

WT UK Opco 3 Limited

Birchmere Mews

Inspection report

1270 Warwick Road
Knowle
Solihull
West Midlands
B93 9LQ

Date of inspection visit:
30 May 2019

Date of publication:
05 August 2021

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

About the service

Birchmere Mews accommodates up to 63 people in a purpose-built building. It provides residential care to older people, younger adults, people with a mental health condition, dementia, a physical disability and sensory impairment.

People's experience of using this service

People's needs were assessed before they moved into the home to make sure these could be met and it was the right place for them to live.

There was an effective system to identify risks associated with people's care. These were identified, recorded and regularly reviewed to keep people safe. Health professionals were contacted, where appropriate, to support people's healthcare needs.

People felt safe and spoke positively of the staff and of living at the home. Staff understood what they needed to do to keep people safe. Where people lacked capacity, this had been identified and people were supported with decision making where needed.

Staff were recruited safely and there were enough staff to meet people's needs. Staff received on-going support, training and supervision to be effective in their roles.

Staff knew people well and ensured people had access to social activities and stimulation to maintain their wellbeing in accordance with their preferences.

The environment was clean, and staff followed good infection control practice.

People received their medicines when they needed them, and medicines were managed safely by suitably trained staff.

People's nutritional and hydration needs were met. People were offered a choice of meals and snacks on a daily basis and staff understood and supported people's dietary needs.

Staff cared about people and were responsive to their needs. Care plans supported staff to provide personalised care. People had opportunities to maintain positive links with the community and there were plans to further expand these.

People were supported to be independent. Signage and visual prompts were limited to support people to find their way around the home. Actions were in progress to review the environment to ensure this fully supported people living with dementia.

Staff understood how to respect people privacy and dignity and people told us this was maintained.

People's end of life wishes were discussed with them as appropriate and specific decisions were documented to ensure their wishes were respected.

People and their relatives felt at ease to raise any concerns with staff and said any issues discussed with the registered manager were effectively acted upon.

Systems to monitor the quality and safety of the service were in place to ensure staff followed the required policies and procedures to keep people safe and meet their needs. People, staff and relatives had opportunities to voice their views of the service through planned meetings or quality questionnaires.

Feedback from people, their relatives and staff was welcomed to drive improvement.

Health and safety checks were carried out to make sure equipment and the environment was safe for people.

At this inspection, we found the evidence supported a rating of 'Good' in all areas.

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

Rating at last inspection

This was the first inspection to this service under the new registered provider.

Why we inspected

This was a planned inspection for the newly registered service.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, 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? The service was safe.	Good ●
Is the service effective? The service was effective.	Good ●
Is the service caring? The service was caring.	Good ●
Is the service responsive? The service was responsive.	Good ●
Is the service well-led? The service was well-led.	Good ●

Birchmere Mews

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors, an assistant inspector 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 service.

Service and service type

Birchmere Mews 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

This inspection was unannounced.

What we did before the inspection

Prior to the inspection we looked at the information we held about the service to help us plan our inspection. 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 reviewed notifications we had received about events that had happened at the service, which the provider is required to send to us by law, for example about serious injuries. We contacted commissioners to

gather their views about the service. We used all this information to plan our inspection.

During our inspection we spoke with seven people who use the service and six visitors/relatives about their experience of the care provided. We spoke with four members of staff, the cook, the registered manager and regional manager. 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 reviewed a range of records. This included five people's care records and multiple medication records. We also looked at records relating to the management of the home. These included systems for managing complaints, checks undertaken on the health and safety of the home and staff training records.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People and relatives felt people were safe living at Birchmere Mews. One person said, "There's always someone around that makes me feel safe." Another said, "Quite safe here, never felt frightened, the carers are first class. Never had a fall." A relative told us, "I know my relative is safe here, there's always enough staff around and the place is secure."
- Staff completed safeguarding training and knew how to keep people safe. One staff member told us, "If I suspected abuse I would report to the manager or the local authority."
- The provider's 'safeguarding vulnerable adults' policy was accessible to staff and had been recently reviewed to ensure it contained up-to-date information.
- Safeguarding concerns were effectively managed. There had been one safeguarding incident relating to a medicine error which the registered manager had recorded, investigated and referred to the Local Authority and us (CQC) as required.

