Springhill Care Group Limited

Birch Green Care Home

Inspection report

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Date of inspection visit:
02 February 2017
21 February 2017

Date of publication:
11 July 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 02 and 21 February 2017 and was unannounced. We last inspected the service on 16 and 19 June 2015 and the service was judged to be in breach of five regulations.

During this inspection we reviewed the action taken by the provider to meet the requirements of the regulations, these included; safe care and treatment including medicines management, environment safety and infection control. Person-centred care. Dignity and respect. Good governance including safe storage of confidential information and notification of other incidents.

At this inspection we found the provider was still in breach of the regulatory requirements for the proper and safe management of medicines. We also found a new breach of the regulations in relation to safeguarding service users from abuse and improper treatment. However the provider had made improvements around premises safety, infection control, person centred care, dignity and respect, storage of confidential records, governance and notification of other incidents.

Birch Green Care Home is situated in Skelmersdale. It provides accommodation for up to 74 people who require support with their personal or nursing care needs. There is a dedicated unit for those living with dementia. A passenger lift is available for easy access to the first floor.
All bedrooms are of single occupancy and some have en-suite facilities. Bathrooms and toilets are located throughout the home. Ample parking is provided and public transport links are nearby. Local amenities include a supermarket, shopping centre, pubs and cafes.

At the time of our inspection there were 58 people who lived at the service. There was a registered manager in place. The Registered Manager assisted throughout day one of the inspection and received initial feedback; however the registered manager was not available for the second day of the inspection so feedback was provided to the Nominated Individual and Head of Human Resources.

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.

A Nominated Individual is a person who has registered with the Care Quality Commission and must be employed as a director, manager or secretary of the organisation with responsibility for supervising the management of the regulated activity.

People told us they felt safe at the service and with the staff who supported them. The service had procedures in place for dealing with allegations of abuse. Staff were able to describe to us what constituted abuse and the action they would take to escalate concerns. Staff members spoken with said they would not hesitate to report any concerns they had about care practices.

Across both days of the inspection we found examples of reportable incidents recorded in people's care records that had not been reported to the local Safeguarding Authority, this meant that the providers safeguarding procedures were not always being followed. We found the provider to be in breach of regulation 13 of the Health and Social Care Act 2014, safe guarding service users from abuse and improper treatment.

People's needs were not always risk assessed against avoidable harm and injury. Care records showed general risk assessments were completed, however these were not always reviewed after a person had fallen or sustained an injury.

The environment had been developed since our last inspection. Investment had been made and all areas within the service had been assessed for refurbishment and a schedule showed areas for decoration that had been achieved. A spacious modern bistro area had been developed on the ground floor unit and we observed people who lived at the service and their relatives access this area.

During the first day of inspection we advised the registered manager that some of the bedroom doors on the dementia care unit did not fully close, this meant that fire doors could be non- effective. Immediate action was taken to rectify the door closures. We also highlighted that the central sitting area within the foyer on the dementia care unit placed people at risk of falls. We observed people using the seating during the inspection and one person fell asleep and fell off the seat due to no side supports.

We found that staff recruitment was safe and staff were supported throughout their induction process. Staff told us that staffing levels were not sufficient on the dementia care unit at the weekend. We discussed this with the nominated individual who agreed to review staffing levels and the dependency of people who lived on the dementia care unit. The nominated individual told us that staffing levels were reviewed on a routine basis. We made a recommendation about this.

We found that medicines management systems were not robust and this meant that people were at risk of not receiving their medicines as prescribed. The provider had invested in a new electronic medicine system.

Records and certificates of training showed that a wide range of training was provided for all staff.

The provider was awarded a gold rating for Investors in People IIP in 2016. Following this success the Nominated Individual told us that staff were awarded a financial bonus to show appreciation from the company's board of directors.

We found staff knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) was sufficient. The service had procedures in place for assessing a person's mental capacity in line with the MCA 2005 however records showed that processes were not always followed. We looked at 4 out of 10 people's care records which showed that the MCA 2005 had not been fully considered in relation to assessment of a person's mental capacity and consent to care.

We found that the service provided nutritious food and catered for people with specific dietary requirements. People were assessed on an individual basis and nutrition care planning showed people's needs and preferences. The service engaged with external health care professionals such as dieticians and speech and language services, when this was required.

