Prokare Limited

The Birches

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:
The Birches is a 'care home' that provides accommodation and personal care for up to seven people with acquired brain injury; six people were living in the home at the time of our inspection. Accommodation was found across two floors, and parts of the home had been adapted to safely support people who were living there. Well maintained living, dining and gardens areas were also provided.

People's experience of using this service and what we found
Staffing levels were based on individual support needs of the people who were living at the home. We received mixed feedback about the numbers of staff who were employed at the home.

Safe recruitment procedures were in place. People received safe and effective care from staff who had been appropriately recruited and had undergone the correct recruitment checks.

Staff received regular supervisions and appraisals. Staff were also supported with a variety of different training, learning and development opportunities to support their skills and abilities.

Medication processes and procedures were safely in place. Staff were appropriately trained, and care records contained the relevant information in relation to medicine support people needed. We identified several administrative errors which the registered manager responded to and immediately rectified.

People's support needs and areas of risk management were assessed and determined from the outset. Support needs and areas of risk were regularly reviewed, and staff were provided with the most relevant and up to date information they needed.

People were protected from avoidable harm; safeguarding and whistleblowing procedures were in place and staff knew how to report any concerns they had as a way of keeping people safe.

People were supported to have maximum choice and control of their lives and staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

It was evident during the inspection that the staff team were familiar with the people who lived at The Birches. We discussed with the registered manager how more detailed, person-centred care information would be beneficial.

Service design and adaptations were tailored around the needs of the people living at the home. The home offered assisted equipment, supported independence and accommodated people's equality and diversity support needs.

Activities and stimulation were primarily offered on a one to one basis. Staff provided activity support that was tailored around individual choice and preference.

There was an up to date complaints policy in place. Complaints were responded to and managed in line with company policy.

Quality assurance systems were effectively in place and helped to ensure the quality and safety of care was routinely monitored, assessed and improved upon accordingly.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:
The last rating for this service was 'good' (published 30 March 2017).

Why we inspected
This was a planned inspection based on the previous rating.

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?

Good

The service was safe.

Details are in our 'Safe' findings below.

Is the service effective?

Good

The service was effective.

Details are in our 'Effective' findings below.

Is the service caring?

Good

The service was caring.

Details are in our 'Caring' findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our 'Responsive' findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our 'Well-led' findings below.

The Birches

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 registered 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.

Service and service type:
The Birches is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of the inspection the service had a manager registered with CQC. Registered managers and the registered 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 was unannounced.

What we did:
Before the inspection we reviewed the information we held about the service. This included any statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted local commissioners of the service to gain their views. We used the information the provider sent us in the 'provider information return'. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to formulate a 'planning tool'; this helped us to identify key areas we needed to focus on during the inspection.

During the inspection:
We spoke with a director of operations, registered manager, four members of care staff, one person who was living at The Birches, and three relatives over the phone.

We looked at care records of three people receiving support, a sample of staff recruitment files, medication records, and other records and documentation relating to the management and quality monitoring of the service.

Good

Is the service safe?

Our findings

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

At the last inspection 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.

Staffing and recruitment
• Staffing levels were based on the support needs of the people who were living at The Birches.
• Although staffing levels appeared to be well-managed at the time of the inspection, we received mixed feedback from relatives about the levels of staff who were employed. We raised the feedback with the registered manager who agreed that there had been some difficulty recruiting the 'right staff' but this was an area of priority.
• Safe recruitment procedures continued to be in place. All staff were subject to pre-employment and Disclosure and Barring System (DBS) checks.

Assessing risk, safety monitoring and management
• People's support needs and areas of risk management were assessed and well managed from the outset.
• Risk assessments were individually designed around each person and were regularly reviewed by staff.
• Staff received the most up to date and current information in relation to the health and support needs of people living at The Birches.
• One person told us, "Oh yes, I feel safe, the staff are always willing to help." One relative told us, "I can't fault it, they're [staff] very familiar with [persons] support needs."
• Each person had a personal emergency evacuation plan (PEEP) in place; effective evacuation procedures were in place in the event of an emergency situation.
• All regulatory health and safety checks and compliance certificates were in place.

