Sanctuary Care Limited

Birchwood Residential Care Home

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

The inspection was unannounced and took place on 17 February 2017. At our previous inspection on 15 November 2015, the service was rated Good. It met all legal requirements with the exception of keeping up to date care plans. We asked the provider to take action to make improvements to care plans and this action has been completed. During this inspection, the service remains Good with one recommendation.

Birchwood provides care to a maximum of 44 people. The service is split into five separate communities. Hollywood and Woodland are residential communities located on the ground floor whilst Rosewood and Mayfair are located on the first floor. Penthouse is also on the first floor and accommodates people living with dementia. On the day of our visit there were 38 people using the service.

At the time of our inspection, there was a registered manager in place. 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 told us they felt safe at Birchwood and that they were treated with dignity and respect by polite and caring staff. They felt if they raised any concerns they were promptly rectified. They were aware of the complaints process which was displayed in several communal areas within the service. They were able to feedback at monthly 'resident'' meetings, through the comments and suggestions box at any time they felt the need to talk with the registered manager.
Staff were aware of the safeguarding processes in place and had attended training on safeguarding adults. They were aware of how to recognise and report abuse and where to locate the safeguarding policy.

Incidents and accidents were investigated and managed appropriately. Staff were aware of recent incidents and any identified learning was shared during handovers and team meetings.

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

Risk assessments were completed to ensure any identified risks were mitigated. Risks identified included falls, choking, and reduced mobility.
Medicines were managed safely by staff who received appropriate support and training.

Staff completed a comprehensive induction and received regular supervisions and yearly appraisals. This ensured their skills and competence were up to date and enabled them to support people safely.
People were supported to eat and drink a balanced diet that met the cultural, religious and personal preference. Where people were identified as at risk of malnutrition, appropriate referrals were made to enable them to maintain a healthy lifestyle.

Care plans were individual and reflected people's current likes and dislikes. People were encouraged to participate in activities as they wished and had a lot of choice or communal or individual activities. There was an open and honest culture where people, their relatives and staff felt they could approach management and discuss any issues and concerns.

There were effective quality assurance in place including seeking and acting on people's feedback in order to improve the service.

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 told us they felt safe and secure. Staff had undergone safeguarding training and were able to explain the procedures in place to safeguard people from harm.

Medicines were managed safely by staff that had been assessed as competent.

There were risk assessments in place in order to mitigate any identified risks. Personal evacuations plans were in place to ensure safe evacuations in the event of a fire.

Is the service effective?

Good

The service was effective. People were supported to maintain a balanced diet that met their cultural or religious preference. They were referred to other healthcare professionals here required in order to maintain their health.

Staff were supported to deliver evidence based care by means of regular supervision, annual appraisal and regular staff meetings. Staff had personal development plans and told us they felt supported by the management team.

Staff were aware of the Mental Capacity Act and how they applied it within their role. People were supported to make maximum choice without unnecessary restrictions. Where restrictions were necessary appropriate steps had been taken to lawfully deprive people of the liberty.

Is the service caring?

Good

The service was caring. People were treated with dignity and respect. They were encouraged to maintain their independence where possible.

People at the end of their life were supported to remain comfortable and pain free. Staff worked closely with family, friends, district nurses and the Macmillan team to ensure people's last wishes were respected.

Information was made available to people on the noticeboard.

Is the service responsive?

Good

The service was responsive. People told us staff understood their needs. Care plans were up to date and reflected peoples current health needs. We made recommendations about other records as there were sometimes undated or unexplained gaps.

There were activities available daily which met most peoples' needs and preferences.

Complaints were investigated and responded to in a timely manner.

Is the service well-led?

Good

The service was well-led. People and their relatives told us the service was well-managed and that they felt listened to.

There was an open culture where learning was encouraged.

There were effective quality assurance systems in place which identified areas that needed improvement.

Birchwood Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. At our previous inspection on 15 November, 2015 the service met all legal requirements except the one relating to maintaining accurate care plans.

The unannounced inspection took place on 17 February 2017 and was completed by an 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.

Prior to the inspection we reviewed information from notifications. 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 contacted the local authority and healthwatch to obtain views about the service.

During the inspection we spoke with 15 people, seven relatives and two visitors. We also spoke to the Macmillan Nurse who had come to review people on an end of life pathway and a district nurse who came to change some dressings and give medicines via injection. We interviewed the cook, domestic staff, one team leader and three care staff. We also spoke with the deputy manager, the registered manager and the regional manager. We reviewed four care records and 10 medicine administration records. We looked at six staff files, training matrix, and audit and maintenance records.

Good

Is the service safe?

