

Mark Jonathan Gilbert and Luke William Gilbert

Birch Abbey

Inspection report

55 Alexandra Road
Southport
Merseyside
PR9 9HD

Tel: 01704410010

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Birch Abbey is a residential care home providing personal and nursing care to 56 people aged 65 and over at the time of the inspection. The service can support up to 60 people living with dementia. The service is divided into four units, each of which has separate adapted facilities.

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

The management of people's medicines was not consistently safe. During the inspection we noted the registered manager took immediate action to address failings in the administration and recording of people's medicines and we felt reassured by the action taken.

Improved medicine systems need to be closely monitored and sustained to prevent the risk of avoidable harm for people whom rely on staff to administer their medicines. We have made a recommendation about this.

People received person-centred care and support. We observed staff approach people in a kind and respectful way. People were encouraged to maintain their independence and be involved in making decisions about their care.

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.

Staff understood the importance of protecting people from abuse and procedures were in place to alert the Local Authority when a safeguarding incident had occurred.

People's risk assessments were not routinely updated following an accident or incident. Staff demonstrated good understanding of people's needs and told us how they had considered ways to reduce the risk of accidents or incidents happening again.

We received mixed feedback from people who visited the service about staffing levels. Some people told us staffing levels were not always sufficient at the weekend. We discussed this with the registered manager who explained about an increase in the use of agency workers due to unplanned staff absences. We were reassured that the registered manager had listened to people's feedback and was actively working on ways to reduce staff absence and recruitment of permanent workers.

We observed staff respond to people's non-verbal communications. Staff understood the needs and preferences of people they supported. There was clear understanding throughout the staff team about best ways to support people living with dementia and people were encouraged to maintain their independence.

Staff told us they were supported and had access to a wide range of training courses.

There was an easy read complaints procedure. The registered manager responded to people's complaints and people told us the registered manager was approachable.

Staff understood their responsibilities in relation to duty of candour and quality assurance systems were in place to identify where improvements were needed.

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

Rating at last inspection

This service was registered with us on 07/07/2018 because the registered provider changed and this is therefore the first inspection.

The last rating for this service was requires improvement (published 23 May 2018). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection.

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

Follow up

We will continue to monitor information we receive about the service until we 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 caring?

Good 

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good 

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good 

The service was well-led.

Details are in our well-Led findings below.

Birch Abbey

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.

Inspection team

The inspection was conducted by three inspectors, one specialist advisor for medicines management and one specialist advisor for dementia care.

Service and service type

Birch Abbey is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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

Day one of the inspection was unannounced. We announced the second day of the inspection to make sure the registered manager was available for feedback.

What we did before the inspection

Our planning took into account information we held about the service including statutory notifications and information shared by the local safeguarding authority.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do 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

During the inspection we spoke with seven relatives. People who lived at Birch Abbey were not able to provide reliable feedback due to living with dementia therefore, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the provider's, the registered manager, two regional managers, the deputy manager, three care workers, two registered nurses and the maintenance man. We looked at two staff recruitment and training files, ten people's care records and multiple records relating to the management of people's medicines, quality assurance and governance.

We sought feedback from three visiting professionals.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and quality assurance documents sent by email.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Using medicines safely

- People's medicines had not always been managed in a safe way. The registered manager and senior staff had maintained robust records which showed reporting of medicine omissions and recording errors. When a medicine error had occurred the person's GP was informed and we did not find any evidence to suggest people had come to any significant harm.
- We were reassured by action taken by the registered manager which included identification of staff training needs and competency assessments for the administration of medicines.
- The registered manager immediately acted on feedback from the inspection team about ways to improve the management of medicines and they provided evidence after the inspection of improved systems which included removal of agency workers from the administration of medicines as well as the removal of waste medicines from the service.

We recommend the registered manager continues to closely monitor the management of people's medicines in line with current best practice guidance by the National Institute of Clinical Excellence on managing medicines in care homes.

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

- People's risk assessments were not always updated in a timely way after an accident or incident. Staff demonstrated good understanding of people's needs. They told us how they had mitigated risks for people after they had been involved in an accident or incident however, people's risk assessments and care plans did not always reflect this information.
- During the inspection the registered manager acted on the inspection findings and implemented an improved system for prompting staff to update people's risk assessments and care plans after an incident. For example, when someone had fallen or displayed behaviours that challenge.
- Some staff told us they did not feel adequately trained to support a person who became distressed during personal care. We shared this information with the registered manager who acted immediately and booked bespoke training to aid staff understanding of supporting people who displayed behaviours which challenge.
- People were individually risk assessed before and on admission.
- Lessons were learnt when things went wrong. Staff understood the importance of reporting and the management team maintained records of how identified failings were investigated and used to direct improvement. For example, staff training and changes to policy and procedure.
- Environment safety was monitored. At the inspection we identified two bedroom doorframes with painted over smoke seals. We informed the registered manager and immediate action was taken the same day.

