

United Response Birchgrove

Inspection report

82 Lumsdale Road
Upper Lumsdale
Matlock
Derbyshire
DE4 5LB

Tel: 01629584161
Website: www.unitedresponse.org.uk

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Ratings

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

Summary of findings

Overall summary

This unannounced inspection took place on 24 May 2016. The service was last inspected on 4 November 2013, when no concerns were identified and it was found that all standards inspected were being met.

Birchgrove provides accommodation and support with personal care for up to three people with learning disabilities. At the time of the inspection there were three people using the service. One person had very limited verbal communication and the registered manager explained that the other two people had no verbal communication at all. Therefore, to address this issue, staff had developed and implemented a range of alternative methods and strategies. We saw this included sign language and visual, physical and pictorial prompts, enabling them to communicate more effectively.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are "registered persons". Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's needs were assessed and their care plans provided staff with clear guidance about how they wanted their individual needs met. Care plans were person centred and contained appropriate risk assessments. They were regularly reviewed and amended as necessary to ensure they reflected people's changing support needs.

People were happy, comfortable and relaxed with staff. They received care and support from staff who were appropriately trained and confident to meet their individual needs and they were able to access health, social and medical care, as required. There were opportunities for additional staff training specific to the needs of the service. Staff received one-to-one supervision meetings with their manager. Formal personal development plans, such as annual appraisals, were in place.

There were policies and procedures in place to keep people safe and there were sufficient staff on duty to meet people's needs. Staff told us they had completed training in safe working practices. We saw people were supported with patience, consideration and kindness and their privacy and dignity was respected.

Safe recruitment procedures were followed and appropriate pre-employment checks had been made including evidence of identity and satisfactory written references. Appropriate checks were also undertaken to ensure new staff were safe to work within the care sector.

Medicines were managed safely in accordance with current regulations and guidance by staff who had received appropriate training to help ensure safe practice. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

People's nutritional needs were assessed and records were accurately maintained to ensure people were

protected from risks associated with eating and drinking. Where risks to people had been identified, these had been appropriately monitored and referrals made to relevant professionals, where necessary.

There was a formal complaints process in place. People were encouraged and supported to express their views about their care and staff were responsive to their comments. Satisfaction questionnaires were used to obtain the views of people who lived in the home, their relatives and other stakeholders.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected by robust recruitment practices, which helped ensure their safety. Staffing numbers were sufficient to ensure people received a safe level of care. Medicines were stored and administered safely and accurate records were maintained. Comprehensive systems were in place to regularly monitor the quality of the service. Concerns and risks were identified and acted upon.

Is the service effective?

Good ●

The service was effective.

People received effective care from staff who had the knowledge and skills to carry out their roles and responsibilities. Staff had training in relation to the Mental Capacity Act (MCA) and had an understanding of Deprivation of Liberty Safeguards (DoLS). Capacity assessments were completed for people, as needed, to ensure their rights were protected. People were able to access external health and social care services, as required.

Is the service caring?

Good ●

The service was caring.

People and their relatives spoke positively about the kind, understanding and compassionate attitude of the registered manager and care staff. Staff spent time with people, communicated patiently and effectively and treated them with kindness, dignity and respect. People were involved in making decisions about their care. They were regularly asked about their choices and individual preferences and these were reflected in the personalised care and support they received.

Is the service responsive?

Good ●

The service was responsive.

Staff had a good awareness and understanding of people's identified care and support needs. A range of stimulating and

personalised activities were available that reflected people's individual interests and preferences. A complaints procedure was in place and people's relatives told us that they felt able and confident to raise any issues or concerns.

Is the service well-led?

Good ●

The service was well led.

Staff said they felt valued and supported by the registered manager; they were aware of their responsibilities and felt confident in their individual roles. There was an open and inclusive culture and staff shared and demonstrated values that included honesty, compassion, safety and respect. People were encouraged to share their views about the service and improvements were made, where necessary. There was an effective quality monitoring system to help ensure the care provided reflected people's needs.

