

Maria Mallaband 17 Limited

Birch Heath Lodge

Inspection report

Birch Heath Lane
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Cheshire
CH3 7AP

Tel: 01244434321

Date of inspection visit:
21 January 2020

Date of publication:
14 February 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Birch Heath Lodge is a care home providing personal and nursing care to up to 38 people residing in two separate buildings. At the time of the inspection, there were 26 people living in the home, some of whom were living with dementia.

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

The systems in place to monitor the quality and safety of the service were not always effective in identifying areas of the service that required improvement, or the areas of concern we highlighted during the inspection. This is a breach of regulation. The manager took responsive actions to address issues we raised during the inspection. Feedback regarding the service was positive and staff told us they enjoyed their jobs.

Not all care plans contained sufficient, person centred detail and some contained inconsistencies and this was a breach in regulation. Many of these were reviewed and updated by the end of the inspection. It was clear that people or their relatives had been involved in the development of care plans.

Although systems were in place, people's consent was not always sought and recorded in line with the principles of the Mental Capacity Act and this is a breach of regulation. We found however, that people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The environment would benefit from being adapted to help ensure the needs of people living with dementia could be met. Staff were supported in their roles through induction, training and regular supervisions. There was a choice of meal available each day, as well as regular drinks and snacks.

There was a range of activities available to people, both within the home and in the local community. Friends and relatives were able to visit the home at any time and were always made welcome. There was a complaints policy available and people knew how to make a complaint if they needed to.

Staff knew the people they supported well, including their preferences regarding care and people told us staff treated them well. They spoke about people with warmth and compassion. People told us staff provided support in ways that protected their dignity and encouraged their independence. Confidential records regarding people's care were stored securely to protect people's privacy.

Staff had been recruited safely and were knowledgeable about safeguarding procedures. Risk to people had been assessed and measures were in place to reduce identified risks. Accidents were reviewed to help prevent recurrence and medicines were managed safely. Staff were aware of emergency procedures, including evacuation of the building.

Rating at last inspection

The last rating for this service was good (published 15 February 2017). There was also an inspection on 12 and 13 August 2019 however, the report following that inspection was withdrawn as there was an issue with some of the information that we gathered.

Why we inspected

This is a planned re-inspection because of the issue highlighted above.

Enforcement

We have identified breaches in relation to gaining people's consent and the governance of the service.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 not always effective.

Details are in our effective findings below.

Requires Improvement 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement 

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

Birch Heath Lodge

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 Care Act 2014.

Inspection team

The inspection was completed by two inspectors.

Service and service type

Birch Heath Lodge 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.

The service did not have a manager registered with the Care Quality Commission. An interim manager was in post and a new manager had recently been appointed but was not on duty during the inspection. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who worked with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with six members of staff, as well as the interim manager and deputy manager. 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 reviewed a range of records. This included four people's care records and multiple medication records. We looked at four 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed staff rota's and training records and received further information regarding checks completed in the service.

Is the service safe?

Our findings

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

At the inspection on 15 February 2017 this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were knowledgeable about safeguarding procedures and a policy was in place to guide them in their practice.
- Referrals had been made appropriately to the local safeguarding team and comprehensive records were maintained for the most recent incidents.

Assessing risk, safety monitoring and management

- People told us they felt safe living in the home. One person told us, "Well of course it's very safe here and there are lots of staff" and another person said, "[Staff] provide me with the care I need."
- Risk to people had been assessed and recorded and measures were in place to reduce identified risks. The manager was notified automatically if any individual risk assessments showed high risk.
- Regular internal and external checks were made on the building, utilities and equipment to ensure they remained safe.
- Staff were aware of emergency procedures, including evacuation of the building. Personal emergency evacuation plans were in place that informed staff what support people required in the event they needed to evacuate.

Staffing and recruitment

- Staff were recruited safely as relevant recruitment checks were evident in staff personnel files. This helped to ensure that only people suitable to work with vulnerable adults were employed.
- Registrations to professional bodies were checked on a regular basis.
- We observed people receiving support in a timely way during the inspection and people living in the home did not raise any concerns regarding staffing levels. There were several people that required support from two staff members and staff told us they felt another staff member during busy periods, such as the morning, would be beneficial.
- Agency staff were used when required to help maintain the number of staff on duty. Agency profiles were in place to help ensure they were suitable to work in the home, but there was no profile for a staff member on duty during the inspection. This was provided by the registered manager the following day.

Using medicines safely

- Medicines were stored and administered safely. One person told us, "I get my medication from staff and they know what I need and when I need it thank goodness as I do get forgetful at times."
- Medicines were administered by staff who had undertaken training and had their competency assessed.
- Records of administration were maintained and completed comprehensively. Regular counts and checks

of medication were completed to help ensure accuracy.

