

SCC Adult Social Care

Birchlands

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Birchlands is a care home without nursing and accommodates up to 52 people in one adapted building. The building is divided into seven different living areas each with its own communal lounge, dining area and bathrooms. There is also a large communal area on the ground floor. The service supports adults requiring care and support due to their physical health and those living with dementia. At the time of our inspection there were 32 people living at the service.

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

Risks to people's safety were not always assessed and monitored. Whilst improvements from the last inspection had been made in this area, further development was required to ensure people received consistently safe care. Records did not always contain sufficient guidance for staff to follow and reports completed following accidents and incidents did not always contain sufficient details to enable prompt and robust action.

Staff had developed a clear understanding of their responsibility in protecting people from the risk of abuse. Safeguarding concerns were submitted promptly to the local authority and risk management systems had been developed to reduce the number of safeguarding concerns. However, when additional information was requested from the service this was not always received promptly. We have made a recommendation in relation to this.

There was a greater degree of management oversight in the service since the last inspection although further work was required in this area to ensure systems were effective and embedded into practice. Staff felt supported and received training and guidance in their roles. The provider had ensured a range of resources were available to support the team in making improvements to the service.

Staff were effectively deployed and had time to spend with people. Regular agency staff were used and had access to support, guidance and training. This helped to ensure people received support from a consistent staff team. Effective infection control measures were in place and staff had received training in relation to protecting people during the COVID-19 pandemic.

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

Rating at last inspection and update

The last rating for this service was Inadequate (published 6 May 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made in the majority of areas. The provider was still in breach of one regulation.

This service has been in Special Measures since 6 May 2020. During this inspection the provider

demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

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 coronavirus and other infection outbreaks effectively.

We carried out an unannounced comprehensive inspection of this service on 27 February 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements in relation to people's safe care and treatment, safeguarding service users from abuse and improper treatment, staffing and good governance. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Inadequate to Requires Improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Birchlands on our website at www.cqc.org.uk.

Enforcement

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.

We have identified breaches in relation to how risks to people's safety were managed at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our safe findings below.

Requires Improvement ●

Birchlands

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 Care Act 2014.

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

The inspection was carried out by three inspectors.

Service and service type

Birchlands is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this

report.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with a further twelve staff members including the registered manager, deputy manager regional managers, team leaders, care staff and the safeguarding lead. We reviewed a range of records which included 8 people's care records, accident and incident monitoring and complaints records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with four relatives who had regular contact with the service to gain their views.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has improved to 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.

Assessing risk, safety monitoring and management

At our last inspection in February 2020 the provider had failed to ensure risks to people's safety were effectively managed and that safe infection control procedures were implemented. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12. However, we found significant improvements had been made in relation to infection control practices and safe processes were now being followed.

- Although improvements had been made in the way risks to people's safety and wellbeing were managed, further development in this area was required.
- Guidance for staff in supporting people with anxiety and difficulties in communication was not always comprehensive. Not all positive behaviour support plans were fully completed to guide staff in the approach and interventions people responded to. This meant there was a risk staff would not know how to support people to minimise the likelihood of incidents occurring. We asked one staff member how they identified one person was becoming anxious. They were unable to tell us where they would find this information. They said, "I don't know, it's really better if they have a staff member they know."
- Risk management plans were not always followed by staff in order to reduce people's anxiety. One person's records stated they were less anxious during personal care when supported by male staff members. However, daily records showed that on 6 out of ten occasions the person had been supported by female staff members. Three incidents of increased anxiety had been recorded during this time.
- Risk management plans and care records did not always contain consistent and up to date information for staff to refer to. One person's plan stated they required the assistance of two staff members to mobilise. In other areas of the plan it stated the person regularly mobilised independently around the building.
- Risk assessments for people living with specific conditions such as diabetes and epilepsy were not always fully completed. However, staff we spoke with were aware of people's dietary needs and how to respond to any concerns.
- Staff had developed a greater understanding of how accidents and incidents should be reported. However, reports did not always contain sufficient detail such as what had happened prior to the occurrence and discussions with the people involved to analyse so action could be taken. The registered manager and regional manager told us they were aware of these concerns and were supporting staff to develop report writing skills.