Birchgrove

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 24 May 2016 and was unannounced. Due to the size of the service, the inspection was conducted by one inspector.

As part of the inspection we reviewed the information we held about the service, including notifications that the provider had sent us. On this occasion we did not request a provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR also provides data about the organisation and service.

We observed care practice and saw how people using the service were supported. We spoke with one person who used the service, one member of staff, the team leader and the registered manager. We also contacted one health care professional, who had regular contact with the service and a hairdresser who had visited the service on a regular basis for over three years. We looked at documentation, including the two people's care and support plans, their health records, risk assessments and daily notes. We also looked at two staff files and records relating to the management of the service. They included audits such as medicine administration and maintenance of the environment, staff rotas, training records and policies and procedures.

Is the service safe?

Our findings

One person who used the service told us they were happy at Birchgrove, where they had lived for many years. A regular visitor to the service said they were confident people were safe because staff understood their needs and were fully aware of any potential risks related to their care and support. They told us, "I've been coming here since 2013 and have never had any concerns about residents' safety or welfare. It's a very relaxed, homely environment and you can see the residents are happy and very comfortable with the staff." They also said most of the staff had been at Birchgrove a long time and told us, "They [staff] know and understand the residents really well and that is so important."

A healthcare professional who had visited the service regularly for more than two years spoke very positively regarding the safety of the environment. They also described the close working relationships between staff and people at Birchgrove. They told us, "I have absolutely no concerns regarding the care, safety or welfare of the residents."

People were supported by a sufficient number of staff to meet their needs and keep them safe. Relatives and staff we spoke with also told us they thought there were enough staff available to meet people's needs and keep people safe. During our inspection we observed there were enough staff deployed to respond to people's needs and call bells were answered promptly.

People were protected from the risk of avoidable harm as staff had received relevant training relating to safeguarding. They had a good understanding of what constituted abuse and were aware of their responsibilities in relation to reporting such abuse. They told us that because of their training they were far more aware of the different forms of abuse and were able to describe them to us. Records showed that all staff had completed training in safeguarding adults and received regular update training. Staff also told us they would not hesitate to report any concerns they had regarding the care practice of others and were confident any such concerns would be taken seriously and acted upon.

Individual care plans incorporated personal and environmental risk assessments which identified potential risks and how these could be managed. The risk assessments were person specific, reflecting people's individual assessed needs and were regularly reviewed. Staff we spoke with were aware of potential risks and confirmed that guidance was in place to help ensure such risks to people were minimised and effectively managed.

The registered manager told us that independence and individuality were promoted and, as far as practicable, people were supported to exercise and maintain control over their lives in a safe way. Risk assessments and support plans were in place to keep people safe while supporting their independence, and strategies were in place to minimise risks. Risk assessments included a description of the risk, the severity and likelihood of the risk occurring. There were clear action plans and guidance for the staff to follow to protect people from avoidable harm and minimise any potential risk.

Medicines were managed safely and consistently. We found evidence that staff involved in administering

medicines had received appropriate training. A list of staff authorised to undertake this was kept with the medicines folder. We spoke with the registered manager and team leader regarding the policies and procedures for the storage, administration and disposal of medicines. We saw the medicine administration records (MAR) for people who used the service had been correctly completed by staff when they gave people their medicines. We also saw the MAR charts had been appropriately completed to show the date and time that people had received 'when required' medicines.

The provider operated a safe and thorough recruitment procedure and we looked at two staff files, including recruitment records. We found appropriate procedures had been followed, including application forms with full employment history, relevant experience information, eligibility to work and reference checks. Before staff were employed, the provider requested criminal records checks through the Government's Disclosure and Barring Service (DBS) as part of the recruitment process. The DBS helps employers ensure that people they recruit are suitable to work with vulnerable people who use care and support services.

