

St Dominic's Limited

Birdscroft Nursing Home

Inspection report

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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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Birdscroft Nursing Home is a residential care home registered to provide personal and nursing care to up to 28 people. People living at the service have a range of needs including physical disabilities, nursing needs, and needs associated with older age and frailty. At the time of our inspection there were 26 people using the service.

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

Staff levels did not take into account people's changing needs and people told us there were not enough staff to support them in a timely way. This impacted on the length of time it took staff to assist them with their personal care.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests. People's consent to care was not always evidenced and staff's knowledge of the Mental Capacity Act 2005 was inconsistent. Staff training was not effective in ensuring consistent good practice within the service.

There were insufficient meaningful activities provided for people and many people and their family members told us there was a general lack of stimulation in the home. Some care plans were found to contain conflicting information and at times lacked details about the person and their social history. They did not always contain sufficient guidance for staff around how to support people according to their needs and preferences. People knew how to make a complaint and their end of life preferences were recorded.

Quality assurance processes were not effective in identifying and delivering required improvements to the service. This meant people were at risk of not receiving a consistent or safe service in line with their needs. There was a lack of robust management oversight of the service. However, people and staff spoke positively about the registered manager and deputy manager.

Staff understood their responsibilities in safeguarding people from abuse and knew how to report any concerns they had. Medicines were managed safely and people's health care plans followed National Institute for Health and Care Excellence guidelines.

The home was clean and hygienic and staff maintained effective systems of infection prevention and control (IPC). The provider exercised safe recruitment practices and medicines were safely managed.

People told us staff were kind and caring though some told us they were not always supported to maximise their independence. Family members told us their relatives were well groomed and staff supported them to maintain their appearance. We saw how staff engaged positively with the people they supported during our inspection and treated them with kindness and respect.

We expect health and social care providers to guarantee autistic people and people with a learning disability

the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

Right Support:

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Right Care:

Care was not person-centred and did not always promote people's dignity, privacy and human rights. People were left alone for extended periods of time in their room and not all staff had an understanding people's preferences around care.

Right Culture:

Ethos, values, attitudes and behaviours of leaders and care staff did not ensure people using services led confident, inclusive and empowered lives. The provider did not regularly review or consider the appropriateness of service for people.

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

Rating at last inspection

The last rating for this service was good published 13 January 2018.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to low staffing levels, low levels of compliance with staff training and lack of meaningful activities. We also found there was disproportionate use of restraint with one person, as well as a lack of robust provider and management oversight and quality assurance.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Birdscroft Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors, a specialist nurse advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Birdscroft Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Birdscroft Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and three relatives about their experience of the care provided. We also spoke with eight members of staff including the registered manager and operations/quality assurance manager. We spoke by telephone with seven family members.

We reviewed a range of records. This included 13 people's care records and multiple medication records. We looked at five staff files in relation to registration, recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- People told us there were not enough staff. One person said, "It gets very busy and you have to wait for things. I've been asking for help to put my trousers on so I can get up and go downstairs for half an hour. It's 10:30 now and I'm not up yet." Another told us, "They're just so short staffed. It means no one gets the quality of care they need. They're very good but there's a lot of patients and not enough staff. They come with breakfast at about 8:30 and then I just sit and wait for them to come and get me up. Look at the time now, it's 11:10."
- Whilst some family members told us they thought there were enough staff, others told us they did not think there were. One told us, "I do not think there are enough staff and the staff change frequently. The staff are all lovely but I think the home is underfunded, they are not able to answer the call bell promptly. [Relative] is often not washed and dressed until 4.00pm," and another said, "I seem to notice that there are fewer staff at the weekend than on weekdays."
- A member of staff told us, "Sometimes we struggle to get everything done. For example, there are two residents who like us to sit with them, otherwise they shout and this makes the others edgy, but it is not always possible to do this." They also said, "Lots of resident need to be assisted to eat. We need 3 or 4 staff upstairs which is not possible. We try to manage everything by trying to do our best."
- Another said, "Mornings are very busy and sometimes we are not finished with people's personal care until 12:30. It is even more difficult when we have a deadline, for example, when someone is going to hospital or a family member has asked to take their relative out early."
- People's dependency levels were assessed as part of their initial assessment. However, these were not always considered when setting nursing and care staff staffing levels.
- We discussed staffing levels with the registered manager. They told us they followed a staffing structure which was the main document used by the provider to determine staffing levels. This required authorisation from a member of the senior management team before the registered manager could alter it. This deduced the relevant numbers of staff according to the numbers of people and was not always based on people's dependency levels. We noted that the number of registered nurses required according to the staffing structure remained at the same level (one on days and one on nights) irrespective of whether there were 15 or 27 people receiving a service.
- Staff meeting minutes recorded shortly after this inspection included, 'We have a staffing structure so won't be able to just increase staff levels.' We also saw that the matter of using a dependency tool was first entered on the provider's continuous improvement plan in November 2020.

