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection visit was unannounced

What we did when preparing for and carrying out this inspection:

Before the inspection visit, we reviewed information we had received about the service since the last inspection. This included information about incidents the provider must notify us of, such as any allegations of abuse. We sought feedback on the service from the local authority and local Healthwatch.

During the inspection, we spent time with people in the communal areas of the home and we saw how staff supported the people they cared for.

We spoke with five people who lived at the service, two relatives, two health and social care professionals, and an external training provider. We also spoke with the registered manager, the office manager, the housekeeper, the cook, a senior care staff member and five care staff.

We reviewed a range of records. These included four people's care files, medicines records, accident and incident records, complaints records, and two staff recruitment records. We also looked at staff training records, records associated with the safety of the premises and quality assurance records.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home.
- Staff understood how to recognise and report abuse involving the people who used the service. They were aware of the potential signs of abuse and knew who to speak to about any concerns of this nature.
- The provider had procedures in place to ensure the appropriate external agencies were notified of any abuse concerns in line with local safeguarding procedures.

Assessing risk, safety monitoring and management

- The risks associated with people's individual care and support needs had been assessed, recorded and kept under review. This included an assessment of people's mobility needs, the specialist care equipment they used, their pressure care needs and any behaviour support needs. Plans were in place to manage these risks and help people stay safe. On this subject, a relative said, "The risks are memory problems and the biggest problem is mobility and breathlessness, but they [staff] manage those."
- Staff read people's risk assessments and understood the need to follow their care plans. They told us they were kept up to date with any changes in the risks to people through daily handovers between shifts.

Staffing and recruitment

- People were satisfied with the staffing arrangements at the home. One person told us, "If you ring the panic button [staff call bell system], they [staff] all come running like hell."
- Staff felt the current staffing levels and staff skills mix enabled them to safely meet people's needs. We saw there were enough staff on duty to respond to people's needs and requests without unreasonable delays.
- The management team and provider assessed their staffing requirements through monitoring people's dependency levels and any feedback on staffing from people, their relatives or staff themselves.
- The provider followed safe recruitment practices when employing new staff.

Using medicines safely

- People told us they received the support they needed with their medicines.
- The provider had systems and procedures in place designed to ensure people received their medicines safely and as prescribed.
- Staff involved in handling and administering people's medicines underwent training in the provider's medicines procedures.
- The provider assessed the level of support people needed with their medicines and promoted people's right to look after their own medicines where they were able to do so.
- Staff did not maintain accurate and complete records regarding the application of people's topical medicines. We discussed this issue with the management team who assured us they would address this

issue as a matter of priority.

Learning lessons when things go wrong

- The provider had systems and procedures in place to enable staff to record and report any accidents or incidents involving or affecting the people who lived at the home. Staff were aware of these procedures.
- The management team and provider monitored accident and incident reports, on a continual basis, to identify patterns and trends and took steps to prevent things from happening again. A relative told us, "[Person] has had a couple of falls. They [management team] responded promptly and got professional assistance when they thought it necessary."

Preventing and controlling infection

- During our inspection visit, we found a good standard of hygiene and cleanliness was maintained throughout the home. On this subject, a community professional told us, "No matter when we come in, it [home] is always clean."
- Staff had been supplied with appropriate personal protective equipment (e.g. disposable gloves and aprons), and we saw them using this as they carried out people's care.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Before people moved into the home, the management team met with them and their relatives to assess their individual needs and requirements.
- Once people's care at the home started, their individual needs were kept under regular review and their care plans updated to reflect changes in need.

Staff support: induction, training, skills and experience

- People, their relatives and community professionals felt staff were competent and appropriately trained. One person told us, "The staff are very well kept up to date with their training."
- New staff underwent the provider's induction programme to help them understand their roles and the needs of the people they were supporting. Staff talked positively about the support they had received during their induction.
- Staff received ongoing training to enable them to work safely and effectively. One staff member explained, "We have really good training ... I feel if I needed any more training, I could ask and they [management team] would address it."
- Staff also participated in regular one-to-one meetings with the management team, during which they could discuss any work-related issues were given constructive feedback on their work.

Supporting people to eat and drink enough to maintain a balanced diet

- People spoke positively about the quality and quantity of food and drink on offer at the home. One person told us, "You never go hungry in here; you can have a sandwich any time of the day or night." A relative said, "They have a varied menu and because they are elderly people, they go for more traditional foods."
- We saw people had the level of staff support and eating and drinking aids they needed to enjoy their meals in a sociable and unrushed atmosphere. People were offered plenty of snacks and drinks in between their meals.
- Any complex needs or risks associated with people's eating and drinking had been assessed, recorded and addressed. This included the provision of high-calorie and texture-modified diets.

Staff working with other agencies to provide consistent, effective, timely care

- Staff and management liaised with a range of community health and social care professionals to ensure people received joined-up care.
- The community professionals we spoke with described effective working relationships with the service. One professional told us, "We might ask them [staff and management] to order a catheter, apply someone's creams or order a mattress for someone; it's all done."

Supporting people to live healthier lives, access healthcare services and support

- People told us staff helped them to seek professional medical advice if they were unwell, and to arrange and attend medical appointments as needed. One person explained, "... If I need a doctor they [staff] will call him out."
- People's care files included information about their medical histories to ensure staff understood this aspect of their care and support needs. Specific care plans had been developed in relation to the management of people's long-term health conditions.