People lived in a safe environment. Staff carried out health and safety checks to ensure the premises and equipment were safe and there were plans in place to ensure that people's care would not be interrupted in the event of an emergency. Accidents and incidents were recorded and analysed to minimise the likelihood of recurrence. During our inspection, we saw that all parts of the home were clean, well maintained and free from any avoidable hazards. A regular visitor told us they had always found the premises clean. Staff told us they had received infection control training and this was recorded in training records we were shown.

Is the service effective?

Our findings

The service ensured the care and support needs of people were met by competent staff who were sufficiently trained and experienced to meet their needs effectively. Regular visitors spoke positively about the service and told us they had no concerns about the care and support provided and told us, "I cannot fault any of the staff, they are all so loving. It's as if they actually live here and they treat the residents like members of their own family." A healthcare professional described the staff at Birchgrove as, "Very proactive." They told us, "The manager and staff there really know the residents well. They work very closely with the GPs and will always contact us or bring people along to the surgery if necessary. They also follow any advice or recommendations given."

The registered manager told us staff training was based on the needs of people and the requirements of the service. Staff told us they received supervision and support from the registered manager. One member of staff described the support they had received from the registered manager and the team leader. They told us, "I couldn't have wished for more support, they have been brilliant and I know I can talk to them at any time." This was confirmed in personnel files we were shown and helped ensure staff had the appropriate guidance and necessary support to undertake their duties and fulfil their roles.

Staff had access to the relevant training and support they needed to do their jobs. Staff told us they had received a comprehensive induction when they started work, which included shadowing an experienced colleague and had also received all necessary training. This helped ensure that new staff were confident and competent to provide the care and support necessary to meet people's needs. Staff said they had attended refresher training to keep their knowledge and skills up to date. They also said they had access to training specific to the needs of people living at the service, such as managing behaviour that challenges others. This was supported by training records we were shown.

Detailed information was seen in support plans and risk assessments regarding people's nutritional and dietary needs and preferences, this information was reviewed on a regular basis to ensure staff supported people appropriately. Information also included specific diets and any foods to be avoided. Records demonstrated that staff worked in conjunction with other professional disciplines to ensure people were supported effectively to maintain their nutritional health. Records were also in place to demonstrate that people's weights were being monitored appropriately. Records seen demonstrated that people were supported on a one-to-one basis to plan and prepare their meals. Meal planning was based on people's preferences and dietary needs.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. The registered manager confirmed that, following individual assessments, applications for DoLS authorisations had been submitted to the local authority and they were currently awaiting a response.

The registered manager and staff understood their responsibilities in relation to the MCA and DoLS. Staff had attended training in this area and understood how the principles of the legislation related to their work and how it applied to the people they supported. Staff we spoke with also understood the importance of consent and explained how they gained people's consent to their care on a day-to-day basis. During our inspection we observed staff regularly checking people were happy with a particular request or activity, such as their choice of snack or music to listen to, rather than just assuming understanding and consent.

People were supported to maintain good health and relatives told us they were happy regarding the availability of health professionals, whenever necessary. Care records confirmed that people had regular access to healthcare professionals, such as GPs, opticians and dentists. We saw, where appropriate, referrals were made to health care professionals, in a timely manner, should people's needs change. We also saw people were supported to attend some health appointments in the community. Individual care plans contained records of all such appointments as well as any visits from healthcare professionals.

Is the service caring?

Our findings

People were supported by dedicated and compassionate staff who understood their individual care needs and how they wished their care to be provided and their needs to be met. We received very positive feedback from visiting professionals regarding the caring environment and the kind and compassionate nature of the registered manager and staff. A relative we spoke with told us, "They [staff] are a very dedicated team. Everyone working there is there for the residents. They are all so kind and always speak to the residents in a very nice, calm and respectful way." A health care professional told us, "The staff are all very good and very caring. They know the residents so well and can quickly spot any changes in their mood or condition."

A health care 'grab file' and hospital passport provided essential information regarding people's health care needs. This included the level and specific nature of support the person required. We also saw recorded details of visits and appointments with health care professionals, which demonstrated that people received regular support to maintain their health and well-being as needed. Hospital passports were used to enhance people's experiences when accessing health care services. They contained details regarding the person's preferred method of communication and provided all relevant information regarding their individual care and support needs.

