

Maria Mallaband 17 Limited

Birch Heath Lodge

Inspection report

Birch Heath Lane
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Birch Heath Lodge is a residential care home providing personal and nursing care to 30 people aged 65 and over at the time of the inspection. The service can support up to 38 people. Accommodation is provided across two buildings with shared gardens and communal facilities.

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

Governance systems to monitor the quality of care being delivered to people required improvement. Existing systems failed to always identify shortfalls in care recording and when care plans needed updating. This placed people at risk of receiving poor care.

Checks were in place to ensure people lived in a safe environment. Ongoing refurbishment and redecoration of the home were being planned. We have made a recommendation to consider the needs of people living with dementia in any planned environment improvements.

We were assured the provider had effective measures in place to reduce the risks of infection and manage the impact of the COVID-19 pandemic. However, we did identify some shortfalls in the staffing levels of domestic staff on a number of occasions; and one instance where national guidance had not initially been followed for visiting. Both of these issues were raised with the provider and assurances provided.

Staff were recruited safely. Appropriate checks were undertaken for all temporary (agency workers).

Although we found some improvements were needed, we did observe positive and caring interactions between staff and people living at Birch Heath Lodge. Staff demonstrated an understanding of people's need and preferences.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The communication needs of people were clearly documented, and people had access to appropriate healthcare services.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 14/02/2020) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection enough improvement had not been made and the provider was still in breach of one regulation. This service has been rated requires improvement for two consecutive inspections.

Why we inspected

We received concerns in relation to staffing levels and concerns about how the service was being managed. As a result, we undertook a focused inspection to review the key questions of safe, effective, responsive and well-led only.

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.

We reviewed the information we held about the service. No areas of concern were identified in the other key question. We therefore did not inspect it. Ratings from previous comprehensive inspections for that key question was used in calculating the overall rating at this inspection.

The overall rating for the service has remained the same. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvement. Please see the Safe and Well-Led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

During the inspection the registered manager took action to mitigate risks and address the issues we found. However, systems to monitor the risks to people's physical health needed to be more robust.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Birch Heath Lodge on our website at www.cqc.org.uk.

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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to Good Governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 always safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Birch Heath Lodge

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 Care Act 2014.

As part of this inspection we looked at the infection prevention and control 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

This inspection was carried out by two inspectors 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

Birch Heath Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

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 prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the

judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and five relatives about their experience of the care provided. We spoke with 12 members of staff including the registered manager, a nurse, senior care workers, care workers, housekeeping, activity staff and the chef.

We reviewed a range of records. This included 10 people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure records regarding people's needs were accurate and up to date. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Systems to manage the risks to people's physical health needed improvement. Some risk assessments and care plans had not been updated by staff as people's care needs changed, or they did not always contain sufficient detail.
- Some monitoring documentation was also incomplete. For example, there were gaps in records for people who required regular repositioning to prevent the risk of, and to help heal, existing pressure wounds.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed through accurate and up to date records. This placed people at risk of harm. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed our concerns with the registered manager who responded immediately during the inspection to update the risk assessments and care plans. Actions were also taken to improve the accurate completion of care monitoring records. Although we found on the second day of the inspection recording had improved, this needed to be sustained.

- Other systems to assess, monitor and manage risks were safe. Routine checks on the environment and equipment were up to date and certificates supported this.
- We observed staff following safe practices when supporting people to transfer using moving and handling equipment.

Staffing and recruitment

- Records demonstrated current staffing levels reflected peoples needs, however, we received mixed feedback from people. One person told us, "There are plenty of staff here, it's like a hotel." However, another person said, "Sometimes I think there could be more staff," and told us of one example when they had to

wait to have their personal care needs met.

- Some staff also felt staffing numbers could be improved. Comments included, "I think [staffing levels] could be better, but they are reasonable," and "I think [staffing levels] are too low."
- During the inspection, we observed some people were not supported out of their bedrooms until late morning. Although we were assured people's care needs had been met, this suggested staffing levels could be improved at busy times of the day. We discussed this with the management team. The regional director told us they were reviewing how staff were deployed across the home to ensure people's needs were met in a timely manner.
- Staff were safely recruited. Appropriate checks had been made before being offered employment. This included checks on temporary (agency workers).

Preventing and controlling infection

- We were partially assured that the provider was promoting safety through the layout and hygiene practices of the premises. The home was visible clean and tidy, however, on a number of occasions, there were lower than usual domestic staffing levels.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance. However, we were made aware of one complaint raised in relation to visiting. This was raised with the provider and we received feedback this issue had been investigated and addressed.
- 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 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.

Using medicines safely

- Medicines were stored securely. Medicines were only administered by staff who were suitably trained.
- Records of administration were well maintained, in line with best practice and completed comprehensively.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from the risk of abuse and policies and procedures supported this. Staff had completed safeguarding training and were aware of how to raise concerns. Referrals had been made appropriately to the local authority safeguarding team.
- People we spoke with told us they felt safe living at Birch Heath Lodge. One relative described the level of care as, "absolutely superb." Another relative told us, "On the whole I don't have to worry about [name] there. I think if [name] was unhappy, [name] would tell me."
- Systems were in place to record accidents and incidents. They were reviewed regularly by the registered manager and the provider to look for any trends and identify whether future incidents could be prevented.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had the equipment they needed to be supported effectively and were able to personalise their own bedrooms.
- Most of the people we saw required assistance from staff to mobilise around the home. However, we did consider the home's physical layout could be confusing for new, independently mobile people, to orientate around the home. We discussed this with the management team who told us a number of environmental improvements were planned.