We observed care practices in both lounge areas on the ground and first floor units. On the ground floor unit we found that staff engaged with people in a kind and dignified manner. People were encouraged to

participate in activities and when they were not keen alternative activities were offered. On the first floor, we observed variable degrees of staff engagement with people living with dementia, some staff engaged with people in a person centred way, other staff failed to recognise when people tried to communicate with them. We observed five people attempt to communicate with staff and their attempts were ignored. Staff did not respond to non-verbal communication from the five people we observed. This meant that people's needs were not always met in a timely manner and person-centred way.

We saw within people's care plans that referrals were made to other professionals appropriately in order to promote people's health and wellbeing. Examples included referrals to social workers, pressure care specialists, physiotherapists and GPs.

Information about advocacy and other services was displayed around the service and staff were aware of the need for promoting advocacy and involving people's next of kin when appropriate.

We looked at complaints management and found that the registered manager dealt with complaints in a timely manner and maintained robust records.
We found that people's care plans had been written in a person centred way, however the service did not always ensure that care plans were updated when a person's needs changed, for example after they had fallen or sustained an injury.

We looked at daily care records across both units. We found significant gaps in recording. This meant that the service did not always clearly demonstrate when a person had been supported with pressure care, nutrition and hydration, bowel care and personal hygiene.

We checked whether the service was committed to improving standards. The service had clear aims and objectives. The ethos of the service was made clear to people through the service's aims and objectives and staff had a good understanding of the standards and values that people should expect.

The service was committed to staff development and was seen as a leading provider in the care home sector by an Investors in People award in 2016.

We found that the service had a quality auditing system in place. The Registered Manager carried out regular audits in areas such as, pressure ulcers, accidents and incidents, staff records, medication, cleaning, maintenance and care planning. We saw audits had been completed on a regular basis. However medication, care planning and accident/incident audits had not highlighted the concerns we found during the inspection. We made a recommendation about this.

We found the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to safeguarding service users from abuse and improper treatment and safe care and treatment in respect of to individual risks to service users and the service continued to be in breach of the regulations in respect of the management of medicines. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

You can see what other action we have told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

We found that people were not always effectively safeguarded against abuse. However staff knowledge was sufficient in regards to what abuse means and the safeguarding referral processes.

Medicines management required improvement to ensure that safe systems were embedded.

Staff were suitably recruited.

The home was clean and well maintained. People who lived at the service had access to well-maintained communal areas and the provider had made significant investments throughout the environment.

Is the service effective?

Good

The service was effective.

Staff had access to on-going training to meet the individual needs of the people they supported.

The provider was committed to staff development.

People were provided nutritious meals and assessed against the risk of malnutrition.

The service had policies in place in relation to the Mental Capacity Act 2005 (MCA) and depriving people's liberty, where this was in their best interests. Some improvements were required to ensure all staff followed these procedures.

People were supported to maintain good health and had access to healthcare services.

Is the service caring?

Requires Improvement

The service was not consistently caring.

The service had a system in place for care plan review and

service user involvement in the care planning process; however we found that these were not always completed.

People were not always supported in a person centred way. We observed variable care practices across the service and made a recommendation about improvement needed when supporting people living with dementia.

People had to access advocacy services, should they wish to do so. An advocate is an independent person, who will act on behalf of those needing support to make decisions.

The service followed an accredited end of life care programme.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

When we looked at risk management around accidents and incidents we found gaps in person centred care planning and risk assessment.

Pre-admission assessments were undertaken before a person was admitted to the service and care plans on admission were completed with a good standard of person centred detail.

People we spoke with told us they knew how to raise issues or make complaints.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

A wide range of updated policies and procedures were in place at the service, which provided the staff team with current legislation and good practice guidelines.

Quality assurance audits were in place, however these did not always highlight shortfalls found at this inspection.

Staff spoken with felt well supported by the management team and were very complimentary about the way in which the service was being run.

Birch Green Care 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 unannounced inspection took place on 02 and 21 February 2017 and was carried out by three adult social care inspectors, a pharmacy inspector and two experts-by-experience.

An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience's had personal experience of caring for a relative who lived with dementia and older people.

Before the inspection visit we reviewed the information we held about the service, which included information such as notifications informing us about significant events and safeguarding concerns, any contact from other professionals and contact from people using the service and/or family or carers.