Assessing risk, safety monitoring and management

- Care plans identified and assessed risks associated with people's care and staff completed the actions needed to manage these risks to keep people safe. For example, one person was assessed as high risk of developing sore skin and slept on a specialist airflow mattress. The district nurse had advised this should be set on 'high' to ensure effective pressure relief. We saw the mattress was set correctly and had been regularly checked to make sure it was consistently maintained the advised settings.
- Overall, checks of the building and equipment such as gas, electricity and the lift took place to make sure any environmental risks were identified and addressed. We looked at four walking frames and found one was unsafe because the rubber feet (ferrules) had worn away exposing the metal. We brought this to the attention of the registered manager who took immediate action to replace them.
- An up to date emergency evacuation plan was in place to keep people safe in the event of an emergency and information about how each person would need to be supported was on their care file.

Staffing and recruitment

- Staff were recruited safely. Staff did not start work at the service until all the required checks had been completed to prevent unsuitable staff working with vulnerable adults.
- There were enough staff at the home to meet people needs. Staff told us there was always a staff member in the communal lounge and dining areas to observe and support people as required. A relative told us, "There's always staff around, I can get them if I need them. They are usually in the lounge".
- Call bells were responded to promptly when people needed assistance.

Using medicines safely

- People received their medicines when they needed them. A relative told us, "They are very good with [Name] medication, always on time."
- Overall, medicine administration records (MARs) had been completed correctly and assured us people received their medicines as prescribed. However, we found stock levels had not always been accurately recorded. The registered manager told us this would be addressed with immediate effect.
- Medicines were stored in line with best practice guidance.

Preventing and controlling infection

- The home was clean, tidy and fresh and a plan was in place to ensure it was cleaned daily.
- Staff completed training in the control and prevention of infection and understood how to maintain good infection control practice such as wearing gloves and aprons when supporting people with personal care.

Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored to identify any patterns or trends, so appropriate action could be taken to reduce reoccurrence.
- Lessons were learnt when things had gone wrong. For example, the manager had identified care staff were not addressing a personal care issue but following a discussion with staff, this was now being addressed.

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

Good: 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 needs were assessed before they moved into the home and involved families where appropriate.
- Assessments were reviewed regularly and included information on people's health physical and mental health, life history and what support they required.

Staff support: induction, training, skills and experience

- Staff received an induction when they started work at the service. This included, face to face training and working alongside other more experienced members of staff to understand people's individual needs.
- Staff completed annual refresher training to update their knowledge. The registered manager had identified a number of staff who needed this refresher training which was planned to ensure people's needs continued to be met safely and effectively.
- The provider's induction for staff new to care included the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of staff in health and social care. This showed the provider was acting in accordance with nationally recognised guidance for effective induction procedures to ensure people received good care.
- Staff used equipment safely during our visit demonstrated they had learnt from their training. For example, they used safe techniques when they used a hoist to move a person from an armchair to a wheelchair.

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

- People's nutrition and hydration needs were met. The cook had good knowledge of people's dietary needs and preferences. Where people had specific dietary requirements, arrangements had been made to ensure these requirements were met. For example, soya milk was used for a person who was lactose intolerant and low sugar custards and puddings were prepared for those people with diabetes.
- Where people had lost weight, appropriate referrals to healthcare professionals had been made and their food and fluid intake was monitored. The cook followed healthcare professionals advice and fortified foods (added calories such as cream) where required.
- People had a choice of what they ate each day and where to have their meals. Two people could not recall being given a choice, but others stated choices were provided. One person said, "I like the food very much, I always get lots of choices."
- Alternative choices were offered if people did not like what was on the menu.
- People were supported with a choice of drinks and snacks throughout the day and we saw people in bedrooms had drinks within their reach. Mid-morning people had a choice of fresh fruit and a selection of cakes.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked in partnership with other agencies ensure people received effective care. For example, when one person showed regular signs of anxiety, a referral was made to the mental health service. Following the prescribed treatment, there had been no further incidents.
- Links had been developed with the local 'NHS care home support team'. This team supports services to build on staff skills to help improve people experiences of care and reduce hospital admissions through education and reflection.

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

- The home was spacious with quality furnishings and fittings. There was a dedicated dining room and lounge on each floor.
- The first and second floor of the home needed further development to ensure it met the needs of people living with dementia. For example, signage to help people orientate themselves around the home was limited. Although staff supported people to find their way around, one person told us, "I get a bit confused sometimes about where places are. It's not very clear (signage)."
- A passenger lift enabled people to access different floors of the building, however, the lift was coded for safety reasons which meant people needed support to use it.
- Outdoor terraces gave people the opportunity to access a safe outdoor space. Coded locks were on the doors to access the terrace areas without clear reasons why. During our visit, the registered manager released the door codes, so these areas were accessible to people.

