

# West Berkshire Council

# Birchwood

## Inspection report

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Date of inspection visit:  
05 August 2019  
06 August 2019

Date of publication:  
19 November 2019

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Requires Improvement</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

### About the service

Birchwood is a residential care home with nursing. 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 home provides facilities over three floors. There were five units in the home across these three floors. People had their own bedrooms with en-suite facilities and use of an enclosed private garden. Some of the people supported at the home live with dementia and other health related conditions. The service is registered to provide accommodation with personal and nursing care for up to 60 people. At the time of our inspection the home was supporting 54 people.

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

The service assessed risks to the health and wellbeing of people who use the service and staff. However, care was not always delivered by staff in line with people's care plans to mitigate these risks. Safe recruitment practices were not always followed to make sure, as far as possible, that people were protected from staff being employed who were not suitable. Staff were not always deployed effectively to meet people's needs.

Records did always reflect a clear care and treatment plan of people's individual needs and preferences. We could not be assured appropriate person-centred care and treatment that was responsive to people's needs. People's end of life needs wishes, and preferences had not always been explored.

Care records were not always up to date and accurate. Audit and governance systems were not always effective. The registered person failed to notify the Commission of notifiable events.

People's dining experience was not always person-centred to meet people's needs. We have made a recommendation that the provider seeks guidance in line with best practice on ensuring people's dining experience is more person-centred and meets people's needs

Whilst actions had been taken by the registered provider to make the environment more dementia friendly, further improvement could be made. We have made a recommendation that the provider takes further action in line with best practice to ensure they make environments used by people living with dementia more dementia friendly.

Staff understood their responsibilities to raise concerns and report incidents or allegations of abuse. They felt confident issues would be addressed appropriately. People and their relatives knew how to complain and knew the process to follow if they had concerns. People, relatives and staff felt they could approach management with any concerns they may have.

People experienced support that was compassionate and caring, from staff they had developed meaningful

relationships with and who knew them well.

Staff understood the principles of the Mental Capacity Act and the importance of people making their own decisions. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this.

People had their healthcare needs identified and were able to access healthcare professionals such as their GP, when needed. The service worked well with other health and social care professionals to provide effective care for people.

The service had regular residents and relatives' meetings as well as staff meetings to ensure there was opportunity to feedback about the home and that there would be a consistency in action taken. The staff team had handovers and daily meetings to discuss matters relating to the service and people's care.

Without exception, relatives and healthcare professionals spoke highly of the registered manager and their commitment to delivering a high quality service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection (and update)

The last rating for this service was requires improvement (report published 21 August 2018) and there were breaches in regulation 9 (Person-centred care), regulation 10 (Dignity and respect), regulation 12 (Safe care and treatment), regulation 17 (Good governance) and regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection enough improvement had not been made and the registered provider was still in breach of regulations 9 (Person-centred care), regulation 12 (Safe care and treatment), regulation 17 (Good governance) and regulation 19 (Fit and proper persons employed). The provider was also in breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

#### Why we inspected

This was a planned inspection based on the previous rating. This inspection was carried out to follow up on action we told the provider to take at the last inspection.

#### Enforcement

We have identified breaches in relation to regulations 9 (Person-centred care), regulation 12 (Safe care and treatment), regulation 17 (Good governance) and regulation 19 (Fit and proper persons employed). The provider was also in breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

We have imposed a condition on the providers registration which requires them to submit a monthly report to the Care Quality Commission on the actions being taken to ensure improvements are being made to the

quality and safety of the service.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work alongside the provider and local authority to monitor progress. We will 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 effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Birchwood

## 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.

#### Inspection team

This inspection was carried out by one 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 care service.

#### Service and service type

Birchwood 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

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 looked at feedback and any notifications that we received. Notifications are reports of events the provider is required by law to inform us about. We used all of this information to plan our inspection.

#### During the inspection

We spoke to 10 people who used the service and six relatives about their experience of the care provided.

We spoke with 12 members of staff including the registered manager, deputy manager, registered general nurses, residential care officers (care staff), dementia practitioners (care staff), maintenance manager, house keeper, chef and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke to one health and social care professional during the inspection.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at six staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, accidents and incidents, complaints, audits and quality assurance records were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and additional quality assurance records. We contacted 13 health and social care professionals who had regular contact with the service. We received a response from seven of these professionals.

# 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 requires improvement. At this inspection this key question has remained the same.

