Teerose Limited

Birch Trees Nursing Home

Inspection report

Hollist Lane
Easebourne
Midhurst
West Sussex
GU29 9AD

Tel: 01730813260
Website: www.birchtreescare.co.uk

Date of inspection visit:
13 December 2016
15 December 2016

Date of publication:
02 February 2017

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

The inspection took place on 13 and 15 December 2016 and was an unannounced inspection.

Birch Trees Nursing Home provides accommodation and nursing care for up to 22 older people. At the time of our visit, there were 20 people in residence. The home is situated in a rural location, close to the town of Midhurst. Accommodation is provided over two floors and is accessible by a lift and stair lift. Communal areas include a dining room and lounge on the ground floor. There is a large garden accessible to people at the back of the home.

The service has a registered manager. 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.

People and relatives spoke positively about the service. They said that it was welcoming and that people received a high standard of care. There was a regular team of staff who knew people well. Staff were supported by the registered manager and representative of the provider who were regularly in the home. Feedback was welcomed and the registered manager was proactive at trying new ideas and making improvements to the care that people received.

People felt safe at the service and there were enough staff to respond to their needs. Staff understood local safeguarding procedures. They were able to speak about the action they would take if they were concerned that someone was at risk of abuse. Risks to people's safety were assessed and reviewed. People received their medicines safely.

People had developed good relationships with staff and had confidence in their skills and abilities. They told us that staff were kind and that they treated them respectfully. Staff had received training and were supported by the management. Staff were able to pursue additional training which helped them to improve the care they provided to people.

People were involved in planning their care and in making suggestions on how the service was run. Staff understood how people's capacity should be considered and had taken steps to ensure that people's rights were protected in line with the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

People enjoyed the meals at the service and were offered choice and flexibility in the menu.

Staff responded quickly to changes in people's needs and adapted care and support to suit them. Were appropriate, referrals were made to healthcare professionals, such as the GP or Community Psychiatric Nurse (CPN), and advice followed.

A variety of activities were provided, both in the form of group and individual interests.

There was strong leadership within the home. The registered manager and representative of the provider monitored the delivery of care and regularly assisted staff in supporting people. They had a system to monitor and review the quality of the service and were prompt in taking action if improvements were identified.

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.

People said they felt safe. Staff had been trained in safeguarding so that they could recognise the signs of abuse and knew what action to take.

Risks to people were identified and assessments drawn up so that staff knew how to care for people safely and mitigate any risks.

There were enough staff to meet people's needs and keep them safe.

People received their medicines safely.

Is the service effective?

Good

The service was effective.

Staff had received training to carry out their roles and received regular supervision.

Staff understood how consent should be considered and supported people's rights under the Mental Capacity Act.

People were offered a choice of food and drink and supported to maintain a healthy diet.

People had access to healthcare professionals to maintain good health.

Is the service caring?

Good

The service was caring.

People received individualised care from staff who cared and who knew them well.

People were involved in making decisions relating to their care and were supported to be as independent as they were able.

People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People's care was planned and monitored to promote good health.

Staff understood how to support people and responded quickly to any changes in their health.

People enjoyed a variety of activities.

People knew how to make a complaint if necessary and were confident any issue would be addressed.

Is the service well-led?

Good

The service was well-led.

The culture of the service was open and inclusive. People and staff felt able to share ideas or concerns with the management.

People and staff spoke highly of the registered manager and representative of the provider. Staff were clear on their responsibilities and told us they were listened to and valued.

The registered manager used a series of audits to monitor the delivery of care that people received and ensure that it was consistently of a good standard.

Feedback on the service was welcomed and used to make improvements.

Birch Trees Nursing 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 inspection took place on 13 and 15 December 2016 and was unannounced.