Supporting people to live healthier lives, access healthcare services and support

- Staff monitored people's health and understood their responsibility to obtain further advice or support if they noticed any changes or signs of illness.
- People were supported to access healthcare professionals when needed. A relative told us, "They have a doctor who comes in on Thursdays. They have called the rapid response nurses, they came straight away. The chiropodist comes and an optician. There is a dentist as well."
- Records showed two people who had needed to see a doctor were seen promptly and medication prescribed to treat their conditions.

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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The service was compliant with the MCA. Staff understood the principles of the Act because they sought people's consent before they provided assistance.
- People's mental capacity had been assessed and best interest decisions had been made for people when they lacked capacity to make certain decisions themselves in order to maintain their health and safety.

- Referrals had been made to the local authority where people were being deprived of their liberty. However, there was one decision we could not confirm had been made lawfully as a relative had made a best interest decision on behalf of their family member without having the legal authorisation (lasting power of attorney) to do so. The registered manager assured us they would take action to address this.

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

Good: 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

- Throughout our visit staff offered kind and compassionate care. For example, staff sung to people and encouraged people to dance which made people laugh and smile.
- Staff practices showed they cared about people. For example, one person told a staff member they felt cold and the staff member immediately fetched a cardigan for the person to wear. The person said, "Thankyou, most kind."
- Staff responded compassionately to one person when they became upset they provided the support they needed and offered them a cup of tea to distract them from their anxiety.
- A relative told us, "They are really kind and caring I have seen staff with tears in their eyes when people have passed away, they really do care it's not just a job to them."
- Staff knew what made people anxious. Some people living with dementia were unable to communicate their fears using speech. For example, one person had a fear of water. Staff explained how they sensitively and patiently supported the person to wash whilst offering them reassurance.

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

- People were involved in daily decisions about their care such as what time to get up, where to sit, and how they spent their day.
- People had been involved in developing the garden terrace areas situated on each floor and how these areas should look. For example, they had been involved in planting flowers and herbs within these areas.
- Staff knew how to communicate effectively with people. One person had a hearing impairment but chose not to wear a hearing aid. Staff knew this and spoke closely into the persons ear, so the person could hear what they were saying.
- Staff understood what people's body language and gestures meant. For example, one person waved their arms in their air when a staff member approached them. The staff member knew the person wanted to be alone. We saw the staff member respected this by moving away from the person.
- People, where possible, had signed their care plans which assured us they had been involved in the planning and review of their care.
- Advocacy services were accessed for people who did not have family or representatives to support them in decision making. One person had needed support to make a decision about living at the home.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. For example, they knocked people's doors and asked permission before entering and asked people who received phone calls if they wanted to take the telephone to their room.

- There was one incident that compromised a person's dignity when a staff member pulled the sheets off a person in bed without asking permission to locate television controls. We alerted the registered manager of this, so they could take the necessary action to address privacy and dignity issues with staff.
- A relative told us, "The staff are very respectful, they treat my relative in such a way that they feel like it's their home and they (staff) are visitors.
- Staff were mindful of protecting people's dignity when transferring them using the hoist and used blankets when transferring them.
- Peoples records were kept in locked cabinets to maintain confidentiality.
- Care plans helped staff understand what people could do for themselves and when they needed support. For example, one person could use their walking frame independently with 'gentle' prompts from staff. We saw staff prompted the person as needed.
- People felt respected by staff. One person told us how staff referred to them by a different preferred name which we heard staff use throughout our visit.
- Staff spoke to people in a respectful way. For example, they said please and thank you. On another occasion a staff member greeted everyone when they entered the dining room. "Morning everyone, everyone okay?" One person responded, "Yes, thank you good morning."

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care from staff who knew them well. For example, one person liked listening to classical music. We saw a staff member helped them to choose a classical music radio station to listen to.
- One person told us, "I like a lie in. I do not move out of my bed until I am good and ready. They (staff) know that." At 11:15 we saw the person ate breakfast in the dining room demonstrating their late rising had been respected. Another person told us, "I am feeling sick and the carer sat and chatted with me. She gave me something to drink and I went to sleep." They went on to tell us staff were regularly checking with them, they were alright.
- A relative told us, "The times that I visit can vary, staff are always with the residents chatting, there's always something going on and always enough staff around."
- People had access to a variety of social activities they enjoyed. On the day of our visit people took a part in a quiz and participated in a gentle exercise session accompanied with music. One person sang along to the music and afterwards said to a staff member, "I loved that."
- Some people chose to sit quietly reading newspapers that had been delivered for them in accordance with their requests. A 'daily sparkle' took place whereby staff talked with people about previous news articles. A staff member commented, "It's good for reminiscence and helping people to remember past times."
- The provider planned to purchase a minibus to enable people to more easily access their local community. In the interim people had access to some seats on another of the providers mini buses used at a sister home.
- People were supported to practice their faith. This included opportunities to attend places of worship and attend services within the home. Daily activity diaries demonstrated people had chosen attended a church service the week before our visit.
- The provider had considered and implemented processes to support the Accessible Information Standards (AIS) to ensure people could access information. These standards are about ensuring people with a disability or sensory loss are given access to information in a way they can understand.

