

Sanctuary Care (England) Limited

Birchwood Court

Residential Care Home

Inspection report

Seaside Lane
Easington Colliery
Peterlee
County Durham
SR8 3XZ

Tel: 01915279741
Website: www.embracegroup.co.uk

Date of inspection visit:
03 February 2020

Date of publication:
19 February 2020

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

Birchwood Court provides accommodation and personal care for up to 43 older people. At the time of the inspection 43 people were using the service.

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

People and their relatives told us the care was safe and they were happy at the service. Medicines were managed safely. Staff were recruited safely and there were enough staff to meet people's needs. The registered manager sought to learn from any accidents and incidents involving people.

The registered manager carried out detailed assessments of need to ensure the service could effectively support any new admissions. People were supported to have enough to eat and drink and staff were trained to support people who had different dietary needs. Staff told us they were well trained and supported and supervised by the management team. The service worked well with community healthcare partners such as the local GP practices to ensure people received healthcare support where needed.

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

Interactions between people and the staff team were very positive. People were treated with kindness, dignity and respect. Staff were responsive when people needed additional support. People were supported to maintain relationships with those important to them. Relatives we spoke with told us they were always made welcome and the atmosphere at the home was warm and friendly.

People received personalised care that was responsive to their needs and preferences. They were involved in reviews of their care where they were able. People and their relatives knew how to make a complaint. Those people we spoke with said they had opportunity, through regular meetings, to raise any issues they had. The home received regular compliments about the good care people received. Complaints and concerns were dealt with robustly and proactively by the management team.

The registered manager who had been in post for a year had driven improvements and provided stability. People's feedback was sought regularly and acted upon. We received positive feedback from people, relatives and staff about how the service was now managed. There were effective systems in place to monitor the quality of the care provided.

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

Rating at last inspection and update

The last rating for this service was good (published 29 April 2017). There was also an inspection on 14

February 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.

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.

Birchwood Court Residential Care Home

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 undertaken by one inspector, an inspection manager and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Birchwood Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and local safeguarding team. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and

social care services in England. 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 of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and five relatives about their experience of the care provided. We spoke with eight members of staff including; the registered manager, the manager of a neighbouring service also run by the provider, two senior carers, three care workers, and the chef. We also spoke with two district nurses who were visiting the home. We observed with how staff interacted with people using the service.

We reviewed a range of records. This included five 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.

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 requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last visit topical medicines were not always stored or administered in a safe way. We saw improvements had been made.

- Arrangements were in place for the safe receipt, storage, administration and disposal of people's medicines.
- Medicines administration records showed people received their medicines in a timely way.
- Records showed, and staff confirmed they had received training in medicines management and they had been assessed as competent in this area.

Safeguarding systems and processes

- People we spoke with said they felt safe. Our observations for people who could not communicate with us were that they were comfortable with the staff members supporting them. One relative told us, "My relative can choose which staff support them with personal care so they feel comfortable, it's just they prefer some to others and that's totally respected."
- The provider had effective safeguarding systems in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. Staff told us they received robust training and records confirmed this.
- All relatives we spoke with said they were kept informed in relation to any concerns regarding safety.

Assessing risk, safety monitoring and management

- Risk assessments were in place to reduce the risks to people. These included environmental and individual risk assessments and provided staff guidance on actions to take to reduce the risk of harm.
- The registered manager assessed people prior to them moving to the service to ensure that the service could safely meet the person's individual needs.
- The environment and equipment were safe and well maintained.

Staffing and recruitment

- There were enough staff to meet people's needs.
- Our observations during the inspection indicated that staff were prompt to respond to people's needs but some people said they felt the home was short staffed at some time periods. We asked the registered manager to keep deployment under review.
- The provider had arrangements in place to carry out checks on staff to assess their suitability before they were employed in the service
- We spoke with new members of staff who said they had been well recruited and supported.

Preventing and controlling infection

- The service had an infection control policy in place. Staff were aware of infection control measures and were observed wearing gloves and aprons.
- The home was clean and fresh.

Learning lessons when things go wrong

- The service was committed to driving improvement and learning from accidents and incidents. Information was analysed and investigated.

- The service was about to implement electronic medicine records which they were planning for with pharmacists and GPs to ensure this was as safe and effective as possible.

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 good. At this inspection this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had pre-admission assessments that supported their move to the home. This included their care needs and preferences about how they wished to be supported.
- People and relatives were consulted. One relative told us, "The manager went out of their way to ensure [Name] had the right equipment in place when they came out of hospital."

Staff support: induction, training, skills and experience

- Staff were supported through training and supervision.
- New staff were supported through a period of induction and training. We met with one staff member for whom it was their first day at the home. They said, "I was first told about fire procedures so I would know what to do in an emergency and everyone has been very kind to me."
- The service had regular meetings to ensure staff were kept informed about developments at the service.