One inspector and an expert by experience undertook this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service. The expert by experience at this inspection had expertise in caring for older people.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed three previous inspection reports and notifications received from the registered manager. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at care records for three people, medication administration records (MAR), monitoring records, accident and activity records. We also looked at five staff files, staff training and supervision records, staff rotas, quality feedback surveys, audits and minutes of meetings.

During our inspection, we spoke with 11 people using the service, six relatives, the registered manager, a representative of the provider who was also on shift as a registered nurse, two senior care assistants, two care assistants, the chef and kitchen assistant. Following the inspection, we contacted a GP and a Community Psychiatric Nurse (CPN). They consented to share their views in this report.

Birch Trees Nursing Home was last inspected in September 2014 and there were no concerns.

Good

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe living at Birch Trees Nursing Home. One person told us, "The management here is good and I feel secure because of that". People appeared relaxed in the company of staff and it was clear that staff knew people well. Staff had attended training in safeguarding adults at risk. They were able to speak about the different types of abuse and describe the action they would take to protect people if they suspected they had been harmed or were at risk of harm. One care assistant described safeguarding as, "Making sure they are physically safe, mentally OK and always have someone they can talk to. We look out for them". Another staff member said, "I need to report any concerns such as physical or verbal violence. I'd report it to a nurse or the manager". Staff told us they felt able to approach the registered manager if they had concerns. They also knew where to access up-to-date contact information for the local authority safeguarding team and knew how to report any concerns.

Before a person moved to the service, an assessment was completed. This looked at their support needs and any risks to their health, safety or welfare. Where risks had been identified, such as in moving and handling or pressure areas, these had been assessed. Risk assessments detailed what reasonable measures and steps should be taken to minimise the risk to the person. For example, the aim for one person who was at risk of falling was, 'To walk freely and safely in the home without having falls'. Measures to minimise the risk were for staff to ensure the surroundings were free of clutter and to check the person's whereabouts on a regular basis. We observed staff assisting people to move around the home. This was done safely, with lots of encouragement and reassurance.

Where accidents or incidents occurred, these were logged and reviewed. This helped to identify any patterns or trends and to reduce the risk of future injury. Staff had been proactive in taking action to reduce risk. For example, they had purchased a non-slip cushion for one person who had sustained a fall when they slipped from their seat. Staff checked people regularly to ensure they were safe and well. There was guidance in place on how people would need to be supported in an emergency, such as if an evacuation was required due to fire.

People told us that staff were available and quick to provide assistance when needed. One person told us, "They come pretty quickly". Another said, "Occasionally it looks like they are struggling but when I use my bell they do come quickly". We observed that people had call bells in reach and that staff were on hand to offer assistance when required. The registered manager planned the staffing to reflect the needs and dependency of people living at the home. One care assistant told us that the staffing numbers had been increased when one person had a chest infection that was making them unsteady on their feet. At the time of our visit, there was one registered nurse on duty at all times, supported by four care assistants in the morning, three in the afternoon and one at night. In addition, kitchen, cleaning and activity staff were employed and the registered manager was usually available to offer support. Staff told us they had time to spend with people and that they were encouraged to, "Sit and chat". A CPN who visited the home told us, 'There is staff around in the lounge area when there are residents in there or in the garden. Patients that are in bed are checked on regularly'.

People enjoyed support from a regular team of staff. The registered manager used some agency staff to cover gaps in the rota but these staff were regular at the home and knew people well. The registered manager was recruiting and was involved in a local recruitment campaign for care staff headed up by the local authority. He told us that he intended to increase the staffing numbers on some shifts once new staff were on board, to offer additional time for social support and stimulation.

Staff records showed that, before new members of staff were allowed to start work, checks were made on their previous employment history and with the Disclosure and Barring Service (DBS). The DBS provides criminal records checks and helps employers make safer recruitment decisions. In addition, two references were obtained from current and past employers. For nurses, their registration with their professional body was checked to ensure they were fit to practice. These measures helped to ensure that new staff were safe to work with adults at risk.

