

Vital Care Services North East Limited

Birkinshaw Manor

Inspection report

Front Street West
Bedlington
Northumberland
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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 caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Birkinshaw Manor is a residential care home providing personal care for up to 54 people. Accommodation is available across three floors which have adapted facilities to meet people's needs. The second floor of the home provides specialist support for people living with a dementia related condition. At the time of our inspection there were 33 people using the service.

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

Medicines were not always managed safely. Medicines administration records did not always match with remaining stock counts of medicines. Therefore, we could not be assured medicines had always been administered as they were prescribed.

Not all areas of the environment, including furniture and furnishings were clean. In addition, some areas of the home were malodorous. A comprehensive schedule of works to be completed was in place to improve the environment and furnishings. This included plans to replace flooring. Risks relating to the environment had not been fully assessed. Staff acted following our first visit to the home, to ensure the areas of the home which were dirty were cleaned. The provider was working with an interior designer to upgrade the environment to ensure the décor met people's needs, including those who were living with dementia.

Records were not available to demonstrate how the provider was meeting their responsibilities under the duty of candour. The duty of candour regulation tells providers they must be open and transparent with people about their care and treatment, as well as with people acting on their behalf. It sets out some specific things providers must do when something goes wrong with someone's care or treatment, including telling them what has happened, giving support, giving truthful information and apologising.

An effective governance system was not fully in place. Shortfalls identified during the inspection had not always been highlighted by the provider's quality monitoring system. In addition, where audits had identified issues, action had not always been taken to implement improvements.

Systems were in place to recruit staff safely. The provider used a tool to assess staffing levels which was based on the dependency needs of people. However, we did receive mixed feedback about staffing levels from staff, people and relatives. In addition, during feedback we discussed staff deployment during busier times for example mealtimes and suggested there was management oversight to ensure staff were correctly deployed.

The provider had a safeguarding system in place. Staff raised no concerns about safeguarding practices in the home.

People were supported with their nutritional needs. Records relating to what people ate and drank did not always accurately reflect people's dietary intake. We have made a recommendation about this.

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.

People gave positive feedback about the caring attitudes of staff. Care plans included information about people's choices and preferences in relation to their wishes for their care.

Due to the impact of COVID-19, social activities had not always been carried out as planned. On occasions the activities coordinators were redeployed to cover care shifts. However, people spoke very positively about both activities coordinators and the support they provided.

Formal complaints were recorded. We discussed with the registered manager about recording informal concerns centrally so any trends and themes could be easily identified, and action taken.

Systems were in place to involve people, relatives and staff in the running of the home. Staff worked with health and social care professional to help ensure people's needs were met.

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 9 November 2021 and this is the first inspection.

The last rating for the service under the previous provider was inadequate, published on 20 July 2021.

Why we inspected

This was a planned inspection based on the date of the provider's registration with CQC.

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 have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

Enforcement and Recommendations

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 three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment, duty of candour and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

We have also made recommendations in the effective and responsive key questions. Please see these sections for further details.

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?

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?

Requires Improvement 

The service was not always well-led.

Details are in our well-led findings below.

Birkinshaw Manor

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

This inspection was carried out by four 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

Birkinshaw Manor 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. Birkinshaw Manor is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 the information we held about the service, including the statutory notifications we had received from the provider. Statutory notifications are reports about changes, events or incidents the provider is legally obliged to send to us. We contacted the local authority commissioning and safeguarding teams, the local NHS infection prevention and control [IPC] team, the fire service and Healthwatch to request feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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.

During the inspection

We spoke with five people who used the service and 12 relatives about their experience of the care provided. We spoke with 12 members of staff including the registered manager, deputy manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. In addition, we also spoke with two staff who the provider had instructed to provide managerial support and oversight.

We reviewed a range of records. This included care records for 11 people and multiple medicines records. We looked at the recruitment records for two staff and a variety of records relating to the management of the service, including policies and procedures. After the inspection visits, we requested additional information by email and continued to seek clarification from the provider to validate the evidence we found.



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 of this newly registered service. This key question has been rated 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.

Using medicines safely

- Medicines were not always managed safely.
- Medicines administration records which had been signed by staff did not always match with remaining stock counts of medicines. Therefore, we could not be assured medicines had always been administered as they were prescribed.
- Medicines were stored securely. Not all areas where they were stored were clean and tidy.
- Assessments were in place for medicines given covertly (medicines disguised in food or fluids). However, care plans and associated documentation for one person did not always reflect practices in relation to how staff told us they administered covert medicines.