Adapting service, design, decoration to meet people's needs

- We found the home was well-furnished, bright and fresh-smelling throughout and that people had access to the care equipment they needed.
- People had appropriate space to socialise with others and receive visitors, participate in recreational activities, eat in comfort, enjoy the garden or spend time alone.
- Some consideration had been given to adapting the environment to the needs of people with dementia. This included the choice of colour scheme in specific rooms and provision of dementia-friendly activity materials. The registered manager informed us they would continue to review how the environment could be further adapted to the need of people with dementia.

Ensuring consent to care and treatment in line with law and guidance

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 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.

- Staff understood people's rights under the MCA and encouraged people to make their own decisions and respected their choices.
- People's care plans included information about their ability to make decisions to help staff understand the support they may need in this area.
- The provider had made applications for DoLS authorisations based upon an individual assessment of people's capacity and care arrangements. Where DoLS authorisations had been granted for individuals, the provider reviewed any associated conditions placed on these.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; promoting equality and diversity

- People told us staff treated them well. One person said, "The carers [staff] are all very nice people ... they treat me very well." Another person told us, "You can see they [staff] laugh and joke and they are considerate and kind." A community professional said, "They [staff] are loving, kind and very organised."
- People were at ease around staff, who they freely engaged in conversation. Staff knew the people they supported well, prioritised their needs and requests and provided their care and support in a patient, friendly manner.
- Staff and management understood the need to promote people's equality and diversity through their work, and to adapt the service to people's individual needs.

Supporting people to express their views and be involved in making decisions about their care

- Staff helped people make day-to-day decisions, such as what they wanted to eat and drink and how they wanted to spend their time.
- People's individual communication needs had been assessed, and staff were given guidance on how to promote effective communication with those they supported.
- The management team organised monthly 'residents' meetings', to encourage people and visitors to share their views on key aspects of the service.
- The management team understood where to direct people for independent support and advice on their care, and we saw they provided information to people and visitors on local advocacy services.

Respecting and promoting people's privacy, dignity and independence

- We saw staff spoke to people respectfully, met their intimate care needs discreetly and followed the provider's procedures for protecting their personal information. One person told us, "They [staff] are very discreet in here. They won't tell me anyone else's business. You ask about someone and they will say they are all right. They won't give you any details."
- Staff gave us further examples of how they promoted people's rights to privacy and dignity on a day-to-day basis. These included knocking on people's bedroom doors before entering, talking to people throughout care tasks to help them feel at ease, and actively offering people's choices about how their care was provided.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People and their relatives told us the care and support provided reflected their individual needs and requirements.
- People's personal histories and known preferences had been recorded to promote a person-centred approach towards their care, and they had been allocated 'key workers' who focused on their individual requirements.
- People's care plans were individual to them, provided guidance on key aspects of their care needs, and were reviewed and updated on a regular basis to ensure they remained effective.
- Staff confirmed the information in people's care plans enabled them to meet people's needs and preferences.
- People had support to participate in social and recreational activities, both at the home itself and in the local community. One person told us, "We went on a blue bell trip the other day; about 12 of us went in the mini bus ... It was lovely." A relative said, "To be honest, before [person] came in [to the home] they were unstimulated. Now they have activities and stimulation." The activities on offer included fun exercise classes, group games, poetry sessions, visits from the local nursery and school, and trips to local places of interest.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise any concerns or complaints with the provider. The provider had made a leaflet available for visitors on how to complain. One person described to us how staff had taken on board the concerns they had raised.
- The provider had a complaints procedure designed to ensure any concerns or complaints were handled in a fair and consistent manner. We looked at the most recent formal complaint received by the provider, several months ago, and saw this had been responded to address the concerns raised.

End of life care and support

- Staff received training to help them understand how to support people effectively at the end of their lives
- The provider had procedures in place to establish people's needs and wishes regarding their future care. We saw the outcomes of these discussions with people and their relatives had been recorded in people's care plans.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Continuous learning and improving care

- The provider had quality assurance systems and processes in place to enable them to monitor and improve the quality and safety of people's care. These included a programme of weekly and monthly audits on key aspects of the service, including activities provision, health and safety arrangements, catering, infection control measures and the management of medicines.
- People, their relatives, community professionals and staff described a positive culture within the service which enabled them to express their views with confidence these would be listened to.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, their relatives and community professionals spoke positively about the overall quality of the service provided and their relationship and communication with the provider and management team. A relative told us, "The owner is very approachable and comes in frequently. He knows all the residents and will talk about [person] and the things they've done." A community professional said, "They [management team] are very accommodating. They know the residents and [registered manager] is very hands-on. It's a happy environment."
- The provider had systems and procedures in place to actively engage with people, their relatives and staff. These included regular residents' and staff meetings, the provision of feedback forms in the home's entrance hallway and the distribution of annual feedback questionnaires.
- Staff felt well-supported by an approachable management team who were willing to listen to their views. One staff member told us, "If I have an issue, I go straight to [office manager] and it's dealt with. I've never felt unable to go to them [management team]."
- Staff spoke about people's care and support with enthusiasm and felt valued in their work.

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

- The registered manager was not available on the day of our inspection visit, so we subsequently spoke to them by telephone.
- The management team worked together with the provider to maintain a shared oversight of any quality performance issues or risks at the service.
- The management team told us they had the support and resources they needed from the provider to manage and make improvements in the service.

- Staff told us they were clear what was expected of them at work and felt able to approach a senior colleague or member of the management team for additional support.