During the inspection we spoke with a range of people about the service; this included 13 people who lived at the service, nine relatives and 15 members of staff. We contacted professionals who visited the service and local commissioning groups responsible for external monitoring of the service.
We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We 'pathway tracked' the care of ten people who lived at the home. This enabled us to determine if people received the care and support they needed and if any risks to people's health and wellbeing were being appropriately managed.

We spent time looking at other records, which included 11 people's medicine records, seven staff files, training records and records relating to the management of the home which included audits for the service.

Requires Improvement

Is the service safe?

Our findings

We spoke with people who lived at the service and asked them if they felt safe. People told us; "It was a good decision to move here". "It is the third time I have been here, I feel happy and safe". And "Yes I feel safe". We spoke with people's representatives on both units and they told us that their loved ones were safe at Birch Green Care Home.

We looked at the systems in place for medicines management. We reviewed 11 people's Medication Administration Records (MAR) on the ground and first floor units.
The service had introduced an electronic Medicines Administration Record (MAR) since the previous visit. We asked staff what training they had in relation to the electronic system and they told us that they had completed a one hour induction course. The nominated individual told us that staff were provided training as outlined by the electronic medicine provider, this included support on site when the system was implemented. However during our observation of medicine administration we found that staff had limited knowledge of the electronic processes.

Medicine audits were completed daily to look at missing signatures but the service did not have a system in place to identify patterns or trends in errors, as there were no weekly or monthly audits. After the first day of inspection the Nominated Individual sent us evidence of improved auditing processes for medicines management. The audit covered a wide range of areas that assessed the safety of medicines management within the service. We will check the effectiveness of the new audit when we next visit.

The electronic MAR had photographs of people and their allergies were recorded. Having a photograph and any allergies recorded reduces the risk of medicines being given to the wrong person or to a person with an allergy to a medicine.

We observed the morning medicine round on the ground floor. The registered nurse was interrupted twice during the round by a member of staff and when answering a phone call. Interruptions may increase the risk of a medicine error and should be avoided where possible.

The medicine trolley was unlocked and left unattended on two occasions during the medicine round, which meant medicines may have been accessible to unauthorised persons during that time.

We were concerned that the morning medicines round was not completed until just before the lunchtime round should have started. This meant medicines that need a certain time between doses, for example pain killers, would not be able to be given at the lunchtime medicine round.

On the second day of inspection the Nominated Individual told us that staff competencies for medicines administration had been assessed and for any staff struggling with timings a support system had been put into place and they would be assisted by a second member of staff.

During review of MARs we found one person was prescribed a medicine to improve their mood and a

medicine to improve their memory. The medicine for mood had not been given to the person for nine days in a four-week period, as they were asleep. There was no record to say that this was offered to the person when they woke up. The memory tablet had not been given for 13 days of the four-week period. Not having medicines regularly may have increased the risk of the person having withdrawal symptoms or reducing the effectiveness on memory and mood.

A second person was prescribed a medicine twice a day to reduce fits. We looked at the electronic MAR for the previous four weeks and found 20 doses had been signed as not being given as the person was asleep. There was no record to say that this medicine had been offered or given once the person woke up. In addition, this had not been referred to the persons GP for follow-up or advice. Not receiving this medicine could increase the risk of the person having a fit. The same person was taking an antibiotic to reduce water infections and a medicine to replace their thyroid hormones. Eight days of thyroid hormones and 17 days of the antibiotic had not been given due to the person being asleep.

A third, fourth, fifth and sixth person were unable to have their medicines as the home did not have any in stock. Medicines included a cholesterol tablet, an antibiotic, and a medicine for Parkinson's disease and for thyroid replacement. This meant that the home did not have adequate supplies of medicines to meet the needs of service users. Out of stock medicines had been found at the previous inspection in June 2015.

We found that care plans and records lacked detail for a seventh person who was self-medicating and an eighth person who was having their medicine covertly (disguised in food or drink). The care plan for the seventh person included a risk assessment to say the person was safe to self-medicate, however this was not sufficiently detailed to show what medicines the person was self-administering. The eighth person had a record to say a best interest meeting had taken place, but the paperwork had not been completed fully in accordance with the Mental Capacity Act.

