

South Yorkshire Housing Association Limited

Birch Avenue

Inspection report

67 Birch Avenue
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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

Birch Avenue is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Birch Avenue is a one-storey purpose built home and provides nursing care for 40 older people who are living with dementia. The home has four, ten bedded, 'bungalows' with an interlinking corridor surrounding a large garden and patio area. Each unit has a communal lounge and dining room. All 40 bedrooms are single and have en-suite facilities. There is a central kitchen and laundry.

At our last inspection, we rated the service good. At this inspection, we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a manager at the service who was registered with the CQC. 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 and associated Regulations about how the service is run. The registered manager was on annual leave on the day of our inspection. The clinical and deputy managers assisted with the inspection.

People living at Birch Avenue said they felt safe and they liked the staff. Relatives we spoke with felt their family member was in a safe place and did not have any concerns about their family member's safety. Staff said they had been provided with safeguarding vulnerable adults training so they had an understanding of their responsibilities to protect people from harm.

There was sufficient staff to meet people's needs safely and effectively. The service used effective recruitment procedures which helped to keep people safe.

There were effective procedures in place for the safe management and administration of medicines. Staff competency to administer medicines was checked regularly to ensure people received their medicines safely.

Staff completed a thorough induction and received regular training to support them in their roles.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People enjoyed the food provided and were supported to receive adequate food and drink to remain

healthy.

We found the home was clean, bright and well maintained. There had been recent refurbishment of the home.

People were treated with dignity and respect and their privacy was protected. People, their relatives, visitors and health professionals we spoke with made positive comments about the care provided by staff.

We found people's care plans and risk assessments were reviewed regularly and in response to any change in needs.

We saw people participated in a range of daily activities both in and outside of the home which were meaningful and promoted independence. Relatives were positive about the increase of activities for people over the last year.

People living at the home and their relatives said they could speak with staff if they had any worries or concerns and they would be listened to.

There were effective systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to.

Staff told us they felt they had a very good team. Staff, people and relatives said the registered manager was approachable and communication was good within the service.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service has improved to Good.

Is the service well-led?

Good ●

The service remains Good.

Birch Avenue

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 4 June 2018 and was unannounced. This meant nobody at the service knew we were coming.

The inspection team consisted of two adult social care 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.

Before our inspection, we reviewed the information we held about the service. This included correspondence we had received and notifications submitted by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place, for example, where a person who uses the service experiences a serious injury.

The provider completed a Provider Information Return (PIR). This 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.

We gathered information from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information was reviewed and used to assist with our inspection.

At the time of our inspection there were 35 people using the service. We spoke with six people living at the home, 15 relatives or friends of people and two visiting independent support workers, to obtain their views of the support provided.

We spoke with 12 members of staff, which included the clinical and deputy managers, registered nurses, support workers and ancillary staff such as housekeepers.

We spent time observing care in the communal areas and 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 looked around different areas of the service, the communal areas, bathrooms, toilets and with their permission, some people's rooms.

We spent time looking at records, which included three people's care records, four people's Medicine Administration Records (MAR), three staff records and other records relating to the management of the home, such as training records and quality assurance audits and reports.

Is the service safe?

Our findings

People receiving support told us they felt safe living at Birch Avenue. Their comments included, "Oh I'm fine here, it's very good" and "Yes you could say so (felt safe)."

Relatives and friends of people living at Birch Avenue said they had no concerns regarding safety. Their comments included, "We believe [family member] is very safe here," "I think it's the best place for [family member], they (staff) look after them," "[Name] is safe here, I can sleep at night, I can definitely sleep at night," and "Safe? Definitely, staff know how to look after [family member]."

All staff spoken with confirmed they had been provided with safeguarding vulnerable adults training. Staff were trained in how to recognise and respond to abuse and understood their responsibility to report any concerns to the management team. This meant staff had an understanding of their responsibilities to protect people from harm.