People received their medicines safely. We observed the registered nurse as they administered medicines to people. They took time with each person, explained what the medicine was for and checked to ensure it had been taken before completing the Medication Administration Record (MAR). Where medicines were prescribed on an 'as needed' (PRN) basis, these were offered. Medicines were stored safely, in locked trolleys. Medicines that needed to be kept cool were stored in a fridge and the temperature was recorded daily. Creams and ointments had been dated on opening. This helped to ensure that they remained within date and effective. MARs demonstrated that people had received their medicines as prescribed. Any deviation was clearly recorded in the notes, for example one person had refused their medicine and appeared to have difficulty swallowing. Staff contacted the GP to advise them and see if an alternative was available. Medicines for disposal were recorded and collected by a contractor.

Although staff were able to clearly describe how they assisted people with their medicines, written guidance for staff regarding the administration of PRN medicines and application of topical creams was limited. The provider's policy stated, 'To ensure their medication is given as intended, a specific plan for administration is recorded in the service user's care plan and kept with the MAR charts. This will state clearly what the medication is for and the circumstances in which it might be given'. By the second day of our inspection, this guidance had been updated or added. For example, on the information to staff about administering a PRN pain relief we read, 'To take when needed for pain relief. This can be indicated by restlessness, holding his head in his hand, gentle moaning. Follow up should include checking whether (name of person) feels better after 30 minutes'. For topical creams, body maps showing where to apply each cream had been completed and were available to staff.

Good

Is the service effective?

Our findings

People were very happy with the support they received. Many people were cared for in their rooms and staff visited them regularly. One person told us they were, "Well looked after and happy". Everyone we spoke with said they felt confident in the experience of staff and told us they received good care.

Staff received training and support to carry out their duties. The registered manager delivered much of the training directly. This offered flexibility for one to one support and for training in the evening for those staff who worked night shifts. Courses included moving and handling, infection control, safeguarding, first aid, nutrition and dementia care. Additional courses were delivered by external trainers, such as in fire safety and Parkinson's awareness. Registered nurses were supported to maintain and enhance their skills and had attended updates regarding catheterisation and taking blood. Staff were encouraged to pursue diplomas in health and social care. The provider had also supported one nurse from overseas to complete their registration in the UK. Staff told us that the training was good. One care assistant said, "We have training every month, we have lots of training".

New staff completed a period of induction, which included training and shadowing of experienced staff. This helped them to understand their role, to get to know people and their support preferences. At the end of each shift, the registered manager or representative of the provider completed a one to one reflection with them. One care assistant told us, "New staff get it quite quickly". The registered manager was ready to support staff through the Care Certificate, a nationally recognised qualification.

Staff felt supported and told us the registered manager and representative of the provider were available to offer help or guidance. Records confirmed that staff had received supervisions. We saw that discussions included what had gone well, anything that was causing concern and their suggestions to improve the quality of life for people at the home. Staff also received practical supervision, to ensure their competency in moving and handling and, where applicable, the administration of medicines. At the time of our inspection, not all staff had received an annual appraisal. These had been completed for registered nurses and were in progress for care staff. We saw that the appraisal meeting included a review of the staff member's work, any concerns and a development plan. The registered manager told us, "I always listen to their point of view, their perspective. If they (staff) are happy, my residents will be happy".

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The registered manager had not made any applications to deprive people of their liberty. This was because people were able to agree to living at the home and could consent to their care and treatment.

We checked whether the service was working within the principles of the MCA. We observed that staff involved people in decisions relating to their care and respected their wishes. The registered manager told us, "We go according to their wishes, there is no strict routine". People had signed their care plans to demonstrate their agreement to receiving support in areas such as moving and handling, administration of medicines, personal care and the use of bed rails for their safety. In one care plan we read that staff should use written communication to help the person understand the decision that needed to be made. Guidance for staff on respecting people's rights under the MCA was displayed and staff had a good understanding of their responsibilities. One care assistant said, "If they can't make a decision for themselves, we would involve the Power of Attorney or family". In the provider's survey from 2016, all people who responded said that staff respected their decision if they chose not to do something.