The above failings constituted to a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how the service protected people from bullying, harassment, avoidable harm and abuse. We found that safeguarding principles were understood by support workers and the management team. However not all incidents reportable under safeguarding legislation had been reported to the local safeguarding authority.

For example we looked at a person's care records and found 22 recorded falls across three months, one of the falls resulted in serious injury and hospital admission. We also looked at body map records for the same person and found 12 recordings of bruising, some of which was unexplained and these incidents had not been reported to the local safeguarding authority. We looked at a second person's care records and found that they had seven recorded falls across three months, body maps for the person showed seven areas of injury including bruising, head injury and skin laceration. Safeguarding referrals were not made to the local safeguarding authority.

The above failings constituted to a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service demonstrated some good areas of safeguarding practice and had been recognised by the local clinical commissioning group to be fully compliant with their safeguarding action plan. We looked at other examples when the safe guarding team had been contacted and when investigations were led by the service we saw robust record keeping had been maintained.

We looked at how the service managed risks to individuals so that people were protected and their freedom supported and respected. We looked at care records and found that a comprehensive pre-admission assessment was completed before people were accepted to the service, risk management and identified risks were clearly recorded within support plans to evidence how the person would be protected and enabled to maintain their independence. We found that historical risk was well documented; however the service did not always adequately update risk assessments or implement risk management plans when a person's needs had changed or a new incident had occurred. For example one person had sustained multiple falls that resulted in injury. Their risk assessments had not been updated to show how the service would protect them from future accidents and injury.

The above failings amounted to a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection September 2015 we found the registered person had not protected people against the risk of receiving inappropriate or unsafe care and treatment, because the premises were not always used in a safe way. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had met this regulation. The environment had been developed since our last inspection. Investment had been made and all areas within the service had been assessed for refurbishment and a schedule showed areas for decoration that had been achieved. A spacious modern bistro area had been developed on the ground floor unit and we observed people who lived at the service and their relatives access this area.

At our last inspection we found the provider to be in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, systems and processes had not been established in order to maintain the security of records in respect of each service user. At this inspection we found that the provider had invested in key coded locks to ensure that confidential information was stored in a secure place.

During the first day of inspection we advised the Registered Manager that some of the bedroom doors on the dementia care unit did not fully close, this meant that fire doors could be non- effective. Immediate action was taken to rectify the door closures. We also highlighted that the central sitting area within the foyer on the dementia care unit placed people at risk of falls. We observed people using the seating during the inspection and one person fell asleep and fell off the seat due to no side supports. We discussed this with the Nominated Individual and we were informed that the seating was going to be removed. On the second day of our inspection the seating was still in use. The Nominated Individual told us that plans had been made to remove the seating and this was due to happen. We checked if there had been any falls from this area since the first day of inspection and found that no falls had been reported.

We also noted that in one bedroom on the ground floor unit there was condensation in the double glazing unit, there was a hole in the plaster in one of the communal toilets, there were holes near the wash hand basin in one bedroom and handles were missing from some items of furniture. Some areas of the ground floor were a little cluttered, which made the facilities, such as one shower room and a bedroom difficult to access and some toiletries were left on shelves in bedrooms and bathrooms, despite there being lockable bathroom cabinets available in people's bedrooms. A cupboard adjacent to one sink unit was in need of replacing, as it was warped and dirty. We informed the Registered Manager of these findings on day one of the inspection.

We noted that windows were fitted with suitable restrictors, which helped to promote the safety of those who lived at the service.

At the last inspection September 2015 we found that the registered person had not protected people against the risk of receiving inappropriate or unsafe care and treatment, because infection control practices adopted by the home were not robust. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the provider had improved infection control systems and we observed safe infection control practices.

We received mixed feedback about staffing levels from people who lived at the service and people's representatives. "I am satisfied with the staff". "Staff are overworked, there are not enough staff to care for [name] but [name] gets good care". And "By and large yes we are happy with the support [name] receives, however sometimes there has been little evidence of staff, six weeks ago we waited eight to ten minutes in the foyer area to be let out because no staff were around".