- People who were prescribed medicines as and when needed (PRN), had protocols in place to guide staff when their medicines should be administered.

Preventing and controlling infection

- The home appeared clean and well maintained.
- Staff had access to personal protective equipment to help prevent the spread of infection.
- Bathrooms contained liquid soap and paper towels in line with infection control guidance. Hand gel was also available at several points around the home.

Learning lessons when things go wrong

- Accidents and incidents were recorded and reported appropriately. The registered manager notified the local authority of all incidents monthly and each incident was reviewed to establish if any lessons could be learnt to prevent recurrence.
- Records showed that appropriate actions had been taken following incidents, such as seeking medical advice, reviewing medications and updating risk assessments.
- The manager told us they reviewed published CQC reports from other services to help learning.

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.

At the inspection on 15 February 2017 this key question was rated as good. At this inspection this key question is now rated as requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Systems were in place to gain consent from people, but these procedures were not always consistently applied. For example, consent for the use of bed rails were not in place for all people.
- Staff told us that one person received their medicines covertly (hidden in food or drink). Records regarding this contained conflicting information and legal requirements to administer medicines covertly were not all in place. The registered manager confirmed the following day that the medicines were not administered covertly.
- Consent recorded did not always adhere to the principles of the MCA. For instance, one person's family member had signed consent forms on their behalf but did not have the legal authority for this.

Failure to ensure consent was sought and recorded in line with legislative requirements is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Applications to deprive people of their liberty had been made appropriately and a system was in place to manage these. Care records clearly recorded when applications had been applied for, and when they had been authorised.

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

- The environment had not been adapted to help ensure the needs of people living with dementia could be

met. There was no directional signage or evidence of prompts for individuals to help them find their way around the home.

- Although there was a colour change of the carpets, signage to advise people of uneven floors and ramps within the home would be beneficial as some slopes were fairly steep.

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

- Pre-admission assessments were completed prior to people moving into the home, to ensure their needs could be met.
- Staff had access to best practice guidance to help support them in their practice.

Staff support: induction, training, skills and experience

- Staff told us they felt well supported in their roles and felt comfortable raising any issues they may have.
- New staff completed an induction when they commenced in post and all staff received regular supervisions and an annual appraisal.
- People received care and support from staff who were trained in their role. Staff had completed training to ensure they had the knowledge to meet people's needs safely. Staff told us they were supported and encouraged to undertake additional training for their development. The manager had completed a training needs analysis for staff to help ensure each staff member had access to the training they required.

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

- People told us they enjoyed the food available and were consulted about the menus. One person told us, "The food is lovely, lots of choice and the cook is wonderful." A menu was on display in the dining room.
- People's dietary needs had been assessed and the chef was knowledgeable about people's needs and preferences. They were also reflected in people's care plans.
- There was always a choice of meal available and alternatives to those choices if required.
- People regularly had a glass of wine or beer with their meal if they chose to. People had jugs of juice or water in their rooms and there were also hydration stations around the home where people could help themselves to drinks.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- If there were concerns regarding people's health and wellbeing, referrals were made to other health professionals in a timely way, for their specialist advice.

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.

At the inspection on 15 February 2017 this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us staff were kind and caring and treated them with respect. One person said, "Staff are very respectful and of course are discreet and respectful when they help me." Another person told us, "Staff are wonderful they know me very well and provide me with the care I need."
- Staff regularly received thank you cards and letters from people's family members. Comments within those cards included, "Thanks for everything you have done for [relative], you have been brilliant" and "We would like to thank you for caring for [relative] in so many ways during his time at Birch Heath Lodge. He considered it home and regularly sang your praises to us all, thanks for helping him to make good memories and supporting the family throughout his time with you."
- Staff knew people they supported well, including their preferences regarding care. They spoke about people they supported with warmth and compassion. We observed positive, familiar interactions between people living in the home and staff.
- Policies were in place in areas such as equality and diversity and human rights, to ensure staff were aware of the importance of treating people as individuals. People were able to maintain and practice their faiths and beliefs. Clergy from a local church visited each week.

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

- A service user guide was available to people when they moved into the home. This provided information about the service and what people could expect, to help them make decisions about their care.
- People were supported to make decisions, and when necessary, support and advice from advocacy services was requested. Information regarding advocacy services was provided within the service user guide.
- People's views regarding the service were sought through residents' meetings, although these had not been held on a regular basis recently. The manager agreed these would be scheduled more regularly. Regular discussions were held with the chef and activity coordinator to help ensure people's views were considered in these areas.