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 the last inspection the registered provider had not ensured that service users were supported in a safe way. Risks to people were not appropriately assessed and the registered provider did not always do all that was reasonably practicable to mitigate risks. 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.

- Where people were at risk of skin breakdown, although there was no evidence people were harmed, measures to reduce the risk were not always being followed in line with people's care plans. We looked at one person's care records which identified that they were at very high risk of pressure ulceration. This person's skin integrity care plan stated, "A positional chart must be maintained" and "[Name] must have her position changed every four hours." The provider had a daily records system in place where staff should record when they supported people to reposition. However, in this person's daily records file in the section for "Repositioning records", there was a note that stated, "This resident does not currently require a 24 hour repositioning record." There was no record of staff supporting the person to reposition. We discussed this with staff who were unable to confirm how often this person was being repositioned.
- Where a person was at high risk of falls, measures identified in their care plan to respond to such risks was not always followed. Their care records stated, "[Name] is unaware of her environment and will often walk without purpose...[Name] is at high risk of falls." The care records went on to state, "[Name] is to wear her pendant at all times, this will alarm if she is to fall." We visited this person during the first day of inspection and found them attempting to move. They were not wearing the pendant that would alert staff to a fall. We asked a member of staff where this person's pendant was. It was located in the person's bedroom. Staff promptly ensured the person was wearing this pendant.
- Where one person was at high risk of choking, staff did not always ensure that this person was safe when eating. One person's "Eating and drinking care plan" stated that the person, "Needs full assistance when eating and drinking" and "[Name] has been coughing on food and drink and is at high risk of choking." During the inspection we observed people's lunchtime experience. We saw that this person was being assisted with their lunch. However, the staff member left this person to assist another staff member. We observed this person still had food in their mouth. The staff member returned to this person to assist them

in eating.

- Where people were at high risk of malnutrition, measures were not always taken in line with the person's care plan to ensure their needs were being met. One person's care record stated that they need, "Full assistance when eating and drinking, however staff should still offer [Name] the chance to eat and drink with minimal help." However, during the inspection we noted that this person had their breakfast in front of them on a table and no staff were present. We checked on three occasions during a 40-minute period whether staff had attended this person to support them to eat their breakfast but saw no staff present and their breakfast remained untouched. This person's "Eating and drinking care plan", which was dated February 2019 stated that, "Food and fluid charts are in place." However, when we reviewed their daily records, staff had failed to record any food intake from 3 August 2019 to the 6 August 2019. We checked to see if this person's care plan had been reviewed to ensure it had the most up to date information. The last review was in June 2019 which stated, "Care plan reviewed. No changes."
- During the inspection we observed that some people did not have call bells within reach to assist them to alert staff for support. For example, one person's care records stated that, "[Name] is more comfortable being cared for in bed" and "[Name] is able to use the call bell but must have access to [their] call bell at all times." We met with this person and saw that their call bell was tied up and out of reach. We raised this with a member of staff who told us this person couldn't use their call bell. However, there was no recorded evidence to suggest this was the case. The staff promptly ensured this person's call bell was within reach.
- Relatives told us that their family members didn't always have their call bells plugged in or within reach. One relative told us that they had seen there was a call bell plugged in "At times". They went on to say, "It's ok, she's got a good pair of lungs on her, so she'd just shout."

We found no evidence that people had been harmed, however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We observed some good practice in relation to the management of skin break down. For example, we did not see any evidence during the inspection that people had pressure ulcers. Where a person had previously had a pressure ulcer, records evidenced it was managed in a safe way and in line with clinical guidance and best practice to aid healing. This evidenced staff actively monitored and managed the risk for this person. The registered manager informed us that they were in the process of ensuring that all people who were at risk of skin breakdown, had an automatic adjusting pressure relieving mattress to minimise the risk of pressure ulcers.
- Whilst we observed some concerns where people were not receiving the correct level of support to eat their meals, we also saw a number of people who were being supported correctly. Where people were at risk of weight loss, they were receiving specialist diets and were being provided the correct consistency of food. Where appropriate, people were provided with fortified food to aid weight gain or to maintain a healthy weight.
- There were fire safety plans in place to ensure people were evacuated safely in the event of an emergency. Equipment was tested regularly including alarms and firefighting equipment. The provider undertook practice tests to ensure staff knew how to respond in an emergency. Personal emergency evacuation plans were in place which identified the level of support people would need if they had to be evacuated from the service.