Improving care quality in response to complaints or concerns

- People and relatives knew how to raise concerns if they needed to and felt confident to raise these with staff. One person told us, "I've never complained about anything major. I would speak to a carer first, they are very approachable."
- Relatives said they had not needed to raise any complaints, but when they had raised minor issues, the Registered Manager had addressed them.
- There was a complaints procedure, but this did not contain detailed information about all contact names and telephone numbers if people wished to escalate a concern with an external party. Following our visit, the registered manager confirmed they addressed this.

- Complaints records showed there had been two received in 2019 and both had been actioned and responded to in a timely way.

End of life care and support

- The 'NHS care home support team' had provided end of life care and pressure relief training to staff to help them support people effectively at the end of their life.
- Peoples end of life wishes had been recorded where people had chosen to share this information. For example, it was important to one person to use a particular funeral director and their preference was documented. Another person did not want to be alone when they passed away and staff were aware of this.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People were happy and spoke positively about living at the home. Not everyone knew who the registered manager was, but those that did, were positive in their comments of them. One person said, "The manager is fairly new. I see her around. She seems quite pleasant and helpful."
- A visitor told us, "There is a good atmosphere here. The manager is good, there has been a gradual change (for the better)."
- Care plans supported staff to provide person centred care. They included information about people's life histories, likes, dislikes and achievements which supported staff to get to know people.
- There was a 'wellbeing' team based at the home to promote daily living activities, arrange links with the community and support people with any spiritual needs.
- The registered manager was developing the use of memory boards within people's rooms to also assist staff in getting to know people and to support conversations with them.
- People sometimes found it difficult to find their way around the home independently due to the lack of signage and visual prompts. One person said, "I get lost around here sometimes, it all looks the same." Another said, "Lots of friends come in to see me. They say, 'it's confusing finding your way around'." The registered manager told us they would look into what improvements could be made to support people.

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

- There was both a registered manager and deputy manager at the home who were supported by the provider to deliver a quality service to people.
- Staff said they felt supported by the manager and deputy saying "They are both really approachable you can go to them with anything they always listen"
- Staff communicated effectively with each other and staff shared information about people's changing needs. Communication books were used by staff to pass on important messages such as people's upcoming hospital appointments.
- Staff told us "If I've been on days off I look through the handover sheets from the previous days and then if any significant events have happened I read the progress notes for that person" another said, "It's important that we are keep updated of change in people as that can affect how we support them."
- The registered manager understood their regulatory responsibilities to inform us about significant events that happened in the service.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- Relatives felt involved in the care of their family members. One told us, "Staff go the extra mile, they will contact me sometimes to say what [Name] has been up to because during my visit they were asleep, that's a real comfort to me."
- Relatives had been sent a letter to encourage their involvement in care planning for their family member.
- Compliments had been received from visitors including two health professionals. They had commented the home was the best care home they had attended because staff had care plan's ready and documentation was to hand. They also recorded staff were polite and helpful.
- The service used social media and had a dedicated 'page' (Facebook) to communicate with people, their relatives, staff and the local community.
- Both people and relatives were invited to meetings at the home where they were asked their views on issues linked to the home. Their comments had been taken into consideration when planning the use of the mini bus, gardens and terrace areas.
- 'Resident' meetings took place and at the March meeting a request had been made for a staff member to always be in the lounge area. We saw this was in place during our inspection. A relative told us, "The new manager is very good and has improved this."

Continuous learning and improving care

- Feedback from people, relatives and staff was encouraged through meetings and some quality questionnaires. Feedback was used to support continuous improvement.
- Plans were in place to develop the use of technology in the home to improve people's experience of care and staff experience in delivering care. This included the use of electronic care planning.
- The registered manager spent time working with staff on the floor to identify areas that may need improvement.

Working in partnership with others

- The management team were committed to working in partnership with other organisations to improve outcomes for people, so people received good care.
- People had opportunities to maintain positive links with their community and were supported to keep in touch with their family and friends.
- The registered manager had developed links with another care home in the local area to give people opportunities to meet new people and make new friends.
- Local nursery school children visited the home every week to spend time with people which people enjoyed. A relative told us, [Name] loves it when the playgroup comes in."