Birchgrove HealthCare (Sussex) Limited

Birch Grove Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
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 the 16 May 2017 and was unannounced. Birch Grove Nursing Home provides personal care, accommodation and nursing care for up to 50 older people. On the day of our inspection there were 45 people living at the service, some of whom were living with dementia and chronic health conditions. The service is spread over five floors with a passenger lift, communal lounges/dining rooms and a garden.

At the last inspection on 28 April 2015, the service was rated 'Good'. At this inspection we found some areas of practice that need improvement, however the overall rating for Birch Grove Nursing Home remains as 'Good'. We will review the overall rating at the next comprehensive inspection, where we will look at all aspects of the service and to ensure the improvements have been made and sustained.

A registered manager was not in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run. The registered manager had left the service approximately four months previously, and day to day management of the service was carried out by a new manager who had applied to register with the CQC.

People were encouraged and supported to eat and drink well. There was a varied daily choice of meals and people were able to give feedback and have choice in what they ate and drank. Special dietary requirements were met, and people's weight was monitored, with their permission. However, improvement was needed to the mealtime experience for people in some parts of the service.

Staff continued to feel fully supported by management to undertake their roles. Staff were given training updates, supervision and development opportunities. One member of staff told us, "If you asked for extra training, they'd be happy to get going on that". Another member of staff said, "We get supervision quite regularly". People felt staff were skilled to meet their needs and provide effective care. One person told us, "As far as I'm concerned I think they perform their job well, I've no reason to doubt them". However, we identified some areas of moving and handling practice that needed improvement.

We have made a recommendation in relation to moving and handling practices.

People told us they felt the service was safe. One person told us, "I'd tell any of those in a purple coats [referring to staff in uniforms], actually I'd tell any of them not just those". Another person told us, "It's difficult to be anything but safe here". People remained protected from the risk of potential abuse because staff understood how to identify and report it.

The provider continued to have arrangements in place for the safe ordering, administration, storage and disposal of medicines. People were supported to get their medicines safely when they needed it. Healthcare remained accessible for people and appointments were made for regular check-ups as needed.

Staff considered people's capacity using the Mental Capacity Act 2005 (MCA) as guidance. People's capacity to make specific decisions had been assessed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

People remained encouraged to express their views and had completed surveys. Feedback received showed people were satisfied with the overall care, and felt staff were friendly and helpful. People said they felt listened to and any concerns or issues they raised were addressed.

The service had a relaxed and homely feel. Everyone we spoke with spoke highly of the caring and respectful attitude of the staff team which we observed throughout the inspection. One person told us, "They look after me so well here, they are terribly kind". Another person said, "They [staff] do everything they can to make you happy".

People's individual needs were assessed and care plans were developed to identify what care and support they required. People continued to be consulted about their care to ensure their wishes and preferences were met. Staff worked with other healthcare professionals to obtain specialist advice about people's care and treatment.

People and staff told us the management team continued to be approachable and professional. A relative told us, "[My relative] has only been here a week, but the manager has taken the time to ring us and also speak to us to check everything is going alright. We've been very happy".

Further information is in the detailed findings below.

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 remains Good

Is the service effective?

Requires Improvement

The service was not consistently effective.

People were supported to maintain their hydration and nutritional needs. However, improvement was required to the mealtime experience in some parts of the service.

People spoke highly of members of staff and were supported by staff who received appropriate training and supervision. However, improvement was required in relation some moving and handling practices.

People's health was monitored and staff responded when health needs changed. Staff had a firm understanding of the Mental Capacity Act 2005 and the service was meeting the requirements of the Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service remains Good

Is the service responsive?

Good

The service remains Good

Is the service well-led?

Good

The service remains Good

Birch Grove 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 16 May 2017 and was unannounced. The inspection team consisted of one inspector 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. The expert-by-experience for this inspection was an expert in care for older people.

We previously carried out a comprehensive inspection at Birch Grove Nursing Home on 28 April 2015, no concerns were identified and the service was rated 'Good'. At this inspection we found some areas of practice that need improvement, however the overall rating for Birch Grove Nursing Home remains as 'Good'.

The provider had 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 looked at other information we held about the service. This included previous inspection reports and notifications. Notifications are changes, events or incidents that the service must inform us about.

During the inspection we observed the support that people received in the communal lounges and dining rooms. We spoke with nine people, six visiting relatives, a volunteer, a registered nurse, an activities co-ordinator, the chef, four care staff, the director of care services and the manager. We spent time observing how people were cared for and their interactions with staff in order to understand their experience. We also took time to observe how people and staff interacted at lunch time.