## Staffing and recruitment

At the last inspection we found that the registered provider failed to ensure robust recruitment practices

were in place to ensure staff providing peoples care were suitable to do so. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although the provider had made some improvement, not enough improvement had been made at this inspection and the provider was still in breach of regulation 19.

- We discussed with the registered manager what recruitment processes were in place for the agency staff that were employed within the service and if these processes met the Health and Social Care Act Regulations. The registered manager confirmed they were unsure if the appropriate checks had been carried out and that all agency staff files did not contain recorded evidence in line with fundamental standards. We requested that evidence should be sent to us following the inspection to ensure all agency staff had been recruited in line with regulatory requirements. However, evidence provided did not confirm this. The registered provider used a third party to recruit their agency staff. The checks that this third party undertook did not provide assurances that all agency staff employed were recruited in line with the fundamental standards. The registered provider did not provide us with evidence that all agency staff were recruited in line with schedule three of the Health and Social Care Act 2008. The registered provider had not sought assurances prior to employing staff, that they had been recruited in a safe way to ensure that, as far as possible, people were protected from staff being employed who were not suitable.
- The registered provider confirmed they would undertake an urgent review of recruitment practices to ensure their recruitment practices met the fundamental standards.

We found no evidence that people had been harmed, however, the registered person failed to operate effective recruitment procedures, including undertaking any relevant checks in line with the fundamental standards for all staff employed for the purposes of carrying on a regulated activity. This was a continued breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered provider had ensured all permanent staff had undertaken the necessary criminal checks via the Disclosure and Barring Service (DBS) and a full work history had been taken. However, of the six permanent staff files we had looked at, two did not evidence why the staff members employment had ended when leaving their previous employment where their duties involved work with children or vulnerable adults. In three of the staff files we looked at, the registered provider had not ensured they had sought evidence of satisfactory conduct for the employment these staff had undertaken in relation to health or social care. Following the inspection, the registered manager promptly provided us with this missing information.
- At the last inspection concerns were found regarding the effective deployment of staff to ensure they were able to meet people's needs. At this inspection we found ongoing concerns. During this inspection we observed enough staff were present in the home to meet people's needs. However, staff were not always deployed effectively.
- We were informed by the registered manager that on the first and second floor of the home in each unit (four units) there should be one registered nurse or one residential care officer and three dementia practitioners in each unit. However, during the inspection we observed there were a number of occasions where these staff numbers were not maintained for an extended period of time.
- On the first day of inspection, we observed five people in the lounge area of one of the units on the second floor. A person was attempting to walk. This person was mobile, but their care records stated they were at "high risk" of falls. The person was calling out for support. There were no staff present and we could not see any staff in the corridor of the unit. A house keeping staff member came onto the unit and we requested they find a member of care staff to attend to this person. A member of the care staff team shortly arrived to assist

the person.

- During an observation of a medicines round, a call bell sounded. There were no staff visible on the unit to attend. The registered nurse who was undertaking the medicine round, left and attended to the call bell. The call bell had accidentally been pressed by a member of care staff, however, the registered nurse had to leave the medicine round to attend. This meant there was a potential risk of medicine errors as there were no other staff available to attend to the call bell.
- During the first day of inspection we were informed that there would be no scheduled activities taking place as one activities coordinator was on leave and the other was unavailable due to unforeseen circumstances. During both days of inspection, we saw little engagement in activities and staff had not been deployed effectively to mitigate this shortfall.
- During the second day of inspection we observed a person being assisted with their breakfast at 11am in the lounge area. We asked a member of staff why this person was receiving their breakfast so late in the morning and staff were unaware as to why this was. It was not recorded as personal preference in the person's records. A staff member confirmed they had seen the person at 9am, out of bed and dressed. A staff member told us, "This is as soon as we could do it."
- On the second floor of the home in one of the units, we observed two staff had entered a person's room to deliver personal care and closed the door. During the subsequent 10 minutes we walked around the unit, we observed a number of people in the lounge area or in their bedrooms. However, there were no other staff present in the unit. Should a person require assistance there would have been no staff available on the unit to assist without care staff leaving the person they were delivering personal care to.
- We received mixed feedback from people and health and social care professionals regarding deployment of staff. People told us staff were not always available. One person said, "There's not always staff around in the lounge." A health and social care professional felt there was enough staff. They said, "I have never visited and found any difficulty finding a member of staff."
- Following the inspection, the registered manager sent us written guidance that they would be introducing to ensure that there would be effective deployment of staff on each unit of the home.