Our findings

People told us they felt safe and secure living at Birchwood. One person told us, "I feel safe here yes, the carers make me feel safe to be honest with you". Another person said, "Oh yes, I do feel safe, staff are really good and helpful". A third person told us, "Yes, I do feel very safe as a matter of fact the staff make me feel safe." Relatives also confirmed they were happy with the care provided. One relative told us, "If we didn't feel safe [the person using the service] would not be here".

Staff had attended safeguarding vulnerable adults and were able to tell us how they would recognise and report any witnessed and allegations of abuse. There were no pending safeguarding investigations in progress and staff and management were aware of their reporting responsibilities and cooperated with investigations in the past. The safeguarding policy was available for staff. Staff told us they were able to raise any concerns about care delivered and had read the whistle blowing policy. They told us they would not hesitate to raise concerns and felt their concerns would be listened to.

Accidents and incidents were monitored to identify any trends. We reviewed incidents and accidents from October 2016 till the day of inspection. We found that investigations had taken place. Most incidents were unwitnessed falls. Staff were aware of these and told us steps taken to reduce the likelihood of repeat incidents. They were aware of how to report incidents and told us how body maps were completed outlining location of any injuries

Risk assessments were in place and updated regularly of oral assessments which had been recently introduced and not yet fully completed. Choking, reduced mobility, falls and waterlow assessments were in place with clear steps outlined to minimise avoidable harm. Staff were aware of risk assessments in place and how they used them in practice. They gave examples of how the moving and handling risk assessments were updated when people's conditions deteriorated or improved. For people assessed as high risk of developing pressure sores appropriate mattresses were in place to reduce this risk.

Staff were aware of the procedures in place to deal with foreseeable emergencies. People had up to date personal evacuations plans that were to be used in the event of a fire. A fire testing alarm took place on the day of inspection and staff

People told us they received their medicines on time. One person told us, "Yes I get my tablets when I need them." We observed staff administering medicines. When the medicine trolley was not in use it was kept locked and secure in the medicine room. Staff were aware of the procedures in place to return unused medicines as well as ordering and receiving the monthly medicine cycle.

Medicines were managed safely. They were administered by staff who had attended training and had been observed and supervised administering medicines safely. There was an effective system in place to monitor medicine on weekly and monthly basis. We spot checked the controlled medicines and 10 medicine administration records and found no discrepancies. Fridge and room temperatures were checked daily in order to ensure medicines were stored at the correct temperature. We did note that on two occasions these

had not been signed for as recorded by staff. Similarly two out of nine medicine competencies of staff were undated. We feedback to the registered manager about this who confirmed the dates of the competencies and acknowledged that staff had forgot to record the room and fridge temperatures.

Fourteen out of the fifteen people thought there were enough staff to support them during the day. One person told us, "There is always staff around, I press my buzzer and someone comes to help." Another person said, "I do think staff help a lot and there is enough in my opinion." A relative told us, "Never heard mum complaint about staffing, so I am happy with that." However, three out of fifteen thought night time was adequate but sometimes it took staff a few minutes to respond to call bells as there were only three staff at night. We looked at dependency scores and found these were completed and reflected people's support needs. Rotas and staff confirmed that staffing numbers were maintained seven days a week. There was procedure in place to get cover for absences including getting staff from nearby sister homes where required. There were no current vacancies and there was a system in place to monitor and deal with persistent sickness and absence.

There were robust recruitment procedures in place. These included risk assessments where only one reference was provided and a declaration completed by employees to explain any employment gaps. Staff underwent comprehensive checks including proof of identity, health questionnaires, qualifications and disclosure and barring checks in order to ensure staff were suitable to work in a social care environment.

Good

Is the service effective?

Our findings

People told us they were cared for by staff that were able to support them effectively. One person said, "Oh, the staff are doing a very good job, and I am pleased with their help." Another person said, "Very satisfied to be honest, couldn't ask for anything else." A relative also said, "They [staff] do a very good job, I don't think [person] has anything to worry about." We observed that staff were aware of people's needs and responded promptly to both verbal and non-verbal cues for assistance. A hand over meeting at the beginning of each shift was used effectively to pass on relevant information verbally as well as a communication book was in place to record information handed on staff. Staff told us this system worked well and enabled continuity of care.

When staff started they completed an induction program which included the 15 standards as outlined in the Care Certificate as well as shadowing a senior member of staff. We spoke to a staff member who was still completing their induction program and they told us they were happy with the support and shadowing they had undergone. We looked at a training matrix and saw that for some staff training was now overdue. We saw on a noticeboard and discussed with the registered manager steps that had been taken to ensure staff completed the training that was now being flagged as overdue. Staff training included: moving and handling, equality and diversity, first aid at work, fire safety, infection control, end of life, food hygiene and dementia care.