We saw policies on safeguarding vulnerable adults and whistleblowing were available so staff had access to important information. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. Staff knew about whistle blowing procedures.

The service had a policy and procedure in relation to supporting people who used the service with their personal finances. The home's administrator explained small amounts of monies were looked after for some people. Each person had an individual record of monies held in their name. We checked the financial records for three people and found they detailed each transaction, the money deposited and money withdrawn by the person. We checked the records against the money held and found they corresponded.

Regular checks of the building were carried out to keep people safe and the home well maintained. We found personal emergency evacuation plans (PEEP) were kept for each person for use in an emergency to support safe evacuation. We found a fire risk assessment had been undertaken to identify and mitigate any risks in relation to fire. This was last updated in October 2017.

We looked at three people's care plans and saw each plan contained risk assessments that identified the risk and the actions required of staff to minimise and mitigate the risk. The risk assessments seen covered all aspects of a person's activity and were specific to reflect the person's individual needs. We found risk assessments had been regularly reviewed and updated as needed to make sure they were relevant to the individual and promoted their safety and independence.

Where accidents or incidents had occurred, detailed information had been recorded by staff and regularly reviewed by the registered manager and provider to ensure appropriate action had been taken to keep people safe.

A robust recruitment and selection process was in place that ensured staff employed had the right skills to support people in the way they needed and preferred. Staff rotas checked showed that sufficient numbers of

staff were provided to meet people's needs. Staff were visible throughout the home and we saw them responding to people's requests quickly. Staff said there was enough staff to meet people's needs. Relatives said, "There always seems to be enough staff."

Medicines were obtained, stored, administered and disposed of safely by staff. We saw that people were receiving their medicines as prescribed by their GP. We observed the staff member administering the medicines to be patient, calm and professional. Appropriate policies and procedures were in place to support staff in managing and administering medicines safely. Registered nurses administered medicines and their competency was regularly checked.

We checked three people's medication administration records (MAR.) These had been fully completed. The MAR held detail of any known allergies and protocols for administering medicines prescribed on an 'as needed' basis.

Some people who lived at Birch Avenue were prescribed Controlled Drugs (CD's.) These are medicines that require extra checks and special storage arrangements because of their potential for misuse. We found a CD register and appropriate storage was in place. CD administration had been signed for by two staff. This showed safe procedures had been adhered to.

The registered manager completed a monthly quality and compliance audit of the medicines records and systems. Checks were also made by registered nurses on a daily basis to check for any gaps in Medicine Administration Record (MAR). Where any issues were identified we saw that action was taken to address them.

We found policies for infection control were in place so that important information was provided to staff. Staff were provided with equipment, including gloves and aprons, to ensure they could provide care safely. All areas of the home seen were clean. Training records seen showed all staff were provided with training in infection control. We saw infection control audits were undertaken which showed any issues were identified and acted upon.

Relatives we spoke with said, "The home is kept spotlessly clean, it is always clean when we visit" and "The house keepers are fabulous."

Is the service effective?

Our findings

People and relatives we spoke with told us the staff were very good at providing people with the support they needed. They all felt the staff were appropriately trained and supervised to take care in any situation. One person said, "They know what they are doing, very good" [said as the person was pointing toward staff members]." Relatives of people said "Yes, I know they're trained to care. If anything new comes along, they get updates."

Relatives of people receiving support spoke highly of the staff. They told us the service delivered care in a way that met their family member's individual needs. They said care staff knew what support was needed and they had the skills to do their jobs effectively. Comments included, "Staff know [family member] so well, they know them as well if not better than us," "Hundred percent They're (staff) hundred percent here" and "Staff are really good, brilliant."

We checked the staff training matrix, which showed staff were provided with relevant training so they had appropriate skills. Staff spoken with said they undertook induction and refresher training to maintain and update their skills and knowledge. Mandatory training such as moving and handling, basic life support, fire safety and safeguarding was provided. Staff told us specific subjects to provide staff with further relevant skills were also undertaken, for example, training on dementia awareness, nutrition and tissue viability. This meant all staff had appropriate skills and knowledge to support people.