We spent time observing care and used the short observational framework for inspection (SOFI), which is a

way of observing care to help us understand the experience of people who could not talk with us. We spent time looking at records, including five people's care records, five staff files and other records relating to the management of the service, such as policies and procedures, accident/incident recording and audit documentation. We also 'pathway tracked' the care for some people living at the service. This is where we check that the care detailed in individual plans matches the experience of the person receiving care. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Good

Our findings

People told us they felt the service was safe. One person told us, "I'd tell any of those in a purple coats [referring to staff in uniforms] actually I'd tell any of them not just those". Another person said, "It's difficult to be anything but safe here".

People remained protected from the risk of potential abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the provider's policy and procedures if it occurred. They told us they had received detailed training in keeping people safe from abuse and this was confirmed in the staff training records. Staff told us they would have no hesitation in reporting abuse and were confident that management would act on their concerns.

Staff were consistently recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff have a criminal record or are barred from working with children or people. Staff had obtained proof of identity, employment references and employment histories. We saw evidence that staff had been interviewed following the submission of a completed application form.

Staffing levels were assessed daily, or when the needs of people changed to ensure people's safety. The manager told us, "We raise the staff numbers depending on need. I have no concern about lifting the numbers". We were told existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave and that agency staff would be used if required. Feedback from people and visitors indicated they felt the service had enough staff. We received mixed feedback when we asked staff whether they felt the service had enough staff. One member of staff told us, "We are always covered with staff and they get agency. It's fine". Another said, "It's not unsafe, but we are very busy. I am going to feed this back at the next meeting". A further member of staff added, "It does get very busy. We can provide safe care, but it is very busy. We do use agency staff, but there is always cover. [Manager] has made positive changes and we are getting extra staff". Our own observations identified that care and support was delivered safely by appropriate numbers of staff.

Staff continued to take appropriate action following accidents and incidents to ensure people's safety and this was recorded in the accident and incident book. We saw specific details and any follow up action to prevent a reoccurrence. Any subsequent action was updated on the person's care plan and then shared at staff handover meetings. The manager analysed this information for any trends, themes or patterns.

People continued to receive their medicines safely. Nursing staff were trained in the administration of medicines. A member of staff described how they completed the medication administration records (MAR). We saw these were accurate. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed. We observed a member of staff administering medicines sensitively and appropriately. We saw that they administered medicines to people in a discreet and respectful way and stayed with them until they had taken them safely. Nobody we spoke with expressed any concerns around their medicines. Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of safely.

Robust risk assessments remained in place for people which considered the identified risks and the measures required to minimise any harm whilst empowering the person to undertake the activity. We were given examples of people having risk assessments in place to make choices that placed them at risk. For example, one person was supported to smoke in the garden, and others were seen to be freely mobilising around the service, despite being at risk of falling through reduced mobility. Risks associated with the safety of the environment and equipment were identified and managed appropriately. There was a business continuity plan which instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property. People's ability to evacuate the building in the event of a fire had been considered and where required each person had an individual personal evacuation plan.

Requires Improvement

Our findings

People told us they received effective care and their individual needs were met. One person told us, "As far as I'm concerned I think they perform their job well, I've no reason to doubt them". Another person said, "They are very good at all their jobs, in fact I'd say they are extra good". However, despite the positive feedback we received, we saw areas of practice that needed improvement.

People were complimentary about the food and drink and were involved in making their own decisions about the food they ate. One person told us, "I can see up there [pointing to the food menu], it reminds me what's on offer". Special diets were catered for, such as pureed and lactose free meals. For breakfast, lunch and supper, people were provided with options of what they would like to eat. The chef confirmed that alternative choices of meals were always available, and there were no restrictions on the amount or type of food people could order. We observed lunch in the dining areas of the service. People were supported to move to the dining areas, or could choose to eat in their room. Tables were set with place mats, napkins and glasses. The food was presented in an appetising manner and cutlery and crockery were of a good standard. On the ground floor, we saw that the atmosphere was enjoyable and relaxing for people. People were encouraged to be independent throughout the meal and staff were available if people wanted support, extra food or additional choices. However, our observation of the lunch service on the top floor (Stanmer) was not as positive. People were seated in the lounge/dining area for their meal. Some people required assistance with eating and drinking and interactions between people and staff were not always positive. Staff started assisting one person with their meal, but before the person had finished, they started assisting another person. Members of staff got up from assisting this person five times throughout their meal, which caused the person to get upset and call out, "I'm ready when you are". Subsequently, due to the time taken to assist this person, their meal had become cold and the ice cream they had for their pudding had melted. Another person was not keen on their lunch and stated that they didn't like it. A member of staff asked if they would like a sandwich to which they replied, "I would eat a sandwich". The member of staff enquired as to whether any sandwiches were on the food trolley, and was told that there were not any. They replied to the person, "Oh we don't have any, but you're full up anyway". No provision was made to get a sandwich or alternative meal for this person. People were not put at risk and they were supported to have their nutrition and hydration needs met, for example weight documentation reflected that most people were of a stable weight. However, in relation to the mealtime experience, we have identified the above as an area of practice that needs improvement.