People enjoyed the meals at the home. One person told us, "The food here is lovely and I look forward to it". Another said, "There is a good choice of food and enough of it". The Chef told us, "Meals are produced on the premises from fresh produce". The menu was displayed in the home and people were asked daily for their meal preference. Staff were aware of people's dietary needs and preferences. They made an effort to cater for specific requests, such as for a spicy curry. Staff assisted people to eat their meals, offering encouragement or practical support. This was done kindly and at a pace that appeared to suit each individual. Some people used aids such as plate guards to enable them to eat independently. Staff monitored people's weight and took action if any concerns were identified. This included additional support with eating meals, fortifying food and referrals to healthcare professionals such as the dietician. We observed that drinks were available throughout the day. Those who required support to drink enough or to limit their daily fluid due to a medical condition were monitored closely.

People had access to healthcare professionals and the service worked in collaboration to ensure their needs were met. Staff monitored people and were quick to identify any changes in their health. If they had concerns, additional checks were made so that information was readily available for the GP. A GP told us, 'We are rarely, in fact never that I can remember, called to an inappropriate visit. Observations and all comments are always available for us - blood pressure, temperature, urine dip etc.' In people's records we saw that a variety of support had been requested, including from the Speech and Language Therapist (SALT), Tissue Viability Nurse (TVN) and Physiotherapist. Healthcare professionals told us that staff were receptive to suggestions. A CPN told us, 'The manager and staff will listen to the advice that I give them. They will follow the advice from me and our doctor. They always ask me to write in the patients notes, which they follow'.

Good

Is the service caring?

Our findings

People spoke highly of the staff who supported them. One person told us, "The staff are marvellous, they will always come and help". Another said, "It's lovely and they're all very kind". Relatives had written to the home to express their thanks. In one card we read, 'We are fortunate our father had a long and happy life and also fortunate that he passed away peacefully in an environment that so obviously cared for him'. There was a regular team of staff at the home, which helped to promote strong relationships. In addition, each person had a keyworker who took the lead in coordinating their care. Staff told us that they enjoyed working with people. They were able to tell us about them and their families and it was clear they knew each other well. One care assistant said, "I have a different relationship with the different clients; some like banter, with others you have to be more prim". The registered manager told us, "Knowledge of individual needs is important so they (staff) can connect with them better".

People were involved in planning their care. They told us they felt involved in decisions that affected them. One person told us, 'The staff are very helpful and caring and they always answer my questions. They are friendly and we have lots of laughs". Another said, "They always listen to me". The registered manager told us, "They can do as they wish, as in their own home. We give them a voice, choice and control of their lives". Each person's care plan set out how the person was able to communicate, and how staff should support them to communicate their views. Relatives confirmed that people were free to make their own choices. One relative told us, "He didn't want to get up early so they're getting him up now" (it was just before midday). In an email to the Commission another relative wrote, 'Arrangements are truly flexible to suit the needs and wishes of the residents. For example my Mother did not want to have her meals at the 'usual times'. No problem, times were arranged for her to have meals served in her room at times of her own choosing'. People were involved in reviewing their care plans and risk assessments, and had been encouraged to think about and record their preferences for care at the end of their lives.

Staff encouraged people to be as independent as they were able. We observed staff offering support and reassurance as people moved around the home. During lunch, one person appeared to be struggling to eat their meal. The staff member transferred the meal to a bowl, which enabled the person to continue independently.

