Care Quality Commission

# Birchwood Retirement Home Limited

# Birchwood Retirement Home

## Inspection report

6-8 Dudley Road
Grantham
Lincolnshire
NG31 9AA

Tel: 01476562042

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## Ratings

| Overall rating for this service | Requires Improvement |
|---|---|
| Is the service safe? | Requires Improvement |
| Is the service effective? | Requires Improvement |
| Is the service caring? | Good |
| Is the service responsive? | Requires Improvement |
| Is the service well-led? | Requires Improvement |

# Summary of findings

## Overall summary

Birchwood Retirement Home is registered to provide residential care for up to 17 older people, including people living with dementia. There were 16 people living in the home at the time of our inspection.

We inspected the home on 25 August and 1 September 2016. The first day of our inspection was unannounced.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers (the 'provider') 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.

CQC is required by law to monitor the operation of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves. At the time of our inspection, living in the home was subject to a DoLS authorisation and the provider had no applications pending.

We found a number of areas where improvement was needed to ensure people were provided with safe, effective care that met their needs.

Action was needed to improve the cleanliness of the some of the communal areas of the home. Laundry arrangements also required improvement to reduce risks to people's health and safety.

The arrangements for the storage and disposal of people's medicines were unsafe and were not in line with good practice and national guidance.

The provision of communal activities was, at times, unstructured and haphazard which meant some people lacked sufficient stimulation and occupation.

The use of best interests decision making processes was inconsistent meaning some people may have been deprived of their legal rights under the MCA. The provider's audit and monitoring systems were also not consistently effective.

In other areas the provider was meeting people's needs effectively.

Staff knew how to recognise signs of potential abuse and how to report any concerns.

Staff worked closely with local healthcare services to ensure people had access to specialist support whenever this was required. People were provided with food and drink of good quality that met their

individual needs and preferences.

There was a warm, homely atmosphere and staff had a welcoming approach to visitors. Staff knew people as individuals and provided care in a kind and patient way. There were sufficient staff to meet people's care needs and staff worked together in a friendly and supportive way. The provider supported staff to undertake their core training requirements and encouraged them to study for further qualifications.

The registered manager demonstrated an extremely open and responsive management style, providing a positive role model for other staff.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not consistently safe.

Cleaning and laundry arrangements were ineffective, creating a risk to people's health and safety.

The storage and disposal of people's medicines were not in line with good practice or national guidance.

The provider had prepared individual risk assessments for each person and these were understood and followed by staff.

There were sufficient staff to meet people's care needs.

The provider had sound systems for the recruitment of new staff.

The provider had sound systems for the recruitment of new staff.

### Is the service effective?

**Requires Improvement**

The service was not consistently effective.

The use of best interests decision making processes was inconsistent.

The provider maintained a detailed record of staff training requirements and encouraged staff to study for further qualifications.

Staff worked closely with local healthcare services to ensure people had access to any specialist support they needed.

People were provided with food and drink of good quality.

People were provided with food and drink of good quality that met their individual needs and preferences.

### Is the service caring?

**Good**

The service was caring.

Staff knew people as individuals and provided person-centred care in a warm and patient way.

People were treated with dignity and respect.

### Is the service responsive?

**Requires Improvement**

The service was not consistently responsive.

People were not provided with sufficient stimulation or occupation to meet their needs.

Each person had a detailed care plan which staff reviewed and updated on a regular basis.

The registered manager encouraged people to raise any concerns and formal complaints were well-managed.

### Is the service well-led?

**Requires Improvement**

The service was not consistently well-led.

Audit and quality monitoring systems were not consistently effective.

The registered manager's open and compassionate leadership provided a positive role model for other staff.

Staff worked together in a friendly and supportive way.

The provider surveyed people and their relatives to seek their feedback on the service provided.

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# Birchwood Retirement 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. The inspection was planned to check whether the provider was 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.