Staff told us the training they received was thorough and they felt they had the skills they needed to carry out their roles effectively. Training schedules confirmed staff received essential training on areas such as,

moving and handling, medication and infection control. Staff had also received training that was specific to the needs of the people living at the service, this included caring for people at the end of their life (palliative care) and dementia awareness. Staff spoke highly of the opportunities for training. One member of staff told us, "If you asked for extra training, they'd be happy to get going on that". However, throughout the inspection we saw that some staff carried out moving and handling practices that could be improved upon. For example, we saw a person being transferred in a wheelchair without the footplates being used. Another person was being assisted to stand and the breaks on their wheelchair had not been applied. We saw three examples of staff assisting people in non-approved ways, such as placing their hands under their armpits. We raised this with the manager and checked that staff had received moving and handling training and were knowledgeable of the topic, which they had. We have not judged these examples to be a breach of regulation, as these shortfalls had no direct impact on the level of care that people received. However, we have identified this as an area of practice that needs improvement.

We recommend the provider should take into account moving and handling in Health and Social Care by the Health and Safety Executive.

The provider operated an effective induction programme which allowed new members of staff to be introduced to the running of Birch Grove Nursing Home and the people living at the service. Staff told us they had received a good induction which equipped them to work with people. One member of staff told us, "The induction was useful. You definitely need it, to learn the routines. All the staff were really helpful, you could ask anything". The manager told us that new staff were put on the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

There was an on-going programme of supervision. Supervision is a formal meeting where training needs, objectives and progress for the year are discussed. Members of staff commented they found the forum of supervision useful and felt able to approach the manager with any concerns or queries. One member of staff told us, "I like it here. The environment and the management is good and supportive. The training is good and I get supervisions". Another member of staff added, "We get supervision quite regularly".

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. We checked whether the provider was still working within the principles of the MCA. Staff continued to have a good understanding of the MCA and the importance of enabling people to make decisions. Staff had knowledge and understanding of the Mental Capacity Act (MCA) and had received training in this area.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. Applications had been sent to the local authority and notifications to the Care Quality Commission when required. We found the manager understood when an application should be made and the process of submitting one. Care plans clearly reflected people who were under a DoLS with information and guidance for staff to follow. DoLS applications and updates were also discussed at staff meetings to ensure staff were up to date with current information.

People continued to receive consistent support from specialised healthcare professionals when required, such as GP's and social workers. Access was also provided to more specialist services, such as chiropodists and dieticians if required. Staff kept records about the healthcare appointments people had attended and implemented the guidance provided by healthcare professionals. One person told us, "I haven't needed any emergency treatment, but you do see ambulances sometimes come and go, so I feel sure they'd get me one if I needed one".

Good

Our findings

People felt staff were consistently kind and caring. One person told us, "They look after me so well here, they are terribly kind". Another person said, "They [staff] do everything they can to make you happy". A relative added, "Yes, the carers all seem very nice and friendly".

The service continued to have a relaxed and homely feel. Everyone we spoke with spoke highly of the caring and respectful attitude of a consistent staff team which was observed throughout the inspection. Throughout the inspection, people were observed freely moving around the service and spending time in the communal areas or in their rooms. People's rooms were personalised with their belongings and memorabilia. One member of staff told us, "I like my job and love the residents".

Peoples' differences remained respected and staff adapted their approach to meet peoples' needs and preferences. People were able to maintain their identity; they wore clothes of their choice and could choose how they spent their time. A member of staff told us, "People get daily choices like what time to get up, what they want for breakfast and where they would like to sit". Another member of staff said, "I ask people about what clothes they want to wear, even which colour socks they want. Do they want to stay in bed, or do they want to get up". Diversity was respected with regard to peoples' religion and both care plans and activity records, for people staying at the service, showed that people were able to maintain their religion if they wanted to.

People told us they remained involved in decisions that affected their lives. Observations and records confirmed that people were able to express their needs and preferences. Staff recognised that people might need additional support to be involved in their care, they had involved people when appropriate and information was available if people required the assistance of an advocate. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

Peoples' privacy continued to be respected and consistently maintained. Information held about people was kept confidential, records were stored in locked cupboards and offices. People confirmed that they felt staff respected their privacy and dignity. One person told us, "I'm sometimes a bit impatient if I feel unwell, but they know me and never get upset or frustrated with me". A member of staff said, "I always knock on doors and make sure that curtains and doors are closed". Observations of staff within the service showed that staff assisted people in a sensitive and discreet way. Staff were observed knocking on peoples' doors before entering, to maintain peoples' privacy and dignity and people were able to spend time alone and

enjoy their personal space.