Across the two days of inspection we observed staff interact with people who lived at the service. We did not observe staff shortages and when we looked at the staffing roster it was evidenced that staffing levels were reduced at a weekend on the dementia care unit for the morning shift. The Registered Manager explained that these staffing levels were calculated against the needs of people who lived at the service and that staffing Monday to Friday was over and above due to recruitment accounting for staff holiday and sickness cover. However when we asked staff on the dementia care unit if they felt suitably staffed to provide effective and safe care they told us; "Staffing levels are less at a weekend and this impacts on the standard of care we can provide, people get less time spent with them". And "If we had more staffing at the weekend we would have more time to complete paperwork, residents needs increase in the afternoon and we need five care staff to support them".
We recommend that staffing levels are reconsidered in line with assessment of people's needs and dependency levels within the service.

We looked at staff recruitment records and found that important checks had been undertaken prior to a person being recruited in line with Schedule 3 of Health and Social Care Act 2008. Staff had been recruited in a safe way and a clear audit trail of the application and recruitment process was held on individual staff files.

Environment maintenance at the service was carried out routinely and records were kept to evidence safety and repairs. This showed that the Registered Manager ensured that maintenance systems at the service were tested and fit for use.

People who lived at the service had been individually assessed for emergency evacuation procedures and robust records were available for staff to access in an emergency situation.

Good

Is the service effective?

Our findings

We asked people if they were supported by skilled and experienced staff. People who lived at the service told us; "I am well looked after". "Staff are lovely". And "I seem to get on with staff". People's representatives told us; "Staff are good at communicating, they phone me if [name] had a fall or incident". And "They [staff] phone up if [name] is not well".

We asked people who lived at the service and their representatives if they received support to maintain good health including access to health care services. People told us; "The speech and language team SALT have been out [name] seems to be a lot better when eating and drinking". And "[name] gets to see district nurse, doctor and social worker".

Staff told us they underwent a robust induction process. This included shadowing experienced staff and learning about people's specific care needs and internal policies and procedures. We looked at induction paperwork and found that this was not always fully completed. A new member of staff started work in January 2017 and their induction booklet had not been started. Another staff member started work in 2015 and their induction booklet had not been completed. It is important for induction paperwork to be completed to ensure that staff working within the care home environment have received suitable training and support when they are first employed.

We looked at seven staff files which showed that supervision sessions had been scheduled in 2016 however they had not always been undertaken. The Registered Manager explained that due to a change in management during 2016 some supervisions had not been completed. Some staff had received annual personal development reviews, we saw that staff were provided opportunities to develop within their role and the organisation offered career development for all grades of staff. We looked at the 2017 supervision and annual personal development review schedules and saw that staff were planned to attend one to one sessions with appointed supervisors.

When speaking with staff they also told us that regular staff meetings and handover sessions at the beginning and end of each shift, took place to ensure they were aware of how people had been and had the information they needed to provide care and support. We looked at staff meeting minutes and found that meetings had taken place throughout 2016 these included; heads of department meetings, ancillary staff meetings and senior staff meetings. The Registered Manager told us that scheduled meetings had not been as frequent as she would have liked, but staff were provided regular opportunities to discuss any concerns or ideas for development of the service.

We looked at the provider's training matrix which covered multiple courses including moving and handling, safeguarding, health and safety, fire awareness, the Mental Capacity Act 2005 and infection control. We found that the service promoted staff development and had a rolling programme to ensure that staff received training appropriate to their role and responsibilities. More advanced training for the new electronic medicines system had been planned.

The provider was awarded a gold rating for Investors in People IIP in 2016. Following this success the Nominated Individual told us that staff were awarded a financial bonus to show appreciation from the company's board of directors.

We were told that three staff members at the service have completed training in care leadership and development. The service supported an 'employee's voice' initiative which provided staff representatives with the opportunity to discuss their ideas at the provider's executive board meetings.

Staff told us; "Training is good, although sometimes repetitive but this is being looked at by the training lead." And "There is plenty of training."

We found that the provider invested in staff wellbeing and development. Recent initiatives such as fresh fruit for all employees, health check days, subsidised meals, free counselling services, healthy eating advice and attendance benefits showed that staff were considered and appreciated. Staff told us that they enjoyed working at the service and felt supported.

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.

We looked at how the service assessed a person's mental capacity prior to making decisions on their behalf. We saw that DoLS applications had been made for some people. However the assessment of a person's capacity prior to requesting authorisation to restrict them was not always recorded. We also found that a person's mental capacity had not been assessed prior to decision making around covert medicines. This meant that the service was not always formally recording how they made lawful decisions on a person's behalf.