Preventing and controlling infection
• There was an 'infection control folder' in place. This contained relevant guidance that staff needed to comply with.
• There was an infection control monitoring record. Staff were expected to complete specific infection control procedures as a way of keeping the home clean, odour free and well-maintained.

Using medicines safely
• We identified a number of low-level administrative errors when we checked medication administration records (MARs). The registered manager investigated the errors, provided a timely response and demonstrated the actions she had taken to strengthen procedures.
• Medication practices and procedures were in place.
• People received a safe level of support with their medicines from staff who were appropriately trained.
• Medication room and fridge temperature checks were routinely completed.

Systems and processes to safeguard people from risk of abuse

• Effective safeguarding and whistleblowing policies and procedures were in place.
• Staff received the necessary safeguarding training and could recognise the signs of abuse. Staff knew how to report their concerns and the importance of keeping people safe.
• Safeguarding incidents were reported to CQC and Local Authority as required.

Learning lessons when things go wrong
• Accident and incidents were routinely recorded and investigated as and when needed.
• Accidents and incidents were routinely reviewed; trends were monitored as a way of identifying further safety measures.

Good

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 last inspection this key question was rated as 'requires improvement'.
At this inspection this key question has improved to 'good'. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

• The registered provider had improved their processes in relation to the Principles of the Mental Capacity Act, 2005 following the last inspection.
• The registered provider was complying with the principles of The MCA; people were appropriately assessed and levels of capacity were determined.
• Where possible, people were involved in the decisions that needed to be made around the care and support they needed.
• People receiving care were not unlawfully restricted; 'best interest' decisions were made, and the appropriate applications were submitted to the Local Authority.

Staff support: induction, training, skills and experience
• Training compliance continued to be well managed by the registered manager. Staff received effective training, learning and development opportunities.
• We received positive feedback about the skills, abilities and knowledge of the staff team. One relative told us, "Staff know [person] well, staff really manage and monitor [person] well."
• Staff received regular one to one supervision and appraisals; staff told us they were fully supported.
• New employees completed a robust 12-week induction programme and were supported to complete 'The Care Certificate'. This is an agreed set of standards that staff within the health and social care sector are expected to complete.

Adapting service, design, decoration to meet people's needs
• The design and facilities of the home met the needs of the people who lived there.
• Parts of the home had been especially adapted as a way of providing the most effective level of support. For instance, there was a large accessible passenger lift, wheelchair ramps and assisted equipment.
• The home offered spacious communal areas, garden facilities and people could personalise their bedrooms as they wished.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; and staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• The registered managers consulted best practice, guidance and law in relation to the care and support people needed.
• People and relatives helped to develop individual care plans and risk assessments as a way of ensuring the most effective level of tailored care was provided.
• People received a holistic level of care from healthcare professionals. For example, people received support from occupational therapists, physiotherapists, dieticians and local GPs.

Supporting people to eat and drink enough with choice in a balanced diet
• People were supported with effective nutrition and hydration support.
• Care records contained important information in relation to the support people required as well as their dietary likes and dislikes.
• Staff purchased, and prepared daily meals based on people's suggestions, likes and preferences. One person said, "The food is great, no issues."

Good

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 last inspection 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
• We received positive feedback about the caring approach of staff. One person told us, "It's excellent here, I get all the support I need." Relatives also told us, "All the staff are great" and "There are no issues at all from our end, they're [staff] great."
• Staff were familiar with the people they supported. We observed staff providing respectful and compassionate care.
• Staff interacted and engaged with people in a kind and friendly way. It was clear that positive relationships had developed between staff and people receiving support.
• Equality and diversity support needs were established from the outset; people were treated fairly and equally.

Supporting people to express their views and be involved in making decisions about their care
• Care records indicated that people were involved in the care planning process from the outset.
• People were encouraged to share their views and suggestions about the provision of care and were supported to live as full and enriched life as possible.
• People were encouraged to make decisions around the day to day support needs and how they wished for their support to be provided. One relative told us, "[Relative] has choices and is supported with [their] independence. Everything [they] request is followed up on by staff."