We visited Birchwood Retirement Home on 25 August and 1 September 2016. 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 inspection was unannounced. The registered manager was on holiday on the first day of our inspection and we wanted to talk with him before completing our inspection. We therefore agreed the date for the second day with him, to ensure he was available to talk with us when we returned.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made the judgements in this report.

In preparation for our visit we also reviewed information that we held about the home such as notifications (events which happened in the service that the provider is required to tell us about) and information that had been sent to us by other agencies.

During our inspection visit we spent time observing how staff provided care for people to help us better understand their experiences of the care they received. We spoke with five people who lived in the home, two visiting family members, the registered manager, one of the directors of the registered provider, the senior care assistant, two care assistants and the cook. We also spoke with two local healthcare professionals who had regular contact with the home.

We looked at a range of documents and written records including three people's care records and staff training and supervision records. We also looked at cleaning schedules and information relating to the administration of medicines and the auditing and monitoring of service provision.

Requires Improvement

# Is the service safe?

## Our findings

People told us that they felt safe living in Birchwood Retirement Home and that staff treated them well. One person told us, "They look after you and make sure you're alright."

Staff were clear about to whom they would report any concerns relating to people's welfare and were confident that any allegations would be investigated fully by the provider. Staff said that, if required, they would escalate concerns to external organisations. This included the local authority safeguarding team and the Care Quality Commission (CQC). Staff had received training in this area and policies and procedures were in place to provide them with additional guidance if necessary.

However, on the first day of our inspection we identified concerns with the cleanliness of some of the communal areas of the home which created a risk to people's health and safety. Although the provider's cleaning schedule specified that sinks, toilets and bathrooms were to be cleaned daily, in some communal bathrooms we found crystallised urine under the toilet seats indicating they had not been cleaned for some time. We found dead insects in some of the baths and sinks and cracked, peeling grouting on one of the bath surrounds. Although the provider had also specified that high dusting was to be completed daily as required, we found high level cobwebs throughout the home that had clearly also been there for some time. Skirting boards and other surfaces were dusty and the carpet in the main downstairs corridor was extremely dirty in places, particularly outside the kitchen where it was sticky underfoot from ground-in dirt.

We also identified concerns about the laundry arrangements in the home. Staff told us that any soiled laundry was to be placed in special red plastic bags which were then washed on their own in the washing machine, to prevent any risk of cross-infection. However, on the first day of our inspection we saw that there were no red bags stored on the upstairs corridor where most people's bedrooms were located. Staff told us this was a regular occurrence which meant, if they needed to bag up any soiled clothing or bed linen, they had to go down two flights of stairs to the basement to get a red bag, creating the risk that soiled laundry was left unattended and un-bagged in someone's bedroom. Staff also told us that if the washing machine was in use, red bags were left loose on the floor of the laundry, creating a further cross-infection risk.

We raised both issues with the registered manager. He acknowledged the shortfalls in infection control practice we had identified and took immediate steps to increase the number of hours worked by the housekeeper who had only recently started working in the home. However, although this was a positive first step, further action was needed to establish and sustain effective cleaning and laundry systems to protect people from the risk of harm.

We reviewed the provider's management of people's medicines and found that this was not consistently safe. Although staff were recording the administration of people's medicines correctly, storage and disposal arrangements were not managed effectively to reflect good practice and national guidance. On the first day of our inspection we saw that the medicines trolley had been left open and unattended during the course of the morning medicine round. We also found medicines prescribed for someone who had recently died stored insecurely on the floor of an office that was often open, pending collection by the supplying

pharmacy. Additionally, the key to the medicine cabinet was freely available to all staff. Although there was no evidence that people had come to any harm, the shortfalls in the storage and disposal of people's medicines created a risk that prescription medicines could have been accessed by staff who were not authorised to handle medicines, by people living in the home or by visitors.

Again, we discussed these issues with senior staff and the registered manager who took immediate action to change the arrangements for the storage and disposal of people's medicines, addressing the shortfalls we had identified.