The provider's failure to ensure medicines were managed safely was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection; assessing risk, safety monitoring and management

- Risks relating to the environment had not always been fully assessed. Some toiletries and topical creams had been left in communal areas which people living with dementia could access and ingest. In addition, a hot kettle had been left in the kitchen area where people living with dementia could access. This was a scalding risk.
- Following our first visit to the home, action was taken to implement risk assessments and remove kettles from kitchen areas when they were not in use and toiletries were stored safely.
- Risks people were exposed to had been assessed. However, records for one person assessed as being nutritionally at risk did not correspond with what we observed them to eat.

The provider's failure to ensure risks were fully assessed was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Not all areas of the environment including furniture and furnishings were clean. In addition, some areas of the home were malodorous.
- Items were not always stored appropriately. For example, we observed clean towels and sheets had been left in a bathroom next to a laundry trolley. While the trolley was not in use at the time the registered manager arranged for items to be laundered again and stored correctly.
- The provider took immediate action to ensure the areas of the home which were dirty were cleaned.
- Sufficient stocks of PPE were available and staff had been trained in how to use this safely.

Visiting in care home

- Visiting was carried out in line with government guidance. People were supported to see their relatives to help promote their wellbeing.

Systems and processes to safeguard people from the risk of abuse

- The provider had a safeguarding system in place. Staff raised no concerns about safeguarding practices in the home.
- Relatives felt people were safe living at the home. One relative told us, "Yes [name of person] is safe. I have confidence in the staff." Another relative said, "My father's wellness and safety is second to none. It's great the way staff have handled him and protected him, it's more than I could have asked for."

Staffing and recruitment

- Systems were in place to recruit staff safely. Appropriate checks were carried out to assess an applicant's suitability for employment.
- Due to the impact of COVID-19, there had been an increase in agency staff. The provider used agency staff to ensure safe staffing levels were maintained. People spoke positively about the knowledge and skills of permanent staff; they were less positive about the skills of some agency staff. There was an ongoing recruitment programme and additional staff were being recruited.
- The provider used a tool to assess staffing levels which was based on the dependency needs of people who lived at the home. However, we did receive mixed feedback about staffing levels from staff, people and relatives. In addition, during feedback we discussed staff deployment during busier times for example mealtimes and suggested there was management oversight to ensure staff were correctly deployed.
- Social activities did not always take place as planned. The activities coordinators were redeployed to cover care shifts on occasions when there was staff absence to ensure staffing levels remained safe. Records did not always evidence the variety of activities which were offered to people.

Learning lessons when things go wrong

- Accidents and incidents were recorded, monitored and analysed to reduce the risk of reoccurrence. Lessons learned were discussed with staff so any learning could be shared.

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.

Staff support: induction, training, skills and experience; assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff were suitably trained, although some staff were more skilled than others when communicating with people living with dementia.
- A staff supervision system was in place. Staff felt supported by the management team.
- People's needs were assessed in line with best practice guidance. A range of assessments were carried out to ensure people's needs were met.

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

- People were supported with their nutritional needs. However, mealtimes were sometimes task orientated rather than person-centred.
- During the inspection we observed people's lunch time experience. Records were kept of what people ate and drank. These records did not always accurately reflect people's dietary intake.

We recommend the provider reviews and implements best practice guidance relating to person-centred support around mealtimes and ensures records relating to people's dietary intake are always accurate.

- The chef explained there was an emphasis on home cooking and people's dietary preferences were catered for. They explained there was effective communication with care staff. They stated, "As soon as we get a new resident, we get a diet notification sent in and I get an update every three months or sooner if they get assessed by SaLT (speech and language therapy team)."

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

- Staff liaised with health and social care professionals to help ensure people's health needs were met.

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

- The provider was working with an interior designer to upgrade the carpets, flooring and furnishings to ensure the décor met people's needs, including those who were 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 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.

- Staff supported people in line with MCA and best practice guidance.
- The registered manager followed the principles and guidance related to DoLS authorisations to ensure any conditions were met.

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

- People gave positive feedback about the caring attitudes of staff. One person told us, "The staff are perfect. I couldn't complain about them at all." Another person said, "It's wonderful [living at the home], I couldn't be in a better place."
- Relatives felt staff were caring. One relative told us, "My mum is incredibly happy here, she adores [names of staff] and is always saying how lovely they are." Another relative said, "The care is warm and friendly, and person-centred. It feels like they [staff] know my mum and her likes and dislikes."
- Staff interacted positively with people and worked in respectful ways to ensure people's dignity was maintained. Throughout the inspection we observed positive interactions between people.