- Where learning from accidents and incidents was identified actions such as the development of risk assessments were not always actioned promptly. Actions were added to the continuous improvement plan which showed a backlog in ensuring these concerns were addressed. The provider had implemented additional support to ensure the improvement plan was brought up to date.

The failure to ensure risks to people's safety were consistently managed was a repeated breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- In other areas we found risks were managed safely. Personalised risk assessments had been developed for people at higher risk of falls and staff were vigilant in ensuring they were present to offer support to those in communal areas when needed. Where people's medication effected their day to day living, guidance was provided to staff on how to keep them safe.
- Staff used safe practices when supporting people to move. Additional training and mentoring had been provided to all staff in this area and regular observations were completed. We observed staff were patient in their approach and used appropriate techniques when assisting people to move between seats.
- Up to date personal emergency evacuation plans were in place to provide guidance to staff and the emergency service in the event of an emergency.

Preventing and controlling infection

- Relatives told us they felt the service was now cleaner and more organised. One relative told us, "They've invested a lot in the building which is a great thing. It feels cleaner than it was."
- All areas of the service were clean and well organised. Since our last inspection the home had been deep cleaned and housekeeping services monitored. New furniture had been purchased which was more appropriate to the needs of those living at Birchlands.
- Infection control protocols were monitored regularly by the management team to ensure staff were aware of their responsibilities.
- The provider was meeting the COVID-19 shielding and social distancing rules and measures were in place to prevent visitors from catching and spreading infections.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

At our last inspection in February 2020 the provider had failed to ensure effective systems were in place to protect people from the risk abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13. However, we have made a recommendation regarding reporting and recording of safeguarding.

- Relatives told us they felt their loved ones were safe living at Birchlands. One relative told us, "I don't worry about safety. There have been more incidents, but I think that's because they're reporting more."
- Where safeguarding concerns were raised these were shared with the local authority safeguarding team. However, there were on-going concerns regarding the timescales for providing additional information and the quality of records maintained. Additional training was being provided to staff to address these concerns but was not yet embedded into practice. This meant lessons learnt were not always identified and actioned quickly.

- All staff had received additional training in safeguarding. Staff we spoke with were able to describe the different types of potential abuse, signs of concerns and reporting procedures. One staff member told us, "If I was concerned about a resident or witnessed an incident, I would tell a team leader. They would report it management and to safeguarding."
- Staff learning was being put into practice to minimise the risk of safeguarding concerns arising in areas such as skin integrity and moving and handling. Staff were able to demonstrate a greater understanding between risk, safeguarding and communication. As a result, the number of incidents such as unexplained falls and bruises being reported were starting to reduce.
- The service had worked closely with the local authority safeguarding team who had provided support throughout the process. This work continued and additional support and training regarding recording and reporting was planned.

We recommend the provider ensures safeguarding processes are actioned promptly

Staffing and recruitment

At our last inspection in February 2020 the provider had failed to ensure staff were safely deployed and had the skills required for their role. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff told us they felt there were sufficient staff and improvements had been made in the way agency staff were used. One staff member told us, "We have enough staff now for the number of residents we have. We usually work with the same residents which is better." A second staff member said, "We have regular agency staff which really helps. The handover is much better, so agency staff have more information and are more involved."
- We observed people were supported with their needs promptly and staff were able to spend time with people. Staff took time to speak with people when passing and supported people with individual activities.
- Due to a reduction in the number of people living at Birchlands, people were being supported in five areas of the home rather than seven. Staff told us this meant they had a better ratio of staff and could spend more time with people. The registered manager told us people's needs were regularly reviewed to ensure sufficient staff were available to support their needs.
- There continued to be a high use of agency staff within the service. However, the management team had taken steps to ensure agency staff received the same level of information, support and training as permanent staff. These measures had reduced the impact of high agency use and provided increased consistency for people.
- The provider recognised the need to have a stable staff team in place and had implemented an action plan to address the recruitment of permanent staff. We will continue to monitor this and review at our next inspection
- No concerns regarding the staff recruitment process were identified during our inspection in February 2020. We did not review these processes during this inspection.

Using medicines safely

- People received their medicines safely. Medicines were obtained, stored, administered and disposed of safely. Staff we spoke to confirmed they had received training in medicines administration and their competency had been assessed.