There was an effective supervision and appraisal system in place. Supervisions were six times a year and an annual appraisal for staff who had been working at the service for at least a year. Staff told us the supervisions were useful and another opportunity to discuss any issues ore concerns. The service was in process of linking the supervisions to the appraisals so as to have clearer development record.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that staff and management were working within the principles of the MCA. There were systems in place to ensure capacity assessments were completed. Staff were aware of DoLs in place and there was a system to ensure reassessments took place where required before the authorisations expired. Where Power of Attorney (POA) were in place a copy was kept in the care records to evidence the nature of POA held.

We observed staff waited for consent before supporting people. People and their relatives told us they were always asked before care was delivered. One person said, "I am never forced to do or eat anything. They always ask and respect my no." There were systems in place to ensure appropriate steps were taken when considering and making decisions about Do Not Attempt Resuscitation (DNAR). DNAR,s were completed with evidence of discussions with people, their relatives, the GP and staff.

Thirteen out of fifteen people we spoke with told us the food met their individual preferences. The other two said sometimes the food was not their exact preference. One person said, "I like the food, they know what I like and dislike. This just makes everything easier, I am so grateful." Another person said, "Oh yes, I really like the food here." Relatives and visitors also told us they were happy with the food provided. One relative said, "We think the food is good and looks good as well." Another relative commented, "[Person] does like the food here, so they know exactly what [person] likes."

People were supported to maintain a diet that suited their cultural or religious preferences. The chef had a list of all the dietary requirements including allergies in the kitchen and also had a copy of the people's food preferences. Food preferences were assessed and updated as and when any changes were required. Staff were aware of people on special diets and we observed them receiving food that met their individual dietary requirements. Were people had been referred on to the GP or dietitian for advice such as encouraging food supplements or a fortified diet was put into place. Weights and nutritional risk assessments were monitored.

Good

Is the service caring?

Our findings

People and their relatives told us staff were compassionate, polite and caring. One person said, "Very caring, kind and compassionate towards me." Another person said, "Oh yes, they are really caring, they are not rude." One visitor told us, "They are very good here. They go out of their way to make visitors feel welcome. They also ensured [person] had a room next to their neighbour. This was very helpful as they have always been close." A relative also told us, "....from what I have seen they are caring."

People were treated with dignity and respect. One person told us, "Oh yes, they do respect my privacy and dignity, by closing the doors and asking me if everything is OK." Another person said, "They do respect my privacy and dignity, they always close the door and the curtain." We observed staff wait patiently for people to mobilise at their own pace. Staff responded to people's request for comfort breaks promptly. They sat down or bent down to people's level whilst talking with them.

Staff had completed confidentiality training to ensure people's private information was not disclosed without their consent. All Information about people was kept securely in a lockable cabinet located in the deputy manager's office.

Information about the service was displayed within the service. Staff told us people were signposted to access to advocates where required or if they had not already made arrangements for themselves. Eleven out of fifteen people we spoke with had already an advocate who was a named family member, a solicitor or a friend. One person said, "Well not an advocate, but I have a solicitor." Another person said, "My friend is my advocate." There were systems in place to ensure people had access to advocacy services.

People were encouraged to maintain their independence. We observed staff encouraging people to mobilise for short distances, whilst giving them reassurance. They encouraged people to do as much as they could during personal care and facilitate independence by cutting up food if required and leaving moving aids within reach so people could come and go as they pleased.

People were supported to be comfortable and pain free during the last days of their life. We observed staff checking regularly on people on end of life care .Staff worked closely with the GP and Macmillan nurses to ensure the right care was delivered. Care plans evidenced discussions of advance end of life care planning, people's last wishes and funeral plans. Staff told us they attended funerals to pay their last respects and support the family. There was also a memorial table with candles and a book with pictures and details of people who had passed away.

Good

Is the service responsive?

Our findings

People told us staff understood their needs and responded promptly to any requests or suggestions. One person said, "Yes, at all time, if I want to stay in bed or not." Another person said, "Staff listen, they come very quickly if I need anything." A relative told us, "The staff always ask [person] what they want. They respect [person's] choice, but are also good at encouraging [person] to walk or eat their food." We observed staff interact and engage with people positively throughout the inspection. They listened to people's requests and enabled them to do what they chose.

At our previous inspection we had concerns that records were not accurate and did not reflect people's needs. During this inspection we found that care plans were up to date and person centred. Life stories were displayed outside people's rooms. People's likes and dislikes were clearly documented including sleep and wake time preferences.