We looked at people's care records and saw that a range of possible risks to each person's safety and wellbeing had been considered and assessed, for example skin care, mobility and nutrition. Each person's care record detailed the action taken to prevent any identified risks. For example, we saw that some people had been assessed as being at risk of malnutrition. Specialist advice had been obtained and preventive measures put in place to address the risk. The provider used detailed daily and monthly monitoring systems to ensure key risks to people's health and welfare were kept under continuous review. We saw that these were completed by staff in accordance with the provider's requirements. Staff also demonstrated they were aware of the assessed risks and management plans within people's care records and used them to guide them in their daily work. One member of staff told us, "[Name] has a sore bottom and the district nurses are keeping a close eye on her. I always check when I am providing personal care and report any concerns to the senior."

During our inspection visits we saw the provider employed sufficient staff to meet people's care needs and to keep them safe. Talking of the staffing levels in the home, one person's relative told us, "Someone is always there to see that she doesn't fall. I'm quite impressed." Another relative said, "They are always checking on her [when she is] in her room." The registered manager told us he kept staffing levels under regular review and had recently made changes to the staffing arrangements at night, following feedback from staff.

The provider had safe recruitment processes in place. We reviewed two staff personnel files and saw that references had been obtained. Security checks had also been carried out to ensure that the service had employed people who were suitable to work with the people living in the home.

Requires Improvement

# Is the service effective?

## Our findings

People told us that staff had the knowledge and skills to meet their needs effectively. One person said, "They really look after you very well." Another person's relative told us, "You can't fault the care here."

Staff had received training on the Mental Capacity Act 2005 (MCA) and understood the importance of obtaining consent before providing people with care and support. The 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. Describing their approach to helping people exercise as much choice as possible, one staff member told us, "We really try to encourage them to make choices. [When I am helping someone get dressed] they pick their own outfits. But we have a couple who can't choose so I pick something I think they will like. I show them and sometimes I get a little smile."

The registered manager was also aware of the need to use best interests processes to assist in the support of people who lacked capacity to make significant decisions for themselves. However, we found inconsistencies in the use of this approach. We saw that some important decisions had been taken by the registered manager as being in a person's best interests and were correctly documented in their care record. However, there was no evidence that some other decisions, particularly those relating to the use of bedrails, had been taken following a proper best interests process which meant some people may have been deprived of their legal rights under the MCA. We raised this concern with the registered manager who readily acknowledged the shortfalls identified and agreed to take action to ensure that best interests decision-making processes were used consistently in future.

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. At the time of our inspection, no-one living in the home was subject to a DoLS authorisation and the provider had no applications pending.

New members of staff participated in a structured induction programme which included a period of shadowing experienced colleagues before they started to work as a full member of the team. Reflecting on their experience of supporting new colleagues through their induction, one long-serving member of staff told us, "They shadow us until they are confident. It usually takes about a fortnight but it doesn't matter if it takes longer. Everyone learns at a different pace." The provider had embraced the national Care Certificate which sets out common induction standards for social care staff and a number of newly recruited staff were working to complete the programme.

The provider maintained a detailed record of staff training requirements and organised a regular monthly training session to ensure their needs were met. One member of staff said, "We usually do training once a month. The trainer comes in. We've had some good ones [recently] such as first aid, safeguarding and fire training. Each time you learn something different." Reflecting on the training they had received in moving and handling techniques another member of staff told us, "We have it every year and [as a result] we all

know how to use the equipment safely." The provider encouraged staff to study for nationally recognised qualifications in both care and management. One member of staff said, "I have NVQ3 and nearly everyone has [at least] NVQ2. [The registered manager] encourages it."

Staff received regular one-to-one supervision from the registered manager and other senior staff. Staff told us that they found the supervision process helpful to them in their work. One member of staff said, "My last [supervision session] was with [the registered manager] five or six weeks ago. I can sit and talk to him and he listens. I can also make suggestions if I have to."

