

## The Keepings Limited

# Birkdale Residential Home

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement 

Is the service safe?

Requires improvement 

Is the service effective?

Requires improvement 

Is the service caring?

Is the service responsive?

Is the service well-led?

Requires improvement 

### Overall summary

We undertook an unannounced focused inspection of Birkdale Residential Home on 15 October 2015. This inspection was carried out after we received concerns in respect of staff recruitment, staffing levels, induction training and staff not obtaining people's consent as to what time they were assisted to get up by staff. The inspection team consisted of two inspectors. The team inspected the service against three of the five questions we ask about services: is the service safe, is the service effective and is the service well-led. This report only covers our findings in relation to the concerns shared

with us. You can read the report from the last comprehensive inspection, by selecting the 'all reports' link for Birkdale Residential Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

At the last inspection visit on 8 April 2015 no breaches of legal requirements were found. However, we told the provider at this time to make improvements in relation to a number of areas. These included staffing, quality assurance, registering a manager, promoting people's choices and offering opportunities for people to follow their interests.

# Summary of findings

Birkdale Residential Home is registered to provide accommodation and personal care for a maximum of 29 people. On the day of the inspection there were 17 people living at the home.

The home did not have a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission 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. The acting manager had not submitted a valid application to register with us as the manager. This means that the provider remains in breach of their conditions of registration with CQC.

People were not protected by robust recruitment practices that ensured care staff were suitable to work in care settings before they commenced work. Some members of staff had started work with recruitment checks incomplete. The risks to people had not been assessed and managed by the provider to ensure only suitable people were employed to work at the home.

Most people considered staffing had recently improved due to a reduction in the number of people accommodated. We found staffing levels were calculated based on the number of people living in the home and

not on people's individual dependency levels or the layout of the home. Although we saw that people's physical needs were attended to promptly, there were occasions when some people were left unsupervised for very short periods of time in communal lounges. This was because staff had to attend to the personal care needs of other people living in the home.

People were supported by new staff who had not received a structured induction to their role. Although new staff shadowed experienced staff this was not defined on the staffing rota and the acting manager was unable to show how they had ensured that staff had the appropriate skills, knowledge and support before working with people living at the home. The acting manager told us that they had looked into the recently introduced care certificate and what they needed to do to ensure the induction for new staff covered the requirements of the certificate.

Systems to check on the quality and safety of the service were not effective in order for the provider to measure and improve the service. The provider acknowledged the failings of the service and told us how they were going to improve the quality of the service people received.

We found the provider was not meeting all the requirements of the law. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

## 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 not consistently safe.

People were not always protected from potential harm due to the provider's unsafe recruitment practices. People were supported by sufficient numbers of staff most of the time but staffing levels were not assessed on people's dependency needs or the layout of the home.

Requires improvement



### Is the service effective?

The service was not consistently effective.

People were not always supported by staff that were appropriately trained to do their job effectively when first employed.

Requires improvement



### Is the service caring?

We did not assess this key question during this inspection. We will check this during the next planned Comprehensive inspection of this service.

### Is the service responsive?

We did not assess this key question during this inspection. We will check this during the next planned Comprehensive inspection of this service.

### Is the service well-led?

The service was not consistently well-led.

There was no registered manager in place. Systems to check quality and safety were not effective to measure and improve the service.

Requires improvement



# Birkdale Residential Home

## Detailed findings

### Background to this inspection

We undertook an unannounced focused inspection of Birkdale Residential Home on 15 October 2015. The inspection team consisted of two inspectors. This inspection was carried out after we received concerns. These concerns were in respect of staff recruitment, staffing levels, induction training and staff not obtaining people's consent as to what time they were assisted to get up by staff.

At the last inspection visit on 8 April 2015 no breaches of legal requirements were found. However, we told the provider at this time to make improvements in relation to a number of areas. These included staffing, quality assurance, registering a manger, promoting people's choices and offering opportunities for people to follow their interests.

Before the inspection we reviewed the information we held about the home and looked at the additional information the provider had sent us. We looked at statutory notifications we had been sent by the provider. A statutory notification is information about important events which the provider is required to send us by law.

During the inspection visit we spoke with nine people who were living at the home. We also spoke with a visiting relative, four care staff, the cook, the acting manager, the registered provider and two visiting professionals. We carried out observations across the home. We looked at staff recruitment and training records and records relating to the management of the home.

# Is the service safe?

## Our findings

We had received concerns that staff had not been recruited safely. We therefore looked at the records of two new members of staff that had been recruited to work at the home since the last inspection. Both records failed to show a Disclosure and Barring Service (DBS) check had been carried out. These checks show the details of any criminal convictions a member of staff may have and if these staff are barred from working with vulnerable people. These checks help employers make decisions to ensure prospective staff are safe to work with vulnerable people. We saw independent safeguarding authority checks had been completed for one member of staff that said the person could be employed before the DBS check had been received but only in 'special conditions'. The provider was not able to show us that this had been carried out for the second person. Although the person was no longer employed at the home, they had worked for a period of approximately three weeks without the check being in place. There was no risk assessment to show how the provider had considered people's safety while they were awaiting the return of full checks for these staff. No employment history was available for one member of staff therefore the provider was unable to check if there were gaps in the person's employment history. Therefore the provider was unable to demonstrate that they had carried out all of the required checks by law to ensure only suitable people were employed to work at the home.