We looked at mental capacity assessments across both units at the service. We found that a mental capacity assessment for a person living on the ground floor unit had been completed with detail and reflected best interest decisions being made although consent had not been obtained for care and treatment being provided, or for the taking of photographs and the sharing of information. A person who lived on the dementia care unit had a mental capacity assessment in place which was not decision specific and the document was not fully completed.

Staff demonstrated understanding of the MCA and DoLS. Staff were provided regular training around the MCA and understood the acts implications for people living in residential care.

We recommend that the provider undertakes a full review of its processes in place for assessing a person's mental capacity prior to decision making in line with principles of the Mental Capacity Act 2005. This will ensure that a consistent approach is adhered to throughout the service.

We found that the service had effective systems in place for assessing people's risk of malnutrition. We

observed people enjoy meal times during the inspection and people gave positive feedback about the quality of food they were provided. We saw people being assisted in a kind and dignified way throughout the meal time.

We found that people had plenty of choice at meal and snack times and people were encouraged to eat a balanced diet.

People told us; "The food is brilliant". "Sometimes the food is good sometimes the food is spoiled". "On the whole the food is good". "The food is absolutely brilliant". And "The food is excellent, there is a choice".

We looked at how the service supported people to maintain good health. We received positive feedback from external health care professionals. An external professional told us "The manager appeared very conscientious".

There was evidence that a wide range of community professionals were involved in the care and support of those who lived at the service. This helped to ensure that people's health and social care needs were being appropriately addressed.

Requires Improvement

Is the service caring?

Our findings

We mainly received positive feedback about the care provided from people who lived at the service, their representatives and visitors. People told us; "I've been happy here and I still am". "Yes staff are very pleasant". "Overall I'm happy with the care and everything". "A caring bunch of staff". "Very caring staff nothing too much trouble and they never fob you off". "Mum gets good care in a clean and safe environment". And "Yes staff are pleasant enough they give you assistance".

However, relatives also told us; "[name] has been wearing other people's clothes and own clothes have dwindled". And "Very little contact from senior staff there never seems to be a senior on the ward that you can talk to. When I pass information on to a carer I don't know if it's been passed on".

We received feedback from a person's representative who raised concerns about how the person had been left in bed for two days when they were admitted to the service. Staff confirmed there was no reason for this and it seemed the person's needs had not been fully addressed. The person's representative also raised concerns that their loved one had not been provided adequate seating, during their visit they were assisting the person to be more comfortable in the wheelchair with cushions brought in from home. We discussed this with the Registered Manager who told us that they had not been informed of the relative concerns and took immediate action to review the person's needs.

We observed care practices in both lounge areas on the ground and first floor units. On the ground floor unit we found that staff engaged with people in a kind and dignified manner. People were encouraged to participate in activities and when they were not keen alternative activities were offered.

On the first day of the inspection we undertook a Short Observational Framework for Inspection (SOFI). This method of observation enables us to assess the standard of care provided for people living with dementia. Throughout the observation we found that people who lived on the first floor nursing and residential unit which provided care for people living with dementia, were not always engaged with suitably. Staff did not notice non-verbal signs when people were trying to communicate or appeared uncomfortable. Staff did not always respond to people's needs and this led to people showing signs of distress.

For example, one person told staff that they had urinated, staff responded by touching the person's clothes and informing them that they were "Not wet" and then continued to complete paper work. The person's emotional and physical needs were not met.

We provided feedback on the first day of the inspection to the Registered Manager and Nominated Individual about our negative observations on the dementia care unit. On the second day of the inspection we sat in the dementia care unit lounge and foyer area and observed care interventions between staff and people who lived at the service. We observed a varied standard of care. Some staff were attentive, kind and responsive to people's needs. Whilst a senior member of staff was observed to 'police' a person needing one to one support and did not engage with them throughout the time they were allocated this role. We communicated our observations to the Nominated Individual who assured us that immediate action would

be taken to review care interactions for people who lived on the dementia care unit.

At the last inspection September 2015 we found that people were not always treated with dignity and respect. And their privacy was not always protected. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that people's dignity was protected and the provider was no longer in breach of this regulation. However improvements around acknowledgement of people's needs and response to non-verbal communication is still needed.