The registered person failed to ensure staff were deployed effectively to consistently meet people's needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Using medicines safely

At the last inspection the registered provider had not ensured the proper and safe management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had made improvements.

- People received their medicines as prescribed. The registered manager told us only registered nurses and staff trained in administering medicines and assessed as competent were allowed to administer medicines.
- We observed the registered nurses discussing with people what medicines were for and offering 'as required' (PRN) medicine to people.
- Protocols were in place for PRN medicines, so staff knew when to administer these, for example for pain relief.
- Where people were prescribed covert medicines, this was done in line with the guidance in people's care records to ensure people received their medicines safely.
- Medicines were kept securely in a locked trolley. When medicines were not being administered to people,

this trolley was kept a temperature controlled room. Where medicine required to be stored in a fridge, fridge temperatures were checked regularly to ensure each medicine was stored at the correct temperature.

- Registered nurses ensured that the correct amount of stock was available. This was recorded in people's medicine administration records.

#### Preventing and controlling infection

- We saw dedicated staff ensured the service was kept clean, tidy and odour free. Appropriate action had been taken to ensure that the premises used by the service provider were safe to use.
- Staff were provided with personal protective equipment (PPE), so they could carry out their work safely. We observed staff using PPE appropriately.

#### Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe. One relative told us about their family member, "I just feel she's in safe hands here."
- Staff knew how to recognise abuse and protect people from the risk of abuse. They knew what actions to take if they felt people were at risk of harm. Staff told us they felt that this would be acted upon appropriately by the registered manager.
- Staff received safeguarding training as part of their induction. Staff also received face to face training in Safeguarding Adults. The providers training record confirmed that staff had either completed this or were booked to attend.
- Visiting health and social care professionals told us that staff kept people safe. One professional said, "Staff work hard to protect vulnerable residents from what I have seen."

#### Learning lessons when things go wrong

- Accidents, incidents or near misses that had taken place since our last inspection were investigated and actions were undertaken to prevent recurrence.
- Lessons learnt were discussed with staff to ensure people were provided with the correct and timely support that met their needs.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question improved to Good.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- We observed the dining experience of people on both days of inspection and found inconsistent approaches to dining in the home. We observed on the ground floor, tables were well presented with menus, drinks and condiments available. People were seen engaging with one another and smiling. Staff engaged with people in a meaningful way, giving them choices of their preferred meal, by showing them examples of the meal on a plate.
- However, other dining rooms did not have the same approach. For example, some dining rooms were overcrowded, and people were not seated in a way that would encourage meaningful interaction, should they wish. We saw that one person was in the lounge area whilst others were receiving their meal in the dining room, staff told us this person didn't have the appropriate chair to enable them to eat in the dining room. Some people had almost finished their meal when others were just being brought their by a staff member. The registered manager informed us that they were waiting for a new chair to arrive to enable the person to eat in the dining room.
- We raised our concerns with the registered manager who advised they would investigate these concerns. Following the inspection, the registered manager had undertaken observations of the dining experience and consulted relatives and staff. Actions were identified that the provider would be taking to improve this, including a seating plan for each unit to support people to have a more meaningful dining experience.

We recommend the provider seeks guidance in line with best practice on ensuring people's dining experience is more person-centred and meets people's needs.

- We saw a number of positive actions the provider had taken in relation to nutrition and hydration. The registered manager had taken part in a nutrition and hydration project to ensure that people received a balanced and nutritious diet and that their hydration needs were being met. The home had "Dysphagia champions", who were responsible for ensuring people who had problems with swallowing had their needs met and ensuring staff practice was up to date.
- Menus were developed in line with people's dietary requirements, offering a balance of nutritious food.
- Dysphagia champions received one to one support from an external specialist health professional.
- Where people required specialist diets due to swallowing difficulties, this was clearly indicated in their care records. Where people required a pureed consistency of food to aid swallowing this was nutritious and well presented.