Systems and processes to safeguard people from the risk of abuse

- There were effective systems and processes in place to protect people from abuse. Staff understood the signs of abuse and how to report their concerns.
- People who lived at the service and visitors had access to an easy read safeguarding procedure.

Staffing and recruitment

- Some relatives told us they were concerned about staffing levels at the weekend. We looked at staffing rota's and discussed this with the registered manager. The registered manager told us they had addressed last minute absence issues with individual staff and implemented a new procedure to help reduce the risk of staff shortage and subsequent use of agency workers.
- Across both days of the inspection we observed sufficient staffing levels across the home. Staff told us they felt adequately staffed and at times of staff absence agency cover was arranged. The service was always covered by an on-call senior manager.
- Staff were safely recruited and checks were undertaken to make sure they were of good character.

Preventing and controlling infection

- People were protected from the risk of infection. Staff followed safe procedures when supporting people with personal care and told us they had access to a range of protective clothing.
- There had been an outbreak of infectious disease earlier in the year and following this Public Health England carried out an infection control audit which showed high compliance with evidence of best practice. The service was commended for control of the infection.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's physical, mental and social needs were assessed and their support plans were developed in line with best practice guidance.
- Senior managers assessed people prior to them being admitted and this provided a consistent approach to ensuring people's needs and preferences could be met.
- The provider's policies and procedures included up-to-date legislation and best practice guidance for staff to follow. People's support plans showed consideration for least restrictive practices and ways to promote their independence.
- People had access to a wide range of external health care professionals and their advice was acted on. For example, one person had been assessed by the community mental health team. Changes to their treatment had been care planned and reviewed.

Staff support: induction, training, skills and experience

- People received support from skilled and competent staff. Staff received induction training, this included time to learn about the needs of people they supported. Mandatory training incorporated subjects to help keep people safe. For example, basic first aid, safeguarding and fire awareness. Staff also had access to bespoke training courses to help maintain their clinical skills and support people with complex needs.
- Staff told us; "The induction was fab. I can't fault it" and "We have loads of training here." Some staff told us they had not received training to help them manage a person's behaviours which challenge. We discussed this with the registered manager who took immediate action and booked bespoke training for the staff concerned.
- Staff received regular supervision and annual appraisals. Staff told us they felt supported and able to ask for more support when needed.

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

- People were supported to eat and drink enough to maintain a healthy and balanced diet. People were individually assessed for risks associated with malnutrition, swallowing and hydration.
- Each unit had a kitchenette area which could be accessed by people or their visitors to maintain a sense of independent living. Dining areas were spacious, across both days of the inspection we observed people enjoy the meal time experience.
- Three relatives told us meal times were often rushed. We discussed this with the registered manager who listened to the feedback. After the inspection the registered manager told us they had introduced a staggered approach to meal times to ensure better deployment of staff.
- Staff demonstrated good understanding about supporting people to have the correct textured diet and

people were referred to the Speech and Language Team for assessment of their swallowing when needed.

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

- There were clear processes for referring people to other services, where needed.
- Staff worked closely with health and social care professionals to support people's changing needs.
- We received positive feedback from visiting professionals; "I definitely find them a caring home to work with and very engaged with our service" and "I have no concerns with the home. Any guidance or advice is followed appropriately and referrals are appropriate."

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

- The service was well designed and adapted to meet the needs of people with cognitive and visual impairment. People had free access to a large secure garden. We observed people utilise the garden when visiting their relative.
- There was ample communal space for people to sit and either enjoy the company of others or some quiet time. Corridors had been designed to allow for people to rest whilst walking around the units. This showed a good standard of environment design for people living with dementia.