These issues demonstrated a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we had received concerns about staffing levels and people not having a choice in the time they got up or went to bed due to the lack of staff availability. People told us that they were still being got up by the night staff despite us identifying this at the last

inspection. The acting manager told us, "The matter of people getting up too early is much better. The only people who still get up are those people that had always done this through choice". They said, "These people are people who had to get up very early for work and they are still in the habit even though they do not work anymore". One person told us, "I don't have a choice, I'm told to get up. The staff are very rushed at times". Other people told us they liked to get up early and this was their choice.

During the inspection visit we received mixed views from people regarding staffing levels at the home. Most people considered staffing had recently improved due to a reduction in the number of people accommodated. One person told us, "I think there are enough staff, they always come quick when I ring the call bell". Another person said, "I think they need a couple more staff here". One visitor told us, "There's plenty of staff, they never seem to be short when I visit". Another visitor said, "Staff are pretty prompt but can be stretched at times so care is not always personalised". A member of staff told us, "There's enough staff now that we have fewer residents here". We asked the acting manager how staffing levels were determined. They told us staffing levels were calculated based on the number of people living in the home and not on people's individual dependency levels or the layout of the home. We looked at the staffing rotas and saw that the staffing levels were consistent with absences being covered by the permanent staff. This ensured people received continuity of care from staff who knew them well. Throughout the inspection we saw that people's physical needs were attended to promptly and there was generally enough staff to supervise people and keep them safe. However, on occasions we saw some people were left unsupervised for very short periods of time in both communal lounges because staff were having to attend to the personal care needs of other people living in the home. Although no one came to harm, people were unable to call for assistance should they needed to.

# Is the service effective?

## Our findings

We had received concerns that staff did not receive a comprehensive induction when they started working at the home. During the inspection one person told us, “The carers lack training and awareness”. A person who lived at the home said, “The staff appear knowledgeable, they are good”. We spoke with a relatively new member of staff, they told us their induction consisted of being shown around the home and reading the homes policies and procedures. They said they had received some training to include moving and handling and felt they had the skills and knowledge to carry out their work. An agency member of staff told us their induction to the home was the same and they were advised of what was expected of them and had received essential training provided by the agency. A member of staff, that had worked at the home for several years, told us all their essential training was up to date and they felt much more supported in their work under the acting manager.

We looked at the records for a member of staff recruited since the last inspection. There was a copy of a checklist that indicated the person had been told about the provider’s policies and procedures and their responsibilities as an employee. We discussed induction training with the acting manager who told us new staff completed a period of time shadowing more experienced

members of staff to learn about people’s needs and how their needs should be met. There was no evidence of what the induction training consisted of, for example a workbook that was completed by the employee and their supervisor or the time spent shadowing. There was no evidence that the person’s competency had been checked at the end of the induction or any identified further training that the person needed. The acting manager told us that this did take place but they did not currently record this information. They also told us that they had looked into the recently introduced care certificate and what they needed to do to ensure induction for new staff covered the requirements of the certificate. The care certificate looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings. The acting manager advised that they had already started to look at how new staff should be supported at the home. They had identified a senior person to take on this role and they would ensure that the required records would be completed in the future.

We had also received concerns that people were not provided with enough fluids as they could not reach their drinks. Throughout the inspection visit we observed fluids were regularly made available and placed within people’s reach. None of the people we spoke with expressed concerns about the lack of fluids being made available.

# Is the service caring?

## Our findings

We did not assess this key question during this inspection.  
We will check this during the next planned Comprehensive inspection of this service.

# Is the service responsive?

## Our findings

We did not assess this key question during this inspection.  
We will check this during the next planned Comprehensive inspection of this service.



# Is the service well-led?

## Our findings

The home had not had a registered manager for over three years. It is a condition of the provider's registration that they have a registered manager in place. The present acting manager had been managing the home for the past month and they were previously the deputy manager at the home. They informed us that they had submitted an application to CQC to become the registered manager the day before the inspection. Our records show that an application had been received by CQC, however, the application did not contain all of the information required to allow us to accept the application, meaning we had not received a completed application to date. This means that the provider remains in breach of their conditions of registration with CQC.

People's views were mixed on the management and leadership of the home. One person who lived at the home told us, "I don't know who the manager is here. There's lots of things that are wrong. Little things that could be put right if they were to just make the effort". Another person said, "I know who the manager is, but I never see her to be honest. One person told us, "I don't think the managers lead". A member of staff told us, "I didn't feel I wanted to come to work under the previous manager but the atmosphere is a lot better now". Another person considered the acting manager was, "Very committed" to make improvements.

The acting manager confirmed that very little progress had been made since the last inspection in relation to

monitoring the quality of the service. They told us they were currently being supported by a registered manager from the provider's other care home. They said that they had identified a number of areas that required improvement and had developed a written plan of the improvements required and how they intended to address these. For example, staff had not received one-to-one support meetings. Staff morale had been low and staff told us they did not feel valued. One member of staff told us, "I was not supported by the previous manager but I am by [name of acting manager]. Things are on the up". Another member of staff said, "[Name of acting manager] is lovely. They are approachable and friendly". Staff felt the acting manager was approachable and had started to implement improvement.

We received concerns that someone had sustained an injury and the cause was not known. We discussed this with the acting manager who explained what action had been taken in relation to this. However, we identified that this had not been reported to CQC as required by law. The provider had previously notified us of other significant events as required.

We spoke with the provider at the inspection visit. They updated us with the management arrangements at the home. They acknowledged improvements needed to be made in the best interests of people receiving a service and the staff team.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

**How the regulation was not being met:**

**Recruitment procedures were not operated effectively to ensure only suitable people were employed.**