People told us that staff treated them respectfully. In the provider's survey from 2016, all respondents said staff treated them as an equal, took notice of their likes and dislikes and respected their privacy. We observed that staff called people by their preferred names and always engaged with them before providing any care. In the lounge, a screen was used by staff to promote privacy when assisting an individual such as when hoisting them to or from an armchair. When people were in their bedrooms, staff knocked and waited for a response before entering. One relative told us how staff took great care of people's possessions. They wrote, 'My Mother has a number of delicate ornaments in her room and the proprietor is anxious that none are damaged so he cleans them himself while sitting with my mother and chatting to her'. Visitors to the home also remarked on how respectful staff were. A CPN wrote, One lady that I am care coordinator for is often very noisy, she will scream out a lot of the time, staff are always respectful to her, trying to reassure her'.

Good

Is the service responsive?

Our findings

People received personalised care that met their needs. People were asked about what was important to them and staff took time to get to know them and understand their wishes. People and relatives shared examples of how staff had supported them. In a card form one relative we read, 'He was very happy to be staying with you, and to us the level of nursing and overall support and kindness you gave could not be faulted – even to providing to his quite particular requirements for food and sustenance'. In a second, 'I can't believe how lucky we were to find you and remain eternally grateful to you all. I want to thank you and all your staff for the caring kindness and sympathy you gave to (name of person) during his stay with you'. The registered manager described their approach saying, "We treat them as a person first and foremost, with their condition second. Feelings matter".

People's care needs and wishes were recorded in a care plan. This included details of their lives, interests, family and friends. Staff clearly knew people well and had taken time to understand what made each person feel respected and cared for. They were able to tell us about people and how they used this knowledge to approach their current care. For example, one person who used to be a Farmer liked to be up early and enjoyed spending time outdoors and working in the garden. Each person's care plan contained an assessment of their needs and detail on how to support them. There were sections including physical health needs, personal care and social activities. Where appropriate, specific plans were in place such as to reduce alcohol consumption, for wound care or catheter care. Staff found the care plans supported them in their work. One person told us, "They (staff) are good really and they make sure I do all the things I should do".

Staff were quick to respond to changes in people's health. Regular monitoring was in place. We saw examples of records for people who required support to change their position to reduce the risk of pressure areas, food and fluid intake for those at risk of malnutrition or dehydration as well as checks on equipment such as pressure relieving mattresses and bed rails to ensure they were safe to use. Staff had made referrals to the GP and other professionals to ensure the most appropriate support was given. This included a review of medicines which had eliminated the need for night-time sedation for one person, and an improvement in mobility for a second meaning they could now manage their continence independently. A third person had been refusing their medicines. Staff discovered that this was because they believed they had already taken them. They had devised a system with the person whereby they wrote on a piece of paper when the person had taken them. In this way, the person knew that if they did not have the paper, they had yet to take their medicine. Throughout our visit, we observed that staff were quick to respond to requests for assistance. One relative told us, 'Nothing seems to be too much trouble here'.

People were able to enjoy a range of activities. An activity coordinator worked in the home during the afternoon. We observed that people were involved in determining how they would like to spend their time. Activities included skittles, poetry recitals, colouring, jigsaws, story reading and singing. There were also external visitors, including 'Music for health' which combined singing and gentle exercise and various Christian churches. There were no regular outings, but the registered manager took some people out for a drive when they wished. People spoke enthusiastically about the home's Christmas party and visiting pantomime. One person said, "We enjoyed the party, we had a very good laugh". A relative told us, "(Name of person) was never one for joining in. He joins in more here, he loved the party yesterday". Staff also spent time with people on a one to one basis, chatting or supporting them with their interests. One care assistant told us, "We can talk, give drinks and spend time with them".

People felt able to raise any concerns with staff. One person told us that they were often asked by the representative of the provider if they had any concerns or ideas and whether, "Anything special needs doing". Another said that staff were, "Approachable and friendly". One care assistant told us, "If someone has a problem, (Representative of the provider) will go from A to Z on what we are doing for the person. I would have my family come here". A relative said, "There is always someone you can talk to".