The registered manager and staff demonstrated a strong commitment to providing compassionate care. The manager told us people were treated as individuals and supported and enabled to be as independent as they wanted to be. We saw and heard staff speak with and respond to people in a calm, considerate and respectful manner. A member of staff described how people were encouraged and supported to take decisions and make choices about all aspects of daily living and these choices were respected.

People living at Birchgrove had very limited verbal communication. During our inspection, we observed communication and general interaction between staff and the people they supported was patient, sensitive and respectful. Staff explained to us how, where appropriate, they sometimes communicated with people by using various 'non-verbal' means such as gestures and pictures. We saw people being gently encouraged to express their views, through signing and visual prompts. We observed that staff involved people, as far as practicable, in making decisions about their personal care and support.

Staff had clearly developed positive relationships with people. Each person had a key worker who was responsible for overseeing the planning of reviews and monitoring needs were being met. We were told, where practicable, keyworkers communicated with people's families and updated care plans. We saw care plans were written in first person which showed that people discussed their needs and identified how they wanted to be supported. Care files showed people and their relatives attended the review meetings.

The registered manager told us the home used permanent or bank staff to cover any absences through sickness or annual leave, which helped ensure continuity of care. We were informed that all staff knew people's care plans and how to provide support that reflected their needs and preferences. The staff we spoke with were knowledgeable about people's needs including preferences and people's individual

routines. They told us they promoted people's independence by "supervising, prompting and giving them help" to do things for themselves.

Staff demonstrated the provider's organisational values in their work, including providing person-centred care and treating people with respect. Support with personal care was provided in private and staff respected people's privacy at all times. People were able to meet with their friends and families in private or spend time alone whenever they wished. Staff were committed to supporting people in a way that promoted their rights and reflected their preferences about their lives.

Staff confirmed they had received training on equality and diversity and we saw the provider had a policy and procedure that advised staff of their responsibilities and expectations. Staff told us they had read the relevant policies and procedures and were aware of their responsibilities to treat each person as an individual and without discrimination.

Is the service responsive?

Our findings

Staff were responsive to people's needs. People's relatives told us they felt "Informed, listened to and directly involved," in how people's personalised care and support was provided. They spoke of staff knowing people well and being aware of their preferences and how they liked things to be done. We observed staff provide support in a calm, unhurried manner and they spent time with people on a one-to-one basis. Staff were committed to the people living there and genuinely enthusiastic about their work.

Visitors spoke positively about the homely environment and the relaxed, friendly interactions between staff and the people they supported. They said that despite people's very limited verbal communication staff responded to their needs, routinely offered them choices and were aware of their individual likes and dislikes. A healthcare professional said staff were aware and very responsive to people's identified care and support needs. They told us, "I've been carrying out regular medication reviews there for over two years. Over that time I've spoken with care staff and observed them working closely with the residents." They described how staff consistently provided personalised care and support that reflected individual needs. They told us, "I'm always impressed with how well they [staff] know the residents and the way they respond to their needs."

As people using the service had variable levels of verbal communication, staff had developed 'learning logs' which were used to record daily activities. The information recorded in these logs provided not only details of the particular activity, but also lessons learned, what had worked well and any areas of concern. This enabled staff and family members to evaluate the outcome of the activity, establish whether the person had enjoyed the experience, and determine the value of the particular activity, for future reference. By doing so, the staff and relatives were able to determine if any action was needed to improve that experience for the person or look at an alternative activity, this was called the 'what next' stage. This helped ensure individual preferences were respected and positive outcomes for people were promoted.

Support plans were written in the first person, which provided an individualised picture profile of the person and their choices and preferences were reflected throughout the plans we looked at. This enabled staff to provide appropriate personalised care and support, in a way the person needed and preferred, in accordance with their individual plan. Information within the plans also included people's future goals and details regarding 'What is important to me' and 'What is important for me'.