Failure to deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider operated effective and safe recruitment practices when employing new staff. This included requesting and receiving references and checks with the disclosure and barring service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with people. We saw that nurse registration checks were also carried out regularly to ensure nurses were registered with their governing body, the Nursing and Midwifery Council.

Systems and processes to safeguard people from the risk of abuse

- One member of staff described how they used restrictive practices with one person. These actions were undertaken without assessment and consideration of the person's needs and without the person's consent.
- We brought this to the immediate attention of the registered manager and operations/quality assurance manager who were unaware that staff were using restrictive practices. However, we saw that during a review of this person's care plan in March 2021, concerns were expressed about the use of restrictive practices. Care plans and risk assessments were not updated to reflect these concerns at the time.

The provider used restraint without consideration of how proportionate this was in relation to the risk of harm to one person, and without assessment of that person's needs or their capacity to consent. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Following this inspection, the registered manager submitted an action plan to address these matters. Weekly workshops have begun with staff which focus on how to support people whose behaviours challenge them. Support and advice was sought from the local authority.
- Systems and processes were effective in safeguarding people from the risk of abuse. People and their relatives told us they felt safe and knew who they could speak to if they had any concerns. One person told us "They are very good with everything, they help me feel safe." A family member said, "My [relative] is very well looked after, I have no concerns about that."
- Staff undertook safeguarding training and understood how to recognise signs of potential abuse. Staff understood their responsibilities and were confident the manager would report any concerns. One staff member said, "I would inform the manager and if I needed, I would go to social services and CQC." Another said, "Safeguarding is about trying to protect the resident all the time."
- Incidents of alleged abuse were appropriately identified and reported to the local authority and CQC. The registered manager understood their responsibilities in relation to safeguarding and conducted investigations as required.

Assessing risk, safety monitoring and management; Using medicines safely; Learning lessons when things go wrong

- Health and safety checks of the environment were undertaken. However, we were not fully assured that the fire evacuation processes were robust. The registered manager requested a fire risk assessment from the Fire and Rescue Service following this inspection.
- Following their visit shortly after the inspection, the Fire and Rescue Service found some people were at risk in case of fire, and made certain recommendations. The registered manager since submitted evidence to CQC to demonstrate that safety recommendations were adopted and the Fire and Rescue service will reinspect within two months of their report.
- Other routine checks of the environment and equipment were maintained, and certificates and audit documentation supported this.
- Risks to people's health and safety were identified, assessed and mitigated. People had risk management plans which were regularly reviewed and provided guidance for staff on how to support people and meet their needs. For example, people living with long term wounds had care plans to guide staff on how the wound should be managed, including the frequency of dressing changes, what dressings were required and

signs to look out for which would indicate the condition of the wound.

- We found that other risk assessments gave detailed description of the risk and guidance for staff how to manage this. These included risk assessments around falls, skin integrity, behaviour management and malnutrition. For example, where a person was at risk of malnutrition, their weight and nutritional intake was regularly recorded and we observed how staff supported them at mealtimes as per the guidance.
- However, we found that whilst incidents were recorded, these were not always analysed to look for trends which meant there was little opportunity for lessons to be learned when things went wrong.
- Staff we spoke with were familiar with most people's risks and could describe how best to support them, with reference to their risk assessments.
- There were Personal Evacuation Plans (PEEPS) in place for people with details around how they needed to be supported in the event of an emergency.
- Medicines were stored and disposed of safely. Staff responsible for administering medicines kept accurate medicines records, had received training in medicines and were assessed as competent in the task. The Clinic rooms were clean and tidy, and all appropriate checks were complete.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

The care homes approach for visitors was in line with current government guidance. People and their relatives were positive about their experience of visiting.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider did not always work within the principles of the MCA and legal guidance with regards to one person. We have addressed this in the Safe key question of this report.
- In other areas, we saw Capacity assessments were undertaken and reviewed as required, for example, where there was sensor mat in place, use of keypad to exit the building and to support the administration of covert medication.
- A member of staff said, "If people have capacity, they could make decisions." Another told us, "I always ask permission before everything I do. I will ask if it is convenient to do this."