- Each person had a medicines administration record (MAR chart) which showed people received their medicines in line with their prescriptions. Protocols detailing how 'as and when' required medicines should be administered were in place. Where people required their medicines to be administered at a specific time, we observed this was adhered to.
- People's medicines were regularly reviewed by their GP and other relevant healthcare professionals.

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.

At the last inspection in February 2020 this key question was rated as Inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

At our last inspection the provider had failed to ensure effective management oversight and governance of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Relatives told us that due to COVID-19 visiting restrictions it was difficult to comment on the overall management of the service. However, they told us the management team and staff had kept them updated regarding changes within the service as a result of COVID-19. One relative told us, "They have been very good at letting us know what was happening and when we could start to go and visit."
- Whilst relatives were positive about this increased communication, some stated information regarding their loved one's care was not always shared. One relative told us, "I don't really know how she is or what she does all day. It would be nice to just have updates on what's happening and if anything's changed." The registered manager gave us assurances this would be addressed.
- Staff told us they felt the communication and management presence had improved although further work was required. One staff member said, "It's a work in progress. There's more management presence and more information coming through to help us do our job, but it could still be better." A second staff member said, "There have been big changes for the better. The manager and deputy are more approachable, but they could be around (the service) more."
- There was a stronger management presence within the service. An additional regional manager had been employed who was regularly present within the service. The registered manager and staff members told us this additional support had provided guidance and direction to the team. One staff member told us, "If you ask for anything you know it will be done. We all have a common goal now."
- A service action plan was in place which highlighted where improvements were required, how these would be achieved and who would be involved. The document highlighted the progress made in areas including staffing, safeguarding, monitoring health, infection control and maintenance.
- Audits were completed on a more regular basis in areas including medicines management, infection

control, pressure care and wheelchair safety. Where improvements were required in these areas action had been taken. However, audits had not highlighted the continued concerns regarding how on-going risks to people's safety were monitored.

- The registered manager had identified the need to ensure records contained more detailed information. They told us, "There have been improvements, but we need to continue working with the staff in this area." Training in reporting and recording had been scheduled for all staff. Reporting and recording was also discussed within handover and at team meetings as required
- We will continue to monitor the service to ensure that robust management oversight is embedded into the service.

At our last inspection the provider had failed to ensure the CQC were notified of significant events within the service. This was a breach of Regulation 18 Registration Regulations 2009 Notifications of other incidents. Enough improvement had been made at this inspection and the provider was no longer in breach of this regulation.

- The provider had ensured notifications of significant events had been forwarded to CQC in line with their regulatory responsibilities. Where additional information was requested this was provided in a timely manner.

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

- Relatives told us the service was transparent and open when things went wrong. One relative told us, "They're much better at telling us things now. They will phone if there's anything wrong and tell us what they're doing about it. It's more reassuring." A second relative said, "I have very few worries because they always report anything that happens within 24 hours."
- The provider had a policy in place regarding duty of candour which demonstrated the need to act in an open and transparent manner with people and their relatives. We saw evidence this was followed.
- Staff told us the support they received had improved, particularly through the COVID-19 pandemic. One staff member told us, "Things were changing a lot at the beginning, but everyone worked as a team, we had support. We always had access to PPE and advice."
- The registered manager told us they felt the additional resources implemented by the provider had been an invaluable support. They told us, "I have never felt so supported. Because of the experience they (senior managers) have they can always give advice."
- Team meetings were being held more frequently and involved agency staff members to ensure all staff were receiving the same message. The registered manager or deputy attended the majority of handover meetings to share important messages. Communications folders were also updated daily so staff had access to the most up to date information.
- Due to COVID-19 restrictions it had been difficult for the service to promote involvement from families and the public. However, relatives told us that where appropriate, staff had taken time to support their loved ones with technology so they could keep in contact.

Working in partnership with others

- The service had worked closely with the GP surgery and Clinical Commissioning Group's (CCG) to improve the way in which people's health was monitored. This had led to more positive working relationships developing throughout the team.
- The service had been supported by a number of teams within the local authority, including quality assurance and safeguarding, to make changes within the service, monitor progress and provide training to

staff. This had led to a more systematic approach to the governance of the service and providing guidance to staff.

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 The provider had failed to ensure risks to people's safety were consistently managed |