Staff provided 'positive behaviour support', demonstrated a sound, professional understanding and awareness of people's needs and were consistent and very responsive to their wishes. Individual support plans incorporated details regarding people's specific health care needs and the professionals involved in supporting them to maintain their health and welfare. Other information, which demonstrated the responsive approach of staff, included people's preferred day and night time routines, their interests, likes and dislikes and choice of daily activities..

Another example the service responding effectively to people's needs, was an individual's communication profile that had been recently updated. This was as a direct consequence of a strategy that had proved very

effective in successfully de-escalating certain behaviour that was challenging others. It involved members of staff lowering their voices when the person became 'over anxious, excited and loud' and resulted in the individual "quieten down to listen."

A 'circle of support' was in place in the files seen, which detailed people who were directly involved in that person's life and important to them. This had been developed with the individual to help ensure the people that people, who were important to or for them, had the opportunity to be involved in the planning and reviewing of their person centred care and support.

The provider had a complaints procedure in place. During our visit we reviewed the provider's arrangements for managing complaints. An easy to understand pictorial complaints procedure was in place which set out how people could complain and who they should talk to if they were worried or unhappy about anything. The policy set out clear timescales for when people could expect a response to their complaint and detailed what they could do if they were unhappy with how their complaint was dealt with. The registered manager confirmed there had been no formal complaints received since the previous inspection.

Is the service well-led?

Our findings

A healthcare professional we spoke with said the service was, "Very well managed" and said there was always an open and very positive atmosphere within Birchgrove, whenever they visited. They described the staff as, "Dedicated to the residents and committed to maintaining and improving their quality of life."

Staff were aware of their roles and responsibilities to the people they supported. They spoke to us about the very open and inclusive culture within the service, and said they would have no hesitation in reporting any concerns. They were also confident that any issues raised would be listened to and acted upon, by the registered manager, who they described as "approachable" and "very supportive." We saw evidence of staff having received regular formal supervision and annual appraisals.

Effective quality assurance systems were in place to monitor and review the quality of the service. The registered manager carried out regular audits of all aspects of the service including care planning, infection control, medicines and health and safety to make sure that any shortfalls were identified and improvements were made when needed. The service was also regularly audited, on a quarterly basis, by the manager of an adjacent home and again any areas identified for improvement were included in the service improvement plan. The plan outlined the actions needed to address any shortfalls and achieve the necessary improvements, within a prescribed timescale. We saw evidence that any actions required to achieve compliance with the provider quality audit tool had been completed.

People who used the service and their relatives had been asked for their opinion on the quality of the service each year. We looked at recent survey results which had been collated and saw that any comments were addressed and acted upon. The registered manager showed us where any issues raised had been discussed at staff meetings, appropriate action taken and any changes or improvements made, as necessary.

There were systems in place to identify, minimise and manage risks to people's safety and welfare in the environment. The registered manager described how specialist external contractors were used to monitor the safety of equipment and installations such as gas and electrical systems, to help ensure people were protected from harm. We checked a sample of records relating to the quality and safety of the service, including fire, gas and electrical safety, and found them to be up to date.

The registered manager had taken appropriate and timely action to protect people and had ensured they received necessary care, support or treatment. We saw appropriate records and documentation in place to monitor and review any accidents and incidents. This helped identify any emerging trends or patterns and ensured any necessary action was taken to minimise the risk of reoccurrence. The registered manager had notified the Care Quality Commission (CQC) of any significant events, as they are legally required to do. We saw the service had also notified other relevant agencies of incidents and events when required. The service had established effective links with health and social care agencies and worked in partnership with other professionals to ensure that people received the appropriate care and support they needed.

We reviewed the provider's accident and incident reporting policy. This policy contained information on

how accidents and incidents should be reported and investigated. However the registered manager told us there had not been any accidents or incidents, since the previous inspection, which had required reporting to the CQC.