Staff support: induction, training, skills and experience

- People were not always supported by staff who understood their needs or who had training around those specific needs. There were people at the service that had a learning disability and no training relevant to their needs was provided.
- We reviewed staff training records with the registered manager who confirmed that the training record we saw on the inspection day was an accurate reflection of current training compliance levels. Whilst there was 100% compliance with some training, including safeguarding and moving and handling, other areas had a significantly low level of compliance. For example, MCA and DoLS was at 57%, person-centred care 54% and challenging behaviours 27% and we observed poor staff practice in these areas. The operations/quality assurance manager told us this had been picked up and was being actioned.
- We received mixed feedback from people about whether they thought staff were equipped with the skills

and knowledge to undertake their role. One person said, "There is a lack of training and supervision of the job done" and another told us, "There is a lack of training." However, one family member said, "The staff appear to be well-trained. My [relative] needs the hoist and their personal sling is always on the chair."

- One member of staff said, "We complete training online with safeguarding and moving and handling and we also learn from each other."
- Staff told us they received supervision with the registered manager, during which their training needs were discussed.

Failure to deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Care was delivered in line with standards guidance and the law. For example, people's weights were assessed using the Malnutrition Universal Screening Tool (MUST). MUST is a nationally recognised tool used to identify people who are malnourished, at risk of malnutrition or obese.
- People's health needs were assessed and care plans devised in line with nationally recognised good practice guidance.
- Wound care plans were comprehensive and wound care was well managed. Nursing staff sought advice from the tissue viability nurse and the wound healing process was documented in a series of photographs.
- A family member told us, "We visited before [relative] moved in and spoke with the manager about their needs. [Relative's] skin condition has improved, as has their general appearance."
- The domiciliary dentist reviewed each person's oral health in April 2021 and the dental hygienist checked each person's oral hygiene in February 2022. There were oral health assessments in place. However, guidance was not always in place for how to manage people's specific oral healthcare needs. For example, there was no guidance for staff for how to support a person who was identified as having a dry mouth.

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

- People were supported to eat and drink enough and maintain a balanced diet and were complementary about the food and choices available. One person told us, "The food is good which I think is very important and there is always plenty of choice."
- Family members said, "I have seen the chef, they comes in and asks [relative] what they would like for lunch, chef will always do sausages if [relative] does not like the choice offered" and "They are always bringing food into [relative]. Staff offer small meals and there are always plenty of fluids too."
- The chef told us they maintain an overview of whether some meals are less popular than others and will adapt the menu accordingly. People's food choices and specific requests were discussed at resident's meetings.

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

- Staff worked with other agencies to provide consistent, effective and timely care. People had access to healthcare services and support. We observed, and records confirmed people had access to a variety of services and healthcare professionals.
- Family members told us, "They let me know day or night if my [relative] has had an accident and a follow up GP check-up is arranged." Another told us, "My [relative] had a pressure sore when they lived at home. It has healed since living at Birdcroft and they continue to take particular care of [relative's] skin. The nursing staff are good. The deputy is a good addition."

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

- The general design and decoration of the home met people's needs. However, we received mixed feedback on the general upkeep of the home.
- One family member told us, "I chose Birdscroft because it has a nice homely feel, it is quite cosy, it works fine for my [relative]." However, others told us, "The general upkeep is just not good enough," and "They could definitely improve certain aspects of the home and spend more money on the environment."
- The registered manager told us there was a programme of refurbishment and redecoration in place and we saw evidence of this.
- The environment had been adapted for people living with dementia or people that may have difficulty navigating their surroundings. Signage was in place downstairs to guide people to the lounge and other areas.
- Call bells were in use for people to call for staff assistance if needed. For those unable to use call bells due to their level of understanding, sensor mats were used in people's rooms. This meant when they moved, staff were alerted and could go to offer their assistance. There was a lift which enabled people to access all areas of the home.
- There was a large well-maintained garden where people enjoyed lunch on the inspection day.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- Most people told us they were well treated, however, for one person, their equality rights and their diverse needs were not recognised and supported accordingly. Following this inspection, the provider developed an action plan around their specific needs and sought support from the local authority for the person.
- People spoke positively of staff and said they were kind and caring. One person told us, "We have a laugh and a joke. All the staff are caring." Another said, "Staff are kind and ask me how I am, although there could be more staff, they are too busy to spend any time with me."
- Family members said, "I cannot praise the staff enough, [relative] has no speech and they are amazing in how they manage to communicate." Another said, "The staff are very kind. Various carers pop in to say hello when I am visiting. They offer [relative] a lot of encouragement."
- We observed staff approached people in a respectful and kind manner. They checked people had everything they needed and if there was anything else they needed. They gently encouraged people to engage in conversation.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Some people told us they would like to exercise more independence. One said, "They look after me here, but I'd like to be given the chance to do a bit more for myself." Another said, "They want to take the lead all the time and I want to do things myself. The main things I want to do is wash myself and have a shave, but they come in and overpower you."
- The registered manager and operations/quality assurance manager told us this had already been noted and discussed at a recent staff meeting. Following inspection, the provider told us that the deputy manager was running workshops in dignity and respect for care staff. In addition, they will work alongside staff during personal care to demonstrate how to maximise people's independence.
- Some people told us they did not always get the correct clothes back from the laundry. One person said, "My main thing is the laundry. They are always losing my clothes. I even sealed the bag and put my name and room number in last week and they still lost my trousers. They can't get it right," and another told us, "Laundry is an issue, I supplied name tags for clothing but the laundry system is haphazard. Families have bought name tags but this does not seem to matter. I usually find several items of clothing in the wardrobe that do not belong to [relative]."
- Family members spoke positively about the kindness of staff. One told us, "Staff are very kind to [relative] who is always telling me they are lovely. My [relative] always looks smart, with hair done and nails always clean." another one told us, "[Relative] is treated with respect and dignity. Staff listen to [relative] and