The provider ensured people had the support of local healthcare services whenever this was necessary. From looking at people's care plans and by talking to them, their relatives and staff, we could see that their healthcare needs were monitored and supported through the involvement of a broad range of professionals including GPs, district nurses, social workers and members of the local community psychiatric support team. For example, care staff had identified one person as being at risk of developing skin damage. Specialist advice had been obtained and a range of measures put in place to keep the person's skin healthy. Describing their relationship with the care staff team, one local healthcare professional told us, "They always let us know if they have any concerns. And they follow our advice." Commenting on the support staff had given to one person who had recently attended hospital as an outpatient, their relative said, "They have taken her to her appointments and dealt with everything. They've been brilliant."

People told us that they enjoyed the food provided in the home. One person said, "It's usually pretty good. Not bad at all." Another person's relative said, "The food is very good [and] she gets plenty. The cook is absolutely first class." People were offered a range of hot and cold choices for breakfast and two main course options for lunch. The cook told us that she went round the home every morning to confirm each person's lunch choice and was always happy to prepare an alternative for anyone who didn't fancy either of the options on the menu. The cook also told us that she reviewed the menu every three months, in consultation with the people who lived in the home. Reflecting this approach, the cook said that she had recently added smoked haddock to the menu in response to one person's suggestion. Kitchen staff maintained a detailed list of people's likes and dislikes and used this to guide them in their menu planning and meal preparation.

Staff also had a good understanding of people's nutritional requirements, for example people who needed to have their food fortified or who followed a reduced sugar diet. Staff were aware of which people's food needed to be pureed to prevent the risk of choking and a range of drinks was available throughout the day to help prevent dehydration and other health risks. One person told us, "They are keen on us drinking a lot right now." The cook told us she was committed to promoting healthy eating and had recently started offering fresh fruit as an alternative to biscuits which had proved popular.

Good

# Is the service caring?

## Our findings

Everyone we spoke with told us that staff were caring and kind towards them. One person told us, "They're very good to us." Another person said, "The staff here are fantastic." One person's relative said, "They are very caring and have so much patience. I take my hat off to them."

There was a warm, friendly atmosphere in the home and relatives and other visitors told us that staff were always welcoming and took care to put them at their ease. One person's relative said, "They've always got a smile on their face when I come in. I always get a cup of tea and they ask if I am staying for lunch." One visiting healthcare professional told us, "Staff are friendly and helpful."

Throughout our inspection we saw that staff supported people in a kind and considerate way. One staff member told us, "I love the residents. I treat everyone as I would my family." Reflecting this approach, on one occasion we watched a member of staff helping someone make their way through the home to the dining room. The staff member supported the person extremely patiently, never rushing them and offering words of encouragement throughout. On another occasion, we saw a member of staff helping someone who needed one-to-one support to eat a teatime snack. Again, the staff member demonstrated great patience and attentiveness ensuring the person could eat their meal at their own pace and enjoy some quality interaction with the member of staff. As a further example of the caring ethos within the home, when we were in the kitchen on the first day of our inspection visit, we noticed the cook was making a pineapple upside down cake. She told us this was one person's particular favourite.

The staff team demonstrated their commitment to person-centred care and to helping people retain as much choice and control over their lives as possible. For example, one member of staff told us, "I treat everyone as individuals. Everyone is different. Some people want to get up at 5am. It's their choice. One person went to bed at 1am the other night as they wanted to watch something on telly."  Describing how they encouraged people to retain as much independence as possible, another member of staff said, "I always encourage people to wash themselves, if they can. We don't want to take everything from them." Confirming this approach, one person told us, "They ask me to get dressed [by myself]. They know I can do it."

Staff also supported people in ways that took account of their individual needs and helped maintain their privacy and dignity. Staff knew to knock on the doors to private areas before entering and were discreet when supporting people with their personal care needs. Describing their approach, one staff member said, "I always shut the curtains and the door to make sure no one is looking." To further maintain people's privacy we saw that the provider had systems in place to ensure people's personal care records and other confidential personal information were stored securely.