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

- People told us they enjoyed their meals.
- When required, staff assisted people to eat and drink. Staff had included dietary information from other professionals into people's care plans. We discussed that pureed and softened diets may be presented in a more appetising way. The registered manager told us they had already arranged for the chef to receive training and support from a specialist in this area.

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

- People were well supported by effective working with health partners. A visiting district nurse who told us, "The staff are good at following anything up and know people well."
- Care records detailed when people had support from healthcare professionals and guidance was written into care plans.

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.

- Staff had completed MCA training and ensured people had choices and could make decisions.
- People had their capacity assessed and applications for DoLS had been made appropriately.
- People's rights were promoted and upheld. Relatives we spoke with said people's choices were respected.

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

- People had personalised rooms which supported their individual needs and preferences.
- Suitable adaptations and equipment were in place to enable people to maintain their independence.
- People were able to move around the service easily and clearly. The service has ensured that people with memory difficulties had a good level of signage and items such as memory boxes near to people's doors were usually completed. People had also chosen the colour of their bedroom door.

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 good. 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

- Staff were kind, patient, respectful and considerate. They understood people and knew what was important to them.
- People who used the service were complimentary about the staff. Comments included "Yes I'm happy with the care," and "I get support to make decisions."
- Staff had created a relaxed and friendly home. People's body language indicated they were at ease. One person said, "What is good about here is the encouragement, the understanding and the care."

Respecting and promoting people's privacy, dignity and independence

- Staff encouraged people to maintain their independence where possible.
- Staff treated people with dignity and respect, we saw they knocked on doors and sought permission before entering. We saw one person was supported by staff to wear makeup and jewellery as well as have their hair nicely styled. This was important to them.

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

- People were involved in decisions, whether it was to do with their own personal needs or the needs of the home. One person told us, "They just tell us stop in bed as long as you like, we are well looked after."

Both formal and informal meetings for people who used the service took place and people were asked for their views and to share ideas. One person told us, "The family come, there's not any restrictions on time."

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 good. This meant people's needs were met through good organisation and delivery.

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

- Care was based on people's assessed needs and preferences and was person-centred. Person-centred planning is a way of helping someone to plan their life and support, focusing on what is important to the person.
- Electronic care plans were in place covering a range of people's health and social needs. They contained guidance for staff on how these needs could be met to ensure people received the care and support they wanted and needed.
- Care plans were reviewed regularly and reflected people's current 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

- Staff respected people's right to family life and avoid social isolation. Relatives told us they were welcomed into the service.
- There was a variety of activities for people to choose to participate in. On the day of our visit a group of nursery children came to the home and enjoyed singing and playing games with them. One person told us, "I do the PE lessons, we skip, do bat and ball, netball I love that, I'm like a tornado, I think I'm in the Olympics!"
- We observed people leaving the home for outings with relatives.

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 were given information in a way they could understand and care plans described appropriate methods of communication such as speaking slowly and clearly.

Improving care quality in response to complaints or concerns

- The registered manager was proactive in visiting people to check they were happy with the care at the service. One relative said, "The manager is approachable, no complaints."
- There had been no recent complaints. Information relating to how to make a complaint was readily available to people.

End of life care and support

- Staff respected people's wishes. They had involved people and their relatives in discussion about end of life care.

- People's spiritual faith was recorded in care plans as well as if they had a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) and, where appropriate, an emergency health care plan in place.

Is the service well-led?

Our findings

Well-Led – this means 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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Leadership by the provider of person centred, high quality care; Engaging and involving people using the service, the public and staff

- The service involved people and their families in day to day discussions about their care and support. People told us that they felt reassured and confident in the management team at the service.
- We were told the provider was supportive and enabled the registered manager to implement new and positive changes such as electronic systems for care records and medicines.
- Regular staff meetings occurred; staff said they felt listened to and valued.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service was well-run and people were treated with respect in a professional manner. One person told us, "The atmosphere on the whole is good, people are happy, that's important."
- The registered manager had undertaken a piece of work to use assisted technology to promote good hydration. They told us they were presenting their trial and findings to a national conference held by the provider.
- There was a positive culture in the home. Relatives told us that people were enabled to make choices and have their rights upheld.
- The registered manager had systems and procedures to monitor and assess the quality and safety of their service. Audits were used to assess standards and drive up improvements. The service had a robust plan which showed how the management team were ensuring that good quality care was delivered.
- All appropriate reporting had been carried out to alert the CQC and local authorities when incidents occurred.

Working in partnership with others

- The service had good links with the local community. On the day of our visit a group of nursery children visited the home. People and care staff clearly enjoyed this interaction and it was lovely to witness some of the interaction between young and old.
- The service worked in partnership with health and social care professionals who were involved in people's care.