We found on both days of inspection that music on both units was very loud and not comfortable listening for people in communal areas.

We observed the activity coordinator engage with one person and provided nail care, their gentle touch and hand massage helped the person to relax and they fell asleep during the intervention.

We also observed a care worker supporting one person to mobilise with the aid of a walking frame on the ground floor unit. This was done in a kind and caring manner, at a pace suitable for the person, to ensure the activity was not rushed. The carer provided clear guidance, reassurance and encouragement for the individual, which was pleasing to see.

We looked at people's care records and found examples of care plans which included how to maintain a person privacy and dignity. For example one person's care plan incorporated the importance of promoting their privacy and dignity, particularly in relation to the provision of intimate personal care.
Six staff members were nominated for the Great British Care Award's in 2016. A registered nurse won the North West Regional Good Nurse Award and the Head of Human Resources won the North West Regional New Comer to the Care Sector Award.

The provider also initiated a local project that was launched in January 2016 by two local MP's, Caring Heroes Awards. Five staff members from Birch Green Care Home were recognised as Caring Heroes.

We looked at the providers independent survey issued to all people who lived at the service. The overall rating was good. We found that the service had been responsive to people's feedback and acted upon areas of dissatisfaction. For example some people had raised concern about the standard of food provided. Amendments had been made and a responsive survey had been conducted with more positive feedback.

We were told that there was no-one on end of life care. We did not see any records to indicate anyone was on end of life care, although there were a high number of people on the ground floor receiving high levels of nursing input. People appeared comfortable and well cared for.

We saw evidence that the home was accredited with the six steps to successful end of life care programme in 2016.

Information about local advocacy services was easily accessible, so that if anyone wished to utilise an independent person to act on their behalf they would be able to do so.

Requires Improvement

Is the service responsive?

Our findings

We looked at care records for 10 people who lived at the service. There was evidence available to demonstrate that an assessment of needs had been conducted before a placement at the home had been arranged. This helped to ensure that the staff team were confident that they were able to provide the care and support required by each individual who came to live at the service.

At the last inspection September 2015 we found that the assessment of people's needs prior to admission were not always fully completed and therefore failed to provide important information for the staff team. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that care records were well structured and contained a lot of good information. The plans of care were well written, person centred documents. They provided clear guidance for staff about how assessed needs should be met and what was important to people who lived at the home. For example, the care records for one person identified that the individual liked to have her handbag close to her and liked to wear her hat at all times. We observed that this guidance was being followed in day to day practice. However, we did not see any evidence to demonstrate that people had agreed with the content of their care plans.

A variety of health care assessments had been conducted and regularly reviewed within a risk management framework. These were, in general linked well into the plans of care. This helped to ensure that appropriate strategies had been implemented in order to minimise the level of potential harm.

When we looked at risk management around accidents and incidents we found gaps in person centred care planning and risk assessment. We found that people had not always been adequately assessed following a fall and documents had not been completed in line with the provider's policies and procedures. We discussed this with the Registered Manager and Nominated Individual on the first day of the inspection and during the second day of inspection we reviewed people's care records in relation to falls management.

We found that a further two people had encountered multiple falls and their care plan and associated risk assessment had not been updated to reflect how the service protected the person from further harm and injury. One of the people we pathway tracked still resided at the service. We asked staff if preventative measures had been taken to prevent the person falling, staff told us that action had been taken and this was in effect different seating. However we advised the Nominated Individual that a risk assessment had not been undertaken for the type of seating and a mental capacity assessment had not been considered.

We looked at daily care records across both units. We found significant gaps in recording. This meant that the service did not always clearly demonstrate when a person had been supported with pressure care, nutrition and hydration, bowel care and personal hygiene.

We noted that profile beds and specialised mattresses were provided for all those who lived on the ground floor. We saw that where bed rails were in use that these were covered with padded protectors. This helped to promote people's safety, provide comfort and reduce the possibility of tissue damage.

There was a fully equipped hair salon available on the ground floor. This helped to provide people with some independence.

People who lived at the service and their representatives told us that they were confident to raise concerns. During the inspection we observed one person request for the clock to be moved and this was seen to immediately. One person told us "I never have reason to complain".