Respecting and promoting people's privacy, dignity and independence

- Care plans were written in ways that prompted staff to provide care that encouraged people to maintain their independence.
- People told us staff provided support in ways that protected their dignity. One person told us, "Staff always respectful and I am comfortable as they support me in a dignified manner at all times." Do not disturb signs were in use on doors when people received personal care.
- Equipment was in place to promote people's independence, such as assisted baths and walking aids. Falls

alarms and sensor mats were available for people at risk of falls, to enable them to maintain their independence whilst remaining safe. If people were unable to use a call bell, they were provided with a pendant alarm.

- Confidential records regarding people's care were stored securely to protect people's privacy.

Is the service responsive?

Our findings

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

At the inspection on 15 February 2017 this key question was rated as good. At this inspection this key question is now rated as requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Although appropriate care was provided to people, care plans were not all detailed and some contained inconsistencies. For example, one person required an air mattress, but there was no information within the care plan to advise what setting this should be on. Another person required very specific support overnight and this was not reflected in their night time care plan.
- People's mental health care plans were all worded the same. They advised what action to take if people's confusion was to increase but did not advise whether the person was confused and what support they may require regarding this.
- One person's care file reflected they had a history of seizures, however there was no plan in place to inform staff what actions to take should the person have a seizure.

Failure to ensure records regarding people's needs were accurate and up to date is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- All care files had recently been reviewed and staff were alerted by the electronic system when reviews were due. The manager told us they were due to spend the next few weeks addressing any actions identified from the recent quality checks.
- Care files showed that people or their relatives had been involved in their development.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed and were recorded within their care plans.
- The manager told us they could provide records in different formats should it be required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us their friends and family members could visit them at any time. One person said, "My family are always welcomed by staff."
- People had access to a range of activities, both within the home and in the local community. An activity coordinator was employed, and they organised group and one to one activities and a schedule was on display. This included a trip to a local pub, a luncheon club at a church, as well as activities such as bingo,

pet therapy, exercises and films. A men's club had also been created and included games such as dominos.

Improving care quality in response to complaints or concerns

- There was a complaints policy available and this was displayed within the home and within the service users guide.
- People knew how to make a complaint and told us, "If I wasn't happy about anything I would speak to staff directly but I'm ok and haven't needed to complain so far" and "I would speak to the senior person if I had a complaint, I'm happy."

End of life care and support

- Care plans in relation to end of life care were in place for some people and showed they had the opportunity to discuss their wishes.
- People's GP's were involved in discussions and agreements in actions to be taken at the end of a person's life.
- There was nobody receiving end of life care at the time of the inspection.

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 the inspection on 15 February 2017 this key question was rated as good. At this inspection this key question is now rated as requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- There were systems in place to monitor the quality and safety of the service. We found however, that they did not identify all the issues we highlighted during the inspection, so were not fully effective.
- Daily charts, such as fluid intake monitoring, were not always completed comprehensively and there was a lack of oversight to ensure they were completed accurately each day.
- A recent internal quality audit included the review of all care files, but this did not highlight the issues we identified, such as the conflicting information as to whether a person's medicines were administered covertly, the lack of guidance in the event a person had a seizure, or the lack of personalised information in relation to people's mental health needs for example.

Failure to ensure systems were in place to effectively monitor and improve the quality and safety of the service is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager took responsive actions during the inspection, to address issues we raised.
- The manager was working through an action plan to help drive forward improvements.

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

- Feedback regarding the quality of service people received was positive.
- Staff told us that morale had significantly improved recently and they enjoyed working in the home. They told us the manager had an "Open door policy" and they could speak to them at any time. One staff member told us the manager listened and acted on the feedback they had provided.
- The manager had introduced positive outcome forms, which helped to observe and record care or activities that took place and review the impact these had on people. There were several examples recorded of how people had become less distressed due to staff interaction, or had become engaged and happy during activities.

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

- Accidents and incidents were comprehensively reviewed and acted upon to ensure the service acted in a transparent way. Relatives were informed of any accidents or incidents involving their family member.

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

- There was no registered manager in place. An interim manager had been managing the home for several months and a new manager had recently been appointed.
- The interim manager was aware of events and incidents that needed to be notified to CQC and these had been submitted appropriately.
- Ratings from the last inspection were displayed as required.
- A range of policies and procedures were in place to help guide staff in their roles. The electronic system enabled the manager to check all staff had read policies and some policies, such as safeguarding, were discussed in supervisions or team meetings.

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

- Staff meetings took place regularly to gather staff feedback regarding the service.
- Although the manager spoke with people regularly, resident's meetings were not held on a regular basis and the manager agreed to ensure these took place more frequently.
- The manager worked closely with other health and social care professionals to help ensure people's needs were met and the service ran smoothly.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent People's consent to care was not always recorded in line with the principles of the Mental Capacity Act 2005.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Systems in place to monitor the quality and safety of the service were not always effective.