People knew how to make a complaint but all said they had not had cause to. Information on how to complain was displayed in the entrance in large print. This explained how to make a complaint and the anticipated timescales for response. We looked at the complaints recorded by the registered manager. There was just one from July 2016, which had been promptly resolved.

Good

Is the service well-led?

Our findings

There was a happy and open atmosphere at the home. People and staff appeared cheerful and visitors told us they were always made to feel welcome. Relatives told us they had been able to use the home's facilities for family events such as birthdays and anniversaries. The registered manager told us, "We try to be as open and transparent as possible, it's their home". They added, "We run it (the home) because we love to do it". A care assistant said, "We work like a family. I have no problems. I would recommend the home". A relative told us that communication was excellent and that there was a sense of family. They said, "It really does feel like a home from home".

The home was run by a couple, one of whom was the registered manager and the other the representative of the provider. Both were actively involved in the running of the home and in caring for people. One care assistant told us, "The management is good. You can go and talk face to face and resolve anything". One person told us that they couldn't find any fault with the management of the home, a second that management were approachable, friendly and communicated well. A GP who worked with the home told us, 'It is very well managed and well led. They are very organised, approachable, supportive of their staff and have a very hands on approach to the home. They care passionately about both their patients and their staff'.

The registered manager was held in high regard. One care assistant told us, "He's a good manager, he listens and he makes changes". We saw in the minutes of meetings with staff that staff were appreciated and thanked for their hard work. Meetings covered care plans, supervision, updates and reminders on how to record complaints, concerns and compliments. The registered manager was proactive in keeping up to date with best practice and cascading this to staff. He participated in events arranged by the local authority and in other local training and information sharing opportunities. The registered manager told us, "The beauty is that I have established staff, they can talk to me anytime". He added, "I run the home like a family, it isn't hierarchical".

The registered manager had notified the Commission about important events as is required in the regulations. During the inspection we identified two events that had not been communicated to us. On each occasion, the registered manager had taken action to respond to the issues, both of which had been resolved. On incident related to a breakdown of the passenger lift at the home, which had been out of action for approximately two months while parts were sourced. Most people had been able to come downstairs using a stair lift but two people had chosen to remain upstairs as they found the stair lift too difficult. Following our inspection the registered manager promptly sent through the missing notifications, with their apologies for the omission.

The registered manager and representative of the provider actively monitored the quality of the support that people received. One care assistant told us, "They observe us, they check. They help all the time". The registered manager said, "We take an active interest, we are on the floor with them (staff)". He added, "Praise goes a long way I feel. If they've (staff) done something wrong, we address it immediately". By way of an example, he told us about reminding staff of the proper handwashing technique to minimise the risk of spread of infection. A relative who contacted us wrote, 'The Nursing Director supervises (on site nearly every day) a high standard of care with charm and gentleness and, I suspect, an iron fist if standards start to drop. I have no concern that they will'.

The registered manager was receptive to suggestions and ideas. The representative of the provider and registered manager used surveys to gather feedback from people who used the service and their relatives. The registered manager told us, "I welcome feedback, visitors come with fresh eyes". The most recent surveys had been sent in June 2016 and the responses reviewed ahead of the annual resident and relatives' meeting. In the minutes of this meeting we saw that the feedback had been discussed. We read, 'All the comments and suggestions made were gracefully received and appropriate actions have been taken'. People who had recently moved to the home were also asked for their feedback after four weeks. This helped to assess the admissions process and highlight any improvements that could be made for the person.

The registered manager used a variety of audits to monitor the quality and consistency of the service. We reviewed audits of infection control, food hygiene, nutrition, incidents, medication, lifting equipment (hoists) and facilities (gas, electrics, water etc.). In each case, any actions identified had been quickly addressed. The registered manager told us, "If there is work to be done, I get it done immediately". Action had also been taken in response to visits from external auditors. For example, new exit signage and emergency lighting had been installed following advice from the Fire and Rescue Service in January 2016.