People were encouraged to make their own decisions about the way they wished to be cared for and who they want involved in their care we document this in their care plan. People's choices, religious or cultural beliefs, worries concerns for the future were discussed and documented. Staff had attended equality and diversity training. They were aware of the need to treat each person as an individual regardless of their age gender or culture. They demonstrated knowledge of people's individual preferences. However, we noted that other documents such as fridge temperature checks, continence assessments, fluid charts and mouth care assessments needed to be completed consistently with date and time or full details. We recommend best practice record keeping guidelines to be implemented.

People had an initial assessment when they started to use the service after which care plans were developed. This assessment included asking people about activities and hobbies so as to ensure these would be available. Where people were assessed as needing specialist equipment, this was ordered to enable safe care delivery. Care plans were reviewed monthly or as and when any changes were identified.

People participated in activities that suited their needs. Ten out of the fifteen people we spoke with were happy with the activities. One person said, "I like to read and do sign along, I don't think I get bored here." Another person said, "[It] doesn't really bother me, I like to watch TV, play bingo and listening to radio." The other five thought there could be more activities offered. Relatives acknowledged that activities took place but thought these could be increased or improved in addition to the current average of four activities a day excluding the one to one time. There was an activities coordinator who worked Monday to Friday. Where the activities coordinator was not around, staff encouraged people to partake in games, puzzles and any activities of interests including one to one chats. During the inspection, we observed one to one chats at several intervals. We reviewed a portfolio of all the outings that had happened over the last six months and these included, visits from entertainers, children's choirs and trips out. We saw people supported to go for a walk when they wanted or to go the local shop to buy newspapers or favourite snacks.

People were given choice of where they would like to receive their visitors. Regular contacts were maintained with families to ensure they were aware of their relatives' well-being. Staff checked on people

regularly and spoke with them one on one and tried to minimise the risk of social isolation. Various volunteers also came to the service to engage with people according to their wishes and preferences.

Complaints were managed effectively. People and their relatives told us they were able to complain without any fear of discrimination. One person said, "I don't have any problems, and I think it would be dealt accordingly". A relative told us "I would speak with the manager. "The complaints policy was reviewed regularly and displayed within several communal areas within the home. A suggestion or comments box was also available for people, their visitors or staff to make comments. People, their relatives and staff were encouraged to express any concern they may have. Monthly meetings were held for people and their relatives to discuss concerns. We reviewed of meetings held from October 2016 to January 2017 and found they contained information such as introducing new residents, laundry, menu and activities. These were actioned in order to improve the service.

Good

Is the service well-led?

Our findings

The service was well-led. There was a registered manager in place who ensured CQC received all the notifications as required by law. People told us the registered manager and their deputy were approachable and that there was an open door policy. One person said, "The manager is very friendly. She says hello and is up and about when she is around." A relative said, "I can see the manager or they deputy whenever I need to ask about something. My suggestions have always been welcomed." People and their relatives said they could talk to the registered manager at any time.

Staff were aware of their roles and responsibilities and were aware of the value and vision of the service. There was always a team leader on duty to support the rest of the staff. The registered manager and deputy were available during weekdays and sometimes weekends and very visible within the service. The regional manager visited at least once a month and carried out audits based which included sampling a few care plans each month to ensure they were up to date. Where discrepancies were found these were actioned in a timely manner by the manager. For example, an action was completed to ensure all people with a low body mass index had been escalated to the GP and dietitian. Regular audits covering activities, laundry, menus, care, medicines, infection control and health and safety were undertaken. Clinical reports to identify and manage skin integrity were completed.

There were effective quality assurance systems in place which included receiving feedback from people and their relatives. We reviewed results from a satisfaction survey dated June 2016 where 40 people or 98% were happy with the care and support provided. The registered manager jointly completed unannounced night checks with the registered manager from a sister home to ensure care was delivered safely at night. Service improvement plans were in place to ensure the quality of care delivered was monitored and improved. We reviewed minutes from monthly staff meetings held between August 2016 and January 2017. Issues such as falls, 'resident of the day', care places and mental capacity were discussed in order to ensure staff were up to date with any changes.

The registered manager did daily walk rounds and a daily 10 minute meeting with team leaders to get a brief overview of any concerns and ensure continuity of care. This also gave staff, people and their visitors a chance to talk to the manager about any issues. Complaints, accidents and incidents monitored to ensure any identified patterns were identified and resolved. All equipment was checked and maintained by the maintenance team. All maintenance records, evacuation plans, fire drills and certificates reviewed were in date and reviewed regularly in order to keep up to date with health and safety regulations.