respect their individuality."

- Staff told us how they respected people's dignity. One told us, "When entering their room, I check they are ready for personal care and if not, I try to encourage them. I close curtains and doors and I use a towel to cover them."



Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were not always provided with activities that met their preferences and interests. We received mixed feedback from people and their family members about the provision of activities.
- One person told us, "It's really depressing me in here. I went out with [relative] last week. Other than that, I just sit in this room. They never seem to take people out here." Another said, "Apart from providing care no one spends any time with me." One family member said, "I wish there was more stimulus. When I have queried it, they have said [relative] doesn't want to be involved in things like that. I think they just don't have time to persuade [relative]."
- Other comments included "There is not a great choice of activities, not a lot here for people living with dementia" and, "I have not seen many activities, they have a singer once in a while, most people sit in the communal room watching the TV. There just are not sufficient activities."
- We reviewed people's activity care plans. One person's stated that they enjoyed being in the lounge area, listening to music. However, there were no activities recorded on their daily notes for the six weeks prior to this inspection.
- Another person's activity care plan noted that they required one to one support and behaviour management to enable them to socialise and to have meaningful activities to meet their psychological and well-being needs. However, other than a social engagement with a family member, this person remained with minimal interaction or support from staff for much of the day.
- We spoke with the registered manager about our observations on the day. They told us that an activities coordinator was due to join the service two weeks following this inspection. In the meantime, there was a member of staff who worked two days a week to support activities. They left an activities programme for care staff to follow for the rest of the week. There was also an additional member of staff on the rota each morning who was expected to do activities.
- Staff we spoke with told us they were expected to engage people in activities but were not always able to fulfil this role due to their other duties of care. One said, "We have not much time [to engage people in activities] but I think there could be more for residents to do here." Another told us, "The person on the 8am-2pm shift is meant to be allocated to cover the lounge and do activities with people. But this does not always happen because they are a regular carer and end up doing [care tasks] instead."
- We located the activities plan for the day and saw that the listed morning activity did not occur ('Throw the rope' and one to one). Instead, those who were in the lounge area were either watching TV or asleep in their chairs. There was no evidence of any one to one time spent with people either in the lounge or in their rooms. There was, however, a professional singer in the afternoon which some people engaged with and seemed to enjoy.

We found a lack of meaningful activities were being provided for people. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans did not always reflect people's current needs and at times, contained conflicting information. They did not always contain sufficient guidance for staff around how to support people according to their needs and preferences.
- For example, one person's moving and handling plan stated they required a standing hoist, whilst review notes stated a full-body hoist was required. Where a person was known to be resistant to accepting medication, there was no support plan in place to manage this or guide staff about different methods of communication they could adapt to minimise distress to the person.
- One person's care plan around behaviours stated, 'can display behaviours of concern during personal hygiene and mobilising'. The recommendation for care staff was to 'reduce care interactions as far as possible'. There was no further guidance around what was meant by this.
- One person's mobility care plan stated they were bed bound. However, there was a separate care plan which guided staff to elevate the person's legs when sitting in a chair. On other care plans, we found there was clear guidance for staff such as how to support a person when their family member left the building.
- Some care plans lacked detail about people's life histories and general information about their life before moving to Birdcroft and what was important to them. We found that some staff whom we spoke with were unable to provide any background information about people or their social history. A member of staff said, by way of telling us about one person, "[Person] usually just sits there or sleeps."