People were consistently encouraged to be independent. Staff had a good understanding of the importance of promoting independence and maintaining people's skills. One member of staff told us, "I always encourage people to walk and wash themselves if they can". Another member of staff said, "I encourage people to feed themselves, or get dressed or undressed themselves. If they get stuck I will give them a hand". People told us that their independence and choices were promoted, that staff were available if they needed assistance, but that they were encouraged and able to continue to do things for themselves. Records and our observations supported this.

Good

Our findings

People told us that staff remained responsive to their needs. One person said, "I have to keep my leg on this cushion thing, so they come and check it for me". A relative added, "[My relative] has only been here a week, but they have taken the time to find out about all her likes and dislikes. It feels like they are really interested in her as a person".

Staff undertook an assessment of people's care and support needs before they began using the service. This meant that they could be certain that their needs could be met. The pre-admission assessment were used to develop a more detailed care plan for each person which detailed the person's needs, and included clear guidance for staff to help them understand how people liked and needed their care and support to be provided. Paperwork confirmed people were involved where possible in the formation of an initial care plan and were subsequently asked if they would like to be involved in any care plan reviews. The care plans were detailed and gave descriptions of people's needs and the support staff should give to meet these. Each section of the care plan was relevant to the person and their needs. Care plans were reviewed regularly and updated as and when required. People told us they or their relatives were involved in the initial care plan and on-going involvement with the plans. Care plans contained details of people's likes, dislikes and preferences. For example, one person's care plan stated that it was important that staff offered them lots of verbal reassurance when they were assisting them, as they were visually impaired and only saw shadows. Other care plans informed staff on how and at what time people would like to start their day and the things that interested them.

The provision of meaningful activities remained good and staff undertook activities with people both at the service and in the community. Activities on offer included, arts and crafts, reminiscence quizzes, skittles, bingo, baking and cooking, residents choice sessions, exercise, games and cards, singing and music. Meetings with people were held to gather their ideas, personal choices and preferences on how to spend their leisure time. On the day of the inspection, we saw people engaging in pastimes they enjoyed. For example, an entertainer led a popular singing session. It was clear that people were enjoying joining in and those that didn't get involved with the singing were appreciating the music and atmosphere it created. Other people chose to watch television or spend time in their rooms. The service also supported people to maintain their hobbies and interests, for example one person had enjoyed travelling through Morocco, and staff had put up photos, books and a map relating to their travels. This in turn promoted conversations with other members of staff in order for them to connect with the person. Another activity had been arranged for people to attend an art exhibition at another nearby care home. The service also published a newsletter that contained details of the service and staff, and additionally informed people of when certain activities would

be taking place.

People told us they were routinely listened to and the service responded to their needs and concerns. They were aware of how to make a complaint and all felt they would have no problem raising any issues. The complaints procedure and policy were accessible and displayed around the service in easy read format. Complaints made were recorded and addressed in line with the policy with a detailed response.

Good

Our findings

People and staff all told us that they were happy with the way the service was managed and stated that the management team remained approachable and professional. One person told us, "It's like a high class hotel here, and my daughter thinks so too". A relative added, "[My relative] has only been here a week, but the manager has taken the time to ring us and also speak to us to check everything is going alright. We've been very happy".

A registered manager was not in post. 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 and associated Regulations about how the service is run. The registered manager had left the service approximately four months previously, and day to day management of the service was carried out by a new manager who has applied to register with the CQC.

People looked happy and relaxed throughout our inspection. People and staff said that they thought the culture of the service was one of a homely, relaxed and caring environment. One person told us, "Myself, I'd say you can't beat it". When asked why the service continued to be well led, one member of staff told us, "We are a good team. We talk about any concerns like medication or even the little small things. I can speak to [manager] any time". Another member of staff said, "[Manager] has made a lot of positive changes and listens. [Director of Care Services] listens as well. It's nice to have management who listen to us". A further member of staff added, "We communicate well as a team, we discuss every resident".

The manager showed passion for the people who lived at the service and knowledge of the staff working there. They told us, "I want to bring out the best in people and the staff. To encourage people to make their own decisions and get the best out of the home. I have an open door policy and if anybody wants to talk to me, they can pop in. I hold regular staff meetings and walk in sessions to listen to staff. Residents are also involved with the home, for example they helped with the re-design of the garden". A member of staff added, "I think we offer good choices and care for people's dignity".

Quality assurance audits were embedded to ensure a good level of quality was maintained. We saw audit activity which included medication and infection control. The results of which were analysed in order to determine trends and introduce preventative measures. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.