Contact details for local advocacy services were included in the information booklet given to people when they moved into the home. Advocacy services are independent of the service and the local authority and can support people to make and communicate their wishes. At the time of our inspection, one person had the support of an advocate to assist them with a family matter.

Requires Improvement

# Is the service responsive?

## Our findings

In response to the need to provide the people who lived in the home suitable stimulation and occupation, the provider had made arrangements for three external entertainers to come to the home on a regular basis. One came once a week to play the organ, another came once a fortnight to lead a session of armchair sports and another led a singing and reminiscence session, also once a fortnight. We observed one of these entertainments on the afternoon of the first day of our inspection and saw it was enjoyed by many of the people living in the home.

However, these events were relatively infrequent and there was no one designated within the staff team to facilitate the provision of communal activities or alternative forms of stimulation on days when there was no professional entertainer. One member of staff told us, "No one takes a lead [on activities].There is no activities programme [and] we've not had any training on how to occupy people living with dementia. Staff do what they can. We just pick something on the day."

However, these events were relatively infrequent and there was no one designated within the staff team to facilitate the provision of communal activities or alternative forms of stimulation on days when there was no professional entertainer. One member of staff told us, "No one takes a lead [on activities].There is no activities programme [and] we've not had any training on how to occupy people living with dementia. Staff do what they can. We just pick something on the day."

Reflecting this unstructured approach, there was no communal activity on the morning of the first day of our inspection and, as a result, we saw several people sitting for extended periods of time with little or nothing to occupy them. Similarly, the only activity we saw planned for the morning of the second day of our inspection was the 'reminiscence box' – a small collection of heritage items including a skipping rope and a pound note. Although this was a valuable resource to have available to support people living with dementia it was unlikely to have provided sufficient stimulation to 16 people to warrant being designated as a main activity. One member of staff told us, "I don't think people have enough to do." The lack of a published activities programme also made it difficult for people and their visitors to plan in advance or to look forward to any in-house activities of which they were particularly fond.
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We also found only limited evidence that people were supported to pursue personal interests that had been important to them before they moved into the home. A Roman Catholic priest visited one person and a local Church of England vicar conducted communion services for others. One person continued to enjoy knitting and another told us she still liked to read and watch television. But staff struggled to provide any other examples of people who were helped to maintain particular hobbies or interests. Staff also told us there were no organised outings to help people to remain active in their local community. One staff member said, "I would love to be able to take them out more."

We discussed our concerns about the lack of sufficient stimulation and occupation with the registered manager who acknowledged that improvement was required. He said, "I know I need to improve. I will do some research and see what we can do."

If someone was thinking of moving into Birchwood Retirement Home, the registered manager normally visited them to carry out a pre-admission assessment to make sure the provider could meet the person's needs. Commenting on the registered manager's approach, the senior care assistant told us, "He consults with the care staff before making a decision. We don't take everyone." Once it was agreed that someone would move into the home, staff prepared an initial care plan in discussion with the person and their family. Over time, this was developed into a full care plan detailing the person's personal needs and wishes.

We reviewed people's care plans and saw that they covered a wide range of issues including personal care, medicines and nutrition. The plans described each person's individual preferences and requirements in a high level of detail. For example we saw that one person's care plan stated, "[Name] prefers to have her meals in the dining room but does enjoy her meal in the lounge if her husband comes to join her." We saw that the care plans were understood and followed by staff. For example, one person's care plan stated, "[Name] has stated she would like to be informed of when communion is taking place." Staff confirmed that the person did indeed attend the regular Church of England communion services in the home, reflecting the clear wish set out in their care plan. One staff member told us, "I read the care plans all the time. And if we get a new resident, the first port of call is the care plan." Another member of staff said, "When a new person comes in I read through their care plan to find out what they like and don't like." Staff reviewed and updated people's care plans on a regular basis to reflect changes in their needs. People and their relatives were also involved in annual reviews of their plan, although the registered manager agreed to improve the recording of this process to make it clear what changes, if any, had been identified in these meetings.