We recommend any environmental improvements consider best practice guidelines for people living with dementia.

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

At our last inspection the provider had failed to ensure people's consent to care was recorded in line with the principles of the Mental Capacity Act 2005. This was a breach of regulation 11 (Consent to Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where a person was unable to consent to their care, all areas of support were appropriately assessed under the MCA. Decisions were clearly recorded when care was delivered in the person's best interests.
- Where appropriate, DoLS applications had been made and associated conditions were being met.
- During the inspection we observed staff asking people for consent before they delivered care. We also discussed the MCA with staff who confirmed they received training; and were able to describe what this meant in practice.

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

- People's needs were assessed. Care plans had been developed based on these assessments, as well as advice and guidance provided by other health and social care professionals.

Staff support: induction, training, skills and experience

- Staff received appropriate training; and received an induction when they started working at Birch Heath lodge.

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

- People's nutritional and hydration needs had been assessed and were being met. Staff were aware of people's needs and preferences in relation to meals and drinks and this was reflected within care plans.
- People spoke positively about the food on offer. One person told us, "Very nice, like the Ritz."
- We observed people being supported to access snacks and drinks throughout the inspection. People confirmed they could have snacks whenever they wanted. One person chose to take their meals in their bedroom and told us, "staff were happy to do that."

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

- People had access to healthcare services and support; care records showed referrals were made to other health professionals in a timely way when their specialist advice was required.
- Staff worked closely with a number of agencies to ensure people's needs were being met, including GP's and community health teams.
- Relatives told us they were kept informed if a person became ill. One relative told us, "The care home are terrific. They always keep me up to date with any changes."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

- Care plans were person centred and reflected people's personal preferences. People we spoke with confirmed staff were aware of their likes and dislikes.
- People were provided with a detailed information pack of the services and facilities available at Birch Heath Lodge. Due to restrictions imposed during the COVID-19 pandemic, virtual tours were available to enable prospective people to see the inside of the home.
- Throughout our inspection we observed positive, caring interactions. People we spoke with confirmed this. We were told, "The staff are very kind," and "When I go home, I'd like to take all the staff with me."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Communication needs were identified in care plans. For example, care plans identified where a person experienced hearing or sight loss and the support needs around this.
- The registered manager confirmed information about the home was available in different formats and languages upon request.
- Reasonable adjustments had been made to support people with sensory loss which impacted their communication. For example, pull cords had been made available in a brighter colour for one person. Another person accessed audio books because they were unable to read written text.

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

- At the time of our inspection, some activities were limited due to the impact of the COVID-19 pandemic. Some staff felt there weren't enough activities for people to do, especially at the weekend.
- However, people spoke positively about the activities available and told us they had recently participated in a number of activities including making cards for family members, indoor sports, games and quizzes. We observed activities during our visit and the activity worker encouraged everyone present to participate. Some people told us they preferred to stay in their rooms, and staff popped to see them. This meant they never felt lonely.
- Surveys had recently been completed and new activities were being planned for the warmer months.

Improving care quality in response to complaints or concerns

- A complaints policy was in place and information on how to make a complaint was clearly visible. Records were maintained.
- Relatives and residents confirmed they knew how to raise a complaint and who they would complain to.

End of life care and support

- We reviewed care plans for people receiving care at the end of their lives. Plans demonstrated people had been involved in decision making and personal wishes were documented.
- Relatives were complimentary about the end of life care their loved one had received. One relative told us they had, "Nothing but good praise for staff, they have been fantastic."
- Where appropriate, Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) orders were placed prominently in care files. Handover records also contained this information for ease of reference.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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.

Continuous learning and improving care

At our last inspection the provider had failed to ensure systems were in place to effectively monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- We identified a number of examples where the care plans did not fully reflect people's current needs. On one occasion we identified actions had previously been highlighted during a provider audit. This had not been addressed in a timely manner.
- A number of records to monitor the care delivered to people were not consistently monitored. The care planning system in place did not alert senior staff to missed care delivery.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate risks to people's physical health were effectively monitored. This placed people at risk of harm. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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;

- Birch Heath Lodge had undergone a number of management changes. One relative commented, "They have gone through so many managers." We observed the current registered manager interacting with people. This demonstrated they knew people well.
- Most people we spoke with told us the registered manager was approachable. One person told us, "The home is well managed, it's a lovely place." However, a number of staff told us they lacked confidence in the management team and had not received regular supervision. We discussed this with the registered manager who acknowledged supervisions had been less frequent as a result of the management changes; plans were in place to address this.
- Other systems were in place to engage with people. For example, the registered provider had sought the

views of people and relatives through satisfaction surveys. We saw evidence changes had been introduced as a result of feedback.

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

- The registered manager was clear about their role and understood their responsibility to notify the CQC of events that occurred within the service. We found appropriate notifications had been submitted in a timely manner.
- Relatives told us they were informed when incidents or accidents occurred.
- The rating from the last inspection was displayed in the main reception area and on the provider's website.

Working in partnership with others

- Information contained within care plans demonstrated staff worked in partnership with other agencies. We observed external professionals visiting people during our inspection.

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>Systems were either not in place or robust enough to demonstrate safety was effectively managed through accurate and up to date records.</p> <p>Systems were either not in place or robust enough to demonstrate risks to people's physical health was effectively monitored.</p> <p>Regulation 17 (1) (2) (a) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>