We found new staff were completing the Care Certificate as part of their learning and development. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. It is based on 15 standards, all of which individuals need to complete in full before they can be awarded their certificate.

We checked records of staff supervisions and appraisals. Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. Appraisals are meetings between a manager and staff member to discuss the next year's goals and objectives. These are important in order to ensure staff are supported in their role. The records showed care staff had been provided with regular supervision and an annual appraisal for development and support. All of the staff asked said that they received formal supervisions and could approach management at any time for informal discussions if needed. This showed that staff were appropriately supported.

We asked people living at the home and their relatives about support with healthcare. Relatives comments included "Staff are very good at ringing and telling us any changes to [family member] condition and call the doctor if they are worried," "Staff keep me informed, they ring if owt's happening," "Dentists, chiropodists and doctors they're all called if they're needed," and "[Family member] settled very quickly, and I'm kept fully informed. I was on holiday and [family member] was taken ill and had to go to hospital. Staff were on

the phone telling me what was happening and kept me up to date."

A visiting support worker told us, "There is excellent communication with the staff and they update on progress the person we are supporting has made."

People told us they enjoyed the food provided. Comments included, "I like the food, smashing." Relatives told us, "Food is lovely, they [family member] and we enjoy it all" and "The food is lovely. I had Christmas dinner here with them."

We found a varied and nutritious diet was provided to support people's health and respect their preferences. We saw people could choose to different food to eat than what was on the menu if that was their preference.

We observed lunch being served in one bungalow. We saw some improvements with the aesthetics of the dining room and how the meal was served needed to be made. Tables were covered, but there was no coordination of table clothes and mats. There were no condiments or menus etc. on the tables and cutlery was given out with the meals.

Staff wore protective clothing to serve and assist people to eat. Some people remained in their chairs rather than at tables. Staff assisting people to eat did so thoughtfully and discretely. Protective clothing was given to people who needed it; those who could feed themselves were encouraged to do so. Some people were assisted to eat by their relatives in the lounge areas. Drinks were offered with 'top ups' of drinks freely provided as required by people.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who 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 capacity to take particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The 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 and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the service was making appropriate applications under the DoLS and their records demonstrated that they were complying with conditions placed on authorisations.

Staff we spoke with understood the principles of the MCA and DoLS. Staff also confirmed they had been provided with training in MCA and DoLS. This meant staff had relevant knowledge of procedures to follow in line with legislation.

There were clear records kept of DoLS authorisations and the care plans seen showed evidence of capacity assessments and decisions being made in the person's best interests.

We received feedback from health professionals who had said that careful consideration was given to any restraints or restrictions put in place for people and that appropriate MCA documentation was in place.

Staff were seen and heard asking consent from people before providing any support. Staff were also observant of people's body language and behaviour when asking them to make decisions about their routine.

We observed members of the care team calling people by name and having a clear understanding of their particular preferences in, for example, the places people liked to sit or spend time during the day.

Stakeholders we contacted prior to the inspection told us they had no current concerns about Birch Avenue. Comments included, "We had a positive last visit [six months ago] and they (staff) appeared to be meeting residents' needs well."

We found the accommodation was well maintained and well decorated, which provided a pleasant living space. Doors from the corridors were open and led directly into the enclosed quadrangle garden. This meant people were able to move freely around the home and into the garden areas of the home. We observed how freely people moved around the home and how they made themselves a drink and how comfortably they interacted with the staff. One relative said, "What I like about Birch Avenue is there's plenty of room for [family member] to walk around."

The provider has recently undertaken a refurbishment of the homes decoration which has made use of colour schemes which created a more calming environment. The home had some 'dementia friendly' signage to help people maintain their independence when moving around in their home.