Information on how to raise a concern or complaint was provided in the information pack people received when they first moved into the home. The registered manager told us that formal complaints were rare as, "I have an open door policy and [people and their relatives] can walk in and have a chat." Confirming this approach, one relative told us, "I did [raise a concern] once. I can't remember what it was. [The registered manager] sorted it." Another relative said, "I've never had any qualms but if I did, I'd tell them." The provider kept a record of any formal complaints that had been received and we could see that these had been managed effectively.

Requires Improvement

# Is the service well-led?

## Our findings

The people we spoke with told us they thought highly of the home. One person said, "They know how to look after you." Another person's relative told us, "It's very good." A local healthcare professional said, "It's got a homely feel. Staff treat residents like family. I would definitely consider it for my [relative] if necessary."

The provider had systems in place to monitor the quality of the service provided. However these were not always sufficiently detailed or rigorous to be consistently effective. For example, senior staff had conducted regular medication audits but these had failed to identify the shortfalls in safe medicines management we picked up on our inspection. Similarly, the registered manager walked round the home regularly to identify any health and safety issues but had failed to identify the lack of cleanliness in some parts of the building. Other audits were more effective. For example, staff conducted a monthly mattress audit and we saw that action had been taken to make sure these important items of equipment remained in good order. The provider was aware of the need to notify CQC or other agencies of any untoward incidents or events within the home. We saw that any incidents that had occurred had been reported and managed correctly.

The registered manager had been in post for many years and was clearly well-known to, and respected by, everyone connected to the home. One person's relative told us he was "brilliant". Describing the registered manager's approach, another relative said, "Sometimes if Mum is having an off day I will ask [the registered manager] to make sure [the staff] check in on her. And [he makes sure] they always do." The registered manager had a 'hands on' style and told us, "I am always wandering about [the home] and will often pitch in and help someone walk down to the dining room, rather than have them wait for care staff." This supportive approach was clearly appreciated by staff, one of whom told us, "He's a lovely boss. Very supportive and never more than a phone call away if you need him."

The registered manager demonstrated an extremely open and reflective leadership style. He was also quick to acknowledge and take responsibility for the shortfalls we identified in areas including cleanliness, activities provision and best interests decision-making. He provided compassionate, values-led leadership to the staff team which set the cultural tone within the home. One member of staff told us, "If you need time off he will help you out. And if someone passes that you have been particularly close to, he's always there for you." Another member of staff said, "[The manager] is very approachable. Any issues get dealt with very quickly."

We saw that staff worked together in a friendly and supportive way. One member of staff said, "There's a good atmosphere in the staff team. I couldn't find a better lot!" Reflecting on the high morale within the staff team, another staff member told us, "[The registered manager] always does us a beautiful Christmas party and gets a takeaway for anyone who can't come." There were regular staff meetings and daily logs and shift handover meetings were also used to ensure effective communication between staff. Staff told us they enjoyed working in the home and felt appreciated by the registered manager. One member of staff said, "He treats you as more than a staff member."

The provider undertook regular surveys of people and their relatives to measure satisfaction with the service

provided. One person told us, "They ask me what I think some times. But I have no reason to change anything, I am very happy as I am." Although other people's satisfaction levels were also high, the registered manager told us he reviewed the survey returns carefully to identify any areas for improvement. For example, a new television had been purchased recently reflecting people's feedback.

People's satisfaction with the service provided to their loved ones was also reflected in the thank you cards and letters on display in the manager's office. Following the recent death of their relative, one person had written to say, "Thank you all for the care and kindness you showed to [my relative]. Thank you, in particular for making her comfortable in her last days and to so many of you for taking the time to come to her funeral. My family and I were all very touched." Another relative had written, "I can never thank you enough for all your care for Mum. You all treated her with such warmth. It was the little things you noticed about her that meant so much to me. I will always be so grateful."