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

- People were involved in making decisions about their care and records confirmed this.
- Care plans included information about people's choices and preferences in relation to their wishes for their care.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Staff were friendly towards people and worked in respectful ways to help promote their independence.
- Staff considered ways to support couples to maintain their relationships when they were no longer living together. One relative showed us a video of a Valentine's meal which the home had organised for her and her husband. She told us, "They [staff] made it so special. Everything had been thought of from the flowers to the handwritten card."
- Records were stored securely. This meant only people authorised to view them had access to confidential information about people.

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

- An effective care planning system was in place.
- Care plans were individualised and contained detailed information about people's life histories and their likes and dislikes.

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 met. Where necessary, information could be provided to people in alternative formats to meet their needs.

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

- Due to the impact of COVID-19, social activities had not always been carried out as planned. On occasions the activities coordinators were redeployed to cover care shifts. We received mixed feedback about activities provision at the home. However, people spoke very positively about both activities coordinators and the support they provided. We observed quizzes, games, and a reminiscence session being held on the second day of our inspection.

We recommend the provider keeps activities provision under review to ensure people have access to stimulating and varied activities which meet their needs.

Improving care quality in response to complaints or concerns

- Formal complaints were recorded. We discussed with the registered manager about recording informal concerns centrally so any trends and themes could be easily identified, and action taken.

End of life care and support

- End of life care was provided at the home. Staff worked with members of an external multi-disciplinary care team to ensure people's needs were met at this time. Records relating to people's end of life care wishes were being reviewed to make them more person-centred.

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 requires improvement. This meant the governance and oversight of the service was inconsistent.

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

- Duty of candour policy and procedures were not in place.
- The registered manager told us there had been no notifiable safety incidents. However, statutory notifications had been submitted to the Commission which demonstrated incidents which met the criteria of a notifiable safety incident had occurred.
- Documentation to show how the provider was meeting its responsibilities under the duty of candour regulation were not available. For example, no records were available to evidence an explanation and apology had been given to the relevant person in line with legal requirements.

The providers failure to ensure a system was in place to meet the requirements of the duty of candour was a breach of Regulation 20 (Duty of candour) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider responded to this feedback and a system was implemented to ensure all the necessary actions were taken in response to any notifiable safety incident.

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

- A system to ensure there was robust governance of the service was not always effective. For example, some of the issues we identified during the inspection had not been highlighted by audits. Where audits had identified shortfalls, action had not always been taken to implement improvements.
- We identified shortfalls in relation to the management of risk, the management of medicines, duty of candour and governance at the service, including record keeping.

The providers failure to ensure a fully effective governance system was in place was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider, registered manager and staff had worked incredibly hard to ensure essential improvements were made following the exit of the previous provider.

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

- Staff spoke positively about working at the home and the support they received from the registered manager. Whilst morale had been affected by COVID-19, they explained they had worked together as a team to help promote people's wellbeing.
- Systems were in place to involve people, relatives and staff in the running of the home. Newsletters, surveys and meetings were held. 'You said We did' feedback was provided to enable people to see what action had been taken in response to their comments.
- The provider told us of initiatives in place to support staff. This included wellbeing sessions for staff which were run by a qualified counsellor.
- One relative felt it would be beneficial for a member of the management team to also work weekends to provide leadership and direction for the staff team. The provider told us a member of the management team was already allocated to work at weekends and they would remind relatives of this.

Continuous learning and improving care; working in partnership with others

- Action was taken in response to our inspection feedback to make improvements at the home. For example, the action taken by the provider to introduce duty of candour procedures.
- Systems were in place to work in partnership with relevant people such as relatives and visiting health professionals. One relative told us, "Communication wise it's second to none. I'm happy. I can sleep at nights."

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 12 HSCA RA Regulations 2014 Safe care and treatment An effective system was not in place to assess, monitor and mitigate risks relating to the health and safety of people. Medicines were not managed safely. Regulation 12 (1)(2)(a)(b)(f)(g). |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance An effective system to monitor the quality and safety of the service was not in place. Regulation 17 (1)(2)(a)(b)(c)(f) |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 20 HSCA RA Regulations 2014 Duty of candour An effective system to ensure the Duty of Candour principles were met was not in place. Regulation 20 (1) |