We looked at complaints management and found that the registered manager dealt with complaints in a timely manner and maintained robust records.
We received mixed feedback from relatives about care plan involvement. Relatives told us; "Yes I have seen [name] care plan". And "Not had a review of Care Plan for a while we had one six months after [name] moved in two years ago".

There was a care plan review arrangement in some care records, but these had not been completed to indicate the frequency people wished to be involved in the review of their plans of care. This meant that the service did not routinely evidence how it involved people in decisions about their care.

We looked at recreational activities provided for people who lived at the service. We found that people had access to a variety of activities and these were arranged to suit all abilities. An activity planner was displayed in the entrance area.

We spoke with the activity coordinator who worked full-time and told us that a further two staff were employed part time to ensure that activities were available over seven days.

External trips were organised. Staff told us that all but five residents had attended the Christmas pantomime in Southport, and for those who could not attend the service organised a theatre company to do a pantomime in the service.

We saw that people had televisions in their bedrooms and bedrooms had been personalised. We also observed people who lived at the service engage in a reminiscence activity; they looked at books and 1950s memorabilia.

The service issued a monthly newsletter. Activities were listed in the February 2017 newsletter and all people who lived at the service were provided a copy.

We looked at minutes from resident and relative meetings, these showed participation from relatives and actions taken by the Registered Manager. Relatives told us; "I feel I can speak up at meetings". And "I have been asked what I think about the garden changing at resident's meeting".

Requires Improvement

Is the service well-led?

Our findings

People who lived at the service and their representatives provided us with mixed feedback about how the service was led; "I am listened to by the manager". "I can see the manager wherever, upstairs or downstairs". "The manager is only in Monday to Friday and we only come at weekends so we have not met her". "No complaints about the manager she is approachable". And "I don't know the hierarchy and I don't know who to approach".

We were provided evidence from the Nominated Individual which showed feedback about the Registered Manager from an external professional. Comments included; "I have found the manager to be engaging, open, transparent and keen to support enquiries made".

At the last inspection the provider was found to be in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to quality management systems, we found that systems had not been effectively implemented to assess, monitor and improve the quality and safety of the services provided. At this inspection we found that improvements had been made and systems were now in place.

The Registered Manager carried out regular audits in areas such as, pressure ulcers, accidents and incidents, staff records, medication, cleaning, maintenance and care planning. We saw audits had been completed on a regular basis. However medication, care planning and accident/incident audits had not highlighted the concerns we found during the inspection. This meant that auditing systems were still not robust.

We recommend that the service reviews quality assurance systems to ensure that areas for improvement are rectified.

We checked whether the service was committed to improving standards. The service had clear aims and objectives. The ethos of the service was made clear to people through the service's aims and objectives and staff had a good understanding of the standards and values that people should expect.

The service was committed to staff development and was seen as a leading provider in the care home sector by gaining the Investors in People award in 2016.
Staff told us that they were confident in the senior management team. Staff told us; "The managers are approachable". "There have been significant improvements since the manager started". And "I feel comfortable in seeking advice from the manager".

Three staff members had successfully completed the providers Leadership in Care development programme during 2016.

We found the Registered Manager was familiar with people who lived at the service and their needs. When we discussed people's needs the manager showed good knowledge about the people in her care. For example, the Registered Manager was able to identify people at risk of developing pressure sores,

malnutrition and falling. We observed care practices and talked to staff throughout the two days of inspection. We found a positive culture throughout the staff team and staff told us that they enjoyed working for the organisation. We observed staff communicate with the senior management team and receive advice and support.

We looked at staff survey results from 2016. Results showed 100% staff engagement and positive feedback from employees at Birch Green Care Home. Surveys were issued routinely and survey actions showed that the provider was responsive to staff feedback.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not have suitable arrangements in place to make sure that care and treatment was provided in a safe way for service users. Regulation 12 (1) (2) (a) (b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider did not have suitable arrangements in place to protect service users from abuse and improper treatment. Regulation 13 (1) (2) (3)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People who used the service were not protected against the risks associated with the unsafe use and management of medicines. This was because appropriate arrangements had not been made for the obtaining, recording and safe administration of medicines. Regulation 12 (1)(2)(g)

The enforcement action we took:

The impacts of these breaches were found to be of significant concern and the CQC has considered it powers of enforcement to apply the most appropriate penalty.