Is the service caring?

Our findings

People were treated with dignity and respect and their privacy was protected. People we spoke with made positive comments about the care provided by staff. Their comments included, "I think they look after me ok, I'm just down in the dumps."

Relatives of people receiving support told us the staff were caring and understood people's preferences and needs. Everyone said staff were respectful and kind. Comments included, "Staff are wonderful they care for [family member] as well as me," "Brilliant home, brilliant staff," "Staff are so supportive, excellent place," "They're doing a wonderful job, I can't thank them enough," "They're all good staff, down to the caretaker," "The level of care and attention to detail is good," "We can turn up at any time we want, I can have lunch with [family member] if I want, staff are spot on. It's like coming home really," "I come here every day, I'm always made welcome" and "We came to look round here, and the staff didn't know we were here. We saw how well staff were treating people, and how well they were interacting. We said we'd fight to get [family member] a place here."

We spent time observing care in the communal areas and 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 saw people were well dressed and groomed. We saw staff support people in a positive and caring way. Staff sat chatting with people and staff were patient and respectful.

On more than one occasion, we saw staff sitting comforting people or distracting them to avoid certain situations that caused them distress. When some people became agitated and a little aggressive towards each other, staff displayed knowledge and confidence in diversion therapy to dissipate the situation.

The care plans seen contained information about the person's preferred name and how people would like their care and support to be delivered. This showed important information was available so staff could act on this and provide support in the way people wished. The staff asked said they would be happy for a relative or friend to live at the home and felt they would be safe.

We spoke with staff about people's preferences and needs. They were able to tell us about the people they were supporting, and could describe all aspects of the support people needed and wanted. They were aware of people's history, interests and what was important to them. This showed staff knew the people they supported well.

Staff were trained in equality and diversity and we saw that people's cultural and religious beliefs were promoted and respected. We were told by relatives about the close links the home had with a local church to meet some of the spiritual needs of people at Birch Avenue. Staff told us how they met individual needs of people with a range of religious beliefs, for example relating to dietary requirements and personal care.

On the bungalows and in the corridor areas of Birch Avenue we saw there was a large range of information

available for people and/or their representatives. This included: details of advocacy services, support organisations and the registered provider's complaints procedure. An advocate is a person who would support and speak up for a person who doesn't have any family members or friends that can act on their behalf.

Is the service responsive?

Our findings

At our previous inspection we noted some concerns about the monitoring and response to one person's weight loss. At this inspection, we found improvements had been made to how staff responded to and monitored people's diet and fluid intake needs. In the care plans we checked we saw people's nutrition was being monitored, people were weighed regularly and people's fluid intake was being monitored on fluid balance charts which we found were up to date.

Relatives of people receiving support told us the support provided by the service was personalised to their family member's needs. Comments included, "Yes, we were involved in care planning. They asked what [family member] enjoyed e.g. gardening, reading etc.," "Staff do what they say they're going to do" and "We can ask for updates, I was involved in this (care planning) and my other [relative] was too."

We observed the responsiveness of staff and the team work to ensure the smooth running of the units. I.e. People who wanted to move to a bungalow to join in entertainment, whilst those who didn't, or complained it was too noisy were helped back to their own bungalows.

We reviewed three people's care records. We saw they contained persons individual health needs and the actions required of staff to support their needs. This meant that staff had been provided with relevant and up to date information to support people in the way they preferred.

Throughout the inspection we heard staff constantly ask people about their preferences and choices in their daily living activities. People said that they had a regular opportunity as a group to discuss the choices that were on offer, the choices they were making daily and to initiate changes.

Staff told us about a new initiative called 'Activity Friends' which had been introduced in Birch Avenue. The principles to this initiative are that meaningful activity should not only be beneficial for the person but also for the staff member. This way, ensuring the activity experience is a sincere sharing of enjoyment between the staff and person. People and relatives we spoke with told us that there were lots of activities for them to get involved with. One person said, "Yes, I like the singing, I'll come with you to sing along. I'll have a beer."