Respecting and promoting people's privacy, dignity and independence
• People's privacy and dignity was maintained and promoted. We observed staff knocking on people's doors before entering and asking for their consent before providing any support.
• People were encouraged and supported to remain as independent as possible. People were supported to access the local community, go on holidays they wished to go on and participate in activities they were interested in.
• One relative told us, "They [staff] really support [person] with independence."

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as 'good'. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

• It was evident during the inspection that the staff team knew people they supported well. We also received positive feedback about the level of tailored support the staff team provided. However, we identified that care records could have contained more detailed information in relation to people's life experiences, backgrounds and interests. The registered manager was in the process of reviewing this and has assured us this will be actioned.

• We observed staff actively encouraging people to have choice and control over the care and support they received.

• People received care that was relevant and consistent with their current support needs.

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 generally received one to one support with a range of different activities of their choosing. Activities were tailored around people's likes, preferences and interests.

• Staff ensured they discussed and arranged weekly activities which were scheduled and supported.

• Staff at The Birches created a 'resource folder'; this contained information about local activities and support groups people could access if they wished to.

• Activities encouraged people to remain active, socially involved and engaged in different hobbies and interests they wanted to participate in. For instance, one person enjoyed holidays to Blackpool and another person was supported to access local dog kennels.

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 level of communication was established from the outset. People were supported to communicate in a variety of different methods.

• People were supported with 'easy read' material and alternative methods of communication were provided on request.

• Care records contained visual images and different methods of communication that staff needed to use as a way of supporting people to communicate their needs and wishes.

Improving care quality in response to complaints or concerns

• The registered provider had an up to date complaints policy and procedure in place.
• Complaints were recorded, investigated and responded to in line with organisational policy.
• People and their relatives were provided with complaint procedure information from the outset and told us they would feel confident raising any concerns with the staff team.
• At the time of the inspection, no complaints had been submitted or were being responded to.

End of life care and support
• At the time of the inspection nobody was receiving 'End of life' care. However, the management and staff team had access to 'end of life' training.

Good

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 last inspection this key question was rated as 'good.' At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• Effective quality assurance measures were in place. Audit tools and checks were regularly completed, these helped to ensure the quality and safety of care provided was well maintained.
• The registered manager and the staff team understood the importance of providing high-quality, person centred care as well as managing and monitoring risks.
• A 'quality assurance officer' regularly assessed the delivery of care people received; a report was circulated together with areas of strength and areas of improvement.
• The registered manager was aware of their regulatory responsibilities and the importance of submitting statutory notifications to CQC.
• Accessible policies and procedures were in place. Policies contained up to date and relevant guidance for staff to follow.
• We received positive feedback about the newly registered manager. One staff member told us, "[Manager] is very good, very supportive, a good leader." Relatives also told us, "[Manager] is very good, she's made a real difference" and "It's improved a lot, a lot more communication, it's being managed as it should be."

Continuous learning and improving care
• Measures were effectively in place to identify areas for improvement.
• Areas of improvement were addressed; action plans were created as a way of improving the standard and quality of care being delivered.
• Accident and incidents were closely monitored; trends were monitored as way of managing any emerging trends.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
• Staff were familiar with the people they supported. Staff knew people's likes, dislikes, wishes and enjoyments and supported people to achieve their goals.
• The registered manager was committed to enhancing the experiences of people living at The Birches and ensured people's requests and suggestions were acted upon.
• We received positive feedback about the culture and delivery of care people were receiving. Relatives told us, "They're [staff team] very proactive, they keep on top of everything" and "The staff team are great, they always take the time to listen."

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
• The registered manager was aware of their legal responsibilities, the importance of investigating incidents/events and being as open and transparent as possible.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• Equality and diversity support needs were assessed and supported from the outset.
• People, relatives and visitors had the opportunity to offer feedback about the provision of care people received
• Staff meetings were regularly taking place; staff told us this was an effective way of communicating with each other.
• 'Resident' meetings were arranged; meetings were designed around the needs, ideas and suggestions of people receiving care.

Working in partnership with others
• People received a holistic level of care; external healthcare professionals provided the necessary support to people living at The Birches.
• The registered manager worked closely with the Local Authority; ensuring the quality and safety of care was reviewed and assessed.