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 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 possible people were asked to consent before decisions were made about their care and treatment.
- The provider had systems in place to ensure the decision-making process was in line with principles of the MCA. However, assessment of a person's mental capacity was not always clearly recorded. For example, questions asked to determine if a person had capacity were not always recorded to evidence what was asked and what response was provided. The registered manager listened to inspection feedback and immediately implemented an improved document which enabled staff to record conversations with people during the assessment of their capacity.
- Robust procedures were in place to ensure any restrictive practices were considered against principles of DoLS. Staff were aware if people had an involved Lasting Power of Attorney and these were included in the decision-making process.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People's relatives provided consistent feedback about the kind care people received; "The staff go above and beyond and take really good care of her", "staff are kind and respectful" and "I could not ask for anything more, staff are genuinely lovely."
- We used the SOFI across two units. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. Our observations found people received support from staff in a dignified way and staff were able to understand people's non-verbal communications.
- We observed staff encouraged people to maintain their independence and encouraged them to engage in meaningful activities.
- There was an inclusive culture. Staff had completed equality and diversity training and routinely considered inclusivity. People were supported by staff to explore ways to participate in their faith and beliefs. The registered manager encouraged an all-encompassing culture for staff and service users' part of the lesbian, gay, bisexual and transgender community.

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to make decisions about their day to day life. We observed people walk freely around the service and had access to the garden, this meant they were able to maintain a standard of choice and control.
- We observed staff actively encourage people to make informed decisions. For example, staff showed people visual meal options. This made the decision-making process much easier for people living with dementia.
- Resident and relative meetings were held and the minutes showed people's involvement. When the service was taken over by the new provider in 2018 a meeting was held to introduce the organisation. Relatives told us they could approach the registered manager and share their ideas and concerns.
- People were referred to advocacy services. Staff were aware of how to request involvement from Independent Mental Capacity Advocates (IMCA). IMCAs are instructed to represent people where there is no one independent, such as a family member or friend, who is able to represent the person during the decision making process.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- People received person-centred care which was based around their needs and preferences.
- Staff had good understanding about the people they supported and engaged with people in an individualised way. We saw staff had built trusting relationships with people they supported and their relatives.
- People's care plans did not always contain person-centred information. However, information was available throughout other care records which allowed the reader to understand about people's lives, things important to them and social networks. The registered manager showed us examples of new care plans which included more person-centred information.

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.

- Staff were aware of the accessible information standard and told us of ways in which the service was meeting the standard. They provided large print and pictorial information to help people be involved in making decisions about their care.
- People's care plans included information about their communication needs and we saw people had been supported to wear their glasses and other communication aids where required.

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 the inspection the registered manager was in the process of interviewing for an activity worker. Relatives told us scheduled activities had reduced.
- During the inspection we observed staff engage with people to promote social stimulation. People had access to sensory equipment for example, dignity dolls and tactile objects. The registered manager provided evidence of ongoing activities at the service and understood the importance of recruiting the right activity worker.

Improving care quality in response to complaints or concerns

- People and visitors had access to the complaints policy and procedure.
- The registered manager maintained clear records of complaint investigation and response.

- Relatives told us, "When I've raised anything with the [registered] manager she's sorted it straight away and kept me informed" and "I find the manager approachable. I know how to raise a complaint".

End of life care and support

- People's end of life care and support wishes had been explored and care planned.
- The service is accredited to an end of life care programme and worked closely with external health professionals to co-ordinate effective end of life care.
- Staff had been trained in how to support people at the end of life and told us they felt confident to discuss people's needs and preferences.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

- There was a positive culture throughout the service. The registered manager encouraged staff to report any concerns or errors. Staff were supported to learn when things went wrong and developed when identified to need further training.
- There were robust systems in place which showed the provider, registered manager and senior staff understood their legal responsibilities in relation to duty of candour. For example, when a medicine error had been identified the person's GP and relative were informed.

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

- The service was well-led. The registered manager and deputy manager demonstrated understanding of their roles and commitment to monitoring quality performance. Shortfalls identified in the safe domain of this report had been identified by the registered manager and improvement was ongoing.
 - The provider had processes in place to monitor and review the service. The regional manager also undertook regular audits across all areas of the service and recorded when action was needed and taken. Failings identified were shared with the provider and risk rated. Staff meetings included information sharing to ensure effective communication.
 - The registered manager submitted statutory notifications, these are a requirement to ensure information about the service is shared with the Care Quality Commission to allow effective regulatory monitoring. For example, in relation to allegations of abuse and serious injuries.
- Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
- We saw evidence which showed the registered manager actively sought people's views by issuing stakeholder surveys and holding resident meetings at the service.
 - The registered manager maintained information boards in the entrance to the home which informed people of information such as analysis of incidents and accidents, new policies and encouraged people to provide their feedback.
 - The regional manager was actively involved at the service and took time to meet with people who had made a complaint or raised concern. The registered manager told us they were well supported.
 - The service had developed strong links with the community.

Working in partnership with others

- The registered manager encouraged involvement from external health and social care professionals. We saw evidence the service worked in partnership with the local authority and commissioners and received positive feedback from visiting professionals.
- The registered manager maintained links with other registered managers internal and external to the organisation to share best practice.