Relatives commented, "There is so much more going on in the home," "Residents are going out on trips, they are in the community there was none of that a couple of years ago," "Lots going on in and out of the home now" and "There are very good entertainments and activities. They're [family member] going to Cleethorpes soon."

A professional singer was in full swing entertaining people on the morning of the inspection. People were helped to attend the singing from other bungalows to one main bungalow with the biggest lounge area. Staff joined in; there were a good number present throughout. Social drinks e.g. beer was offered and accepted and enjoyed by people. We heard lots of laughter and there seemed to be positive natural interaction between staff, relatives and people.

Records showed, a variety of activities were available. For example, arts and crafts, trips out, armchair exercise and parties for special events. We saw posters were on display around the home showing pictures of the activities planned for that week. This showed important information was provided to people in a variety of formats to aid understanding.

We saw that a system was in place to respond to complaints. There was a clear complaints procedure in place and we saw a copy of the written complaints procedure was provided to people in the service user guide. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. The procedure gave details of who to complain to outside of the organisation, such as CQC and the local authority should people choose to do this. This showed that people were provided with important information to promote their rights and choices.

All of the people spoken with said they could speak to staff if they had any worries and staff would listen to them. Relatives said, "I've never had a need to complain, but if I did I'd see the manager."

The service provided end of life care and support to people when this was identified as needed. Staff informed us that the home liaised with relevant healthcare professionals to ensure appropriate care was provided. Staff said they had good links with the local Hospice and often accessed training from Hospice staff.

Is the service well-led?

Our findings

The manager was registered with CQC. 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 registered manager was unavailable on the day of the inspection as they were on annual leave. The clinical and deputy managers assisted with the inspection.

People living at Birch Avenue and their relatives knew the registered manager well. They spoke very positively about her and said, "Management is perfect."

We found a welcoming, open and positive culture at the service. Staff told us there was always a good atmosphere at the service. They told us they enjoyed their jobs and the registered manager was approachable and supportive. Comments included, "I love it here, mainly because of the residents and the close staff team," "People are really cared for here. I would recommend the home and would be more than happy for any of my family to be cared for here," "The managers are so supportive," "It's the best home I have ever worked in" and "I go home knowing people are really cared for."

The registered manager and provider monitored the quality of the service and took action to make improvements when issues were identified. We saw that a number of quality assurance audits were completed every month, including infection control, health and safety, medication administration and care records. We saw that where audits identified something could be improved, the next audit checked the improvement had been made. This meant audits helped to drive improvements to the quality of the service throughout the year.

People and their relatives were regularly asked for feedback on the service. The registered manager held 'residents meetings' and 'relatives meetings' where any issues could be raised. Suggestions from people, their relatives and the staff were discussed at regular staff meetings. This meant the whole staff team reflected upon any issues raised and improvements to care practices could be implemented by all staff. Relatives said, "We have a relative meeting every month."

The home is supported by a relatives group, Support 67 who fund raise and provide the home and residents with therapeutic garden plants, activity equipment and entertainers to promote a therapeutic environment. The group meets monthly with a manager of the home to agree future plans for improvement and to discuss governance. The Support 67 meetings are minuted, copies of which are held in the home. We spoke to members of support 67 who were very positive about the home and the care delivered by staff.

Relatives spoke positively about how important the home was within the local community. Comments included, "The home is part of the Chapeltown community. It is very well thought of and loved. If there is ever fundraising to be done we only have to go into a local business, mention Birch Avenue, and the

business donate something for auction or a raffle prize."

We saw policies and procedures were in place, which covered all aspects of the service. The policies seen had been reviewed and were up to date. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training and induction programme. This meant staff could be kept fully up to date with current legislation and guidance.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The clinical manager confirmed any notifications required to be forwarded to CQC would be submitted.