People's care plans did not always hold accurate information about their care. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Some family members told us they were involved in their relative's care plan reviews. One said, "I had a phone call about the care plan and they held a review and updated the care plan. I have met the manager, I have no concerns," and other said, "They are very good at informing me if my [relative's] needs change."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed prior to admission to the home. However, for one person, where their communication care plan stated how their communication needs should be supported in their preferred way, staff we spoke with were unaware of what those communication methods were.
- Some people and their family members gave feedback that they did not always know the names of staff. One person said, "I think name badges for staff would be an advantage for me." One family member told us, "There is a problem for [relative] to recognise staff members because they do not wear a name badge." During inspection, the registered manager told us there were new name badges on order.
- Policies and documents were available in large print for those who required this.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which set out how any complaints received would be managed.

People and their families told us they knew how to complain and said they would feel comfortable raising concerns if necessary.

- The provider received one complaint since July 2021. Records demonstrated this was investigated and managed in line with the complaints procedure.

End of life care and support

- People were supported to be comfortable and without pain at the end of their lives. People had end of life care plans which recorded their wishes and contained guidance for staff as to how they wanted to be supported.
- People's files contained up to date information regarding their resuscitation status and guidance for staff should their physical health decline. This included information about whether they had chosen to be treated in hospital or remain at home at for care and support.
- The clinical lead was in the process of reviewing all end of life care plans in conjunction with the GP, to ensure all information held was accurate.



Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Effective management systems were not in place to assess, monitor and improve the quality of service people received. The systems which were in place were not effective in identifying concerns and areas for improvement found at this inspection.
- There was a lack of robust oversight by the provider to improve the quality of records and care being provided. The provider failed to identify inconsistencies in the level of information in people's care plans to ensure staff understood people's needs.
- Despite having a dependency tool, the provider did not use this effectively to determine staffing levels in relation to people's dependencies and changing needs. People and their family members told us there were insufficient staff to support them in a timely way and that some staff lacked training to meet their needs.
- The provider's training record at the time of inspection demonstrated a significantly low level of training compliance in key areas such as the Mental Capacity Act, person-centred and management of challenging behaviours.
- The provider was unaware that staff were using restrictive practices for one person and in turn failed to identify areas for improvement in how to meet the person's needs.
- The provider did not have effective systems to ensure people's equality and diversity needs were consistently considered and met.
- The provider did not do a trend analysis of accidents and incidents therefore did not have oversight of any emerging themes or learning from these.

The provider had poor oversight of the service, did not have a consistent approach to quality monitoring and service improvement and leadership was not always robust. This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. The registered manager had submitted notifications of this nature in a timely way which meant we could check that appropriate action had been taken.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Family members spoke positively about the culture within the home. We were told, "The staff are

absolutely amazing and communication is good with the manager and nurse. If they are busy they will ring back, they always have time to speak with me." Another told us, "The registered manager engages with me and updates us pretty well about general information. We had an on-line meeting last month but I wish we could return to face to face meetings."

- Staff had opportunities to provide feedback via staff meetings, as well as anonymously. A recent feedback exercise was completed and the general theme was that they felt valued, management were approachable and firm but fair. Some suggested improvements were to have management on ground with the authority to make decisions to book replacement staff when someone calls in sick.
- Staff spoke positively about their roles and said they felt valued for the work they did. One member of staff said, "I never feel worried about saying if I got something wrong. The manager and deputy are very easy to talk to; they are friendly; they know the residents well."
- We observed positive interactions between care staff. A member of staff told us, "We all pull together here."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others

- The provider understood their responsibilities under 'duty of candour' to be open and honest when things went wrong. For example, notifying relatives if their family member had an accident or became unwell. We saw the registered manager applied duty of candour where the threshold was met.
- Effective working relationships were developed with other professionals involved in people's care. There was evidence of working with external agencies to help ensure people received the care and support they needed, such as the local authority, GP, district nurse, tissue viability nurse and other health professionals.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	There was a lack of meaningful activities provided for people. People's care plans did not always hold accurate information about their care.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment
Treatment of disease, disorder or injury	The provider used restraint without consideration of how proportionate this was in relation to the risk of harm to one person, and without assessment of that person's needs or their capacity to consent.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had poor oversight of the service, did not have a consistent approach to quality monitoring and service improvement and leadership was not always robust.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	The provider failed to deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff.