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

- The home was a light environment where people moved around freely on each unit. There were areas available for people to enjoy activities. Seating was available in the corridors of the units should people wish to sit or entertain visitors.
- People had access to enjoy the garden should they wish.
- The provider had purchased new seating since the last inspection, for the enjoyment of people, their relatives and visitors in the home.
- We looked at whether the design of the premises was suitable for the needs of the people with dementia. At our last inspection the provider had instructed a 'dementia architect' to identify changes that could be implemented to make the environment more dementia friendly. At this inspection we found some actions had been taken in line with the advice given. For example;
- Dementia friendly signage had been introduced to enable people to identify what rooms were for and what direction they should be taking, how to get to different parts of the home.
- Artwork had been placed on the walls of the unit corridors of local landmarks to aid in familiarisation for people.
- Doors to staff areas, not accessible to people, had been painted the same colour as the walls so to ensure people were not encouraged to attempt to access these areas and in turn become frustrated when they could not.
- However, we found that there were still a number of improvements to be made to ensure the home was more dementia friendly. For example, toilets and bathrooms did not enable people with dementia to be as independent as they could be. Toilet seats were not contrasting in people's ensuite bathrooms or in the communal bathrooms. Ensuring colour contrast on sanitary fittings can make toilets easier to find and see, helping people to maintain continence, safely and independently.
- The layout of the lounge areas did not encourage social interaction and engagement. Chairs were situated on the perimeter of the room and did not offer the opportunity for people to speak with each other in a meaningful way.
- A health and social care professional told us, "Although the environment is newly decorated there is little emphasis on making rooms and corridors more person centred as there seems to be generic décor."
- The registered manager told us they were continuing to consult people, relatives and staff on further changes that could be made to the home.

We recommend the provider takes further action in line with best practice to ensure they make environments used by people living with dementia more dementia friendly.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's care needs were assessed prior to admission to the home to identify the support they required and to ensure that the service was meeting their individual needs.
- People received care and support from staff who knew how they liked things done. One relative told us, "[Name] doesn't verbalise but the carer [staff member] will know her ways." Another relative told us, "They know [Name] so well."
- A health and social care resident told us, "Staff are usually well informed about residents [people]."
- We saw evidence in people's care records that referrals had been made to specialist healthcare professionals such as a dietitian and the speech and language therapy team.
- We observed health care professionals being contacted in a prompt manner when someone required specialist input.

Staff support: induction, training, skills and experience

- Staff received an induction when they started in post and staff told us they shadowed senior staff until they knew how to support people safely.
- As part of the induction the provider assessed staff in line with the Care Certificate standards to make sure new staff were supported, skilled and assessed as competent to carry out their roles. The Care Certificate is a set of 15 standards that set out the knowledge, skills and behaviours expected of those employed in a health and social care setting.
- Staff received support from their managers in the form of one to one meetings, informal meetings and appraisals. Staff were involved in handover meetings to discuss people's care.
- The registered manager told us they had an open door policy and could staff could speak to a senior member of staff at any time should they require support.
- Staff told us they felt able to raise any issues they had with the managers.
- Staff felt they received the training they needed to enable them to meet people's needs, choices and preferences.

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 when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people did not have capacity to make certain decisions for themselves, people had a capacity assessment completed that was decision specific.
- The registered manager had made DoLS referrals for people who had restrictions in place in relation to their care and accommodation. We saw where the applications were due to expire contact was made with the local DoLS team as per their procedures.
- Staff had a good understanding of the MCA and understood the importance of people consenting to decisions regarding their care.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

At the last inspection the registered provider did not always ensure that people were treated with dignity and respect. This was a breach of Regulation 10 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 10.

- Relatives told us their family members were treated with dignity and respect. One relative said, "They are very subtle [when delivering personal care], they say [to person] 'let's go and powder your nose'."
- Staff were observed knocking on people's bedroom doors before entering. Relatives confirmed this. One relative said, "They [care staff] knock on the door every time before they come in."
- We observed one person in their bed with their door open without any trousers on and they were not covered. We raised this with a staff member who promptly covered them over.
- We observed when people were receiving personal care, their doors were closed to maintain their privacy and dignity.
- People were supported to be as independent as they could be, and equipment was in place to enable this. For example, one person at risk of falling had a sensor beam in their room to alert staff when they were walking, without limiting their independence.
- Care plans described what people could do for themselves and what they required staff to support them with. Plans were written in ways that promoted independence.
- Confidential records regarding people's care were stored securely to protect people's privacy.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were motivated to provide care that was kind, caring and compassionate and it was clear this was promoted by all the management team.
- People and their relatives told us they were treated with care and kindness. Comments from relatives included, "All staff are lovely, from the laundry assistants through to the maintenance man. Everybody always greets you" and "I can't fault it. They are all very caring, ever so patient...they are so friendly and caring to the whole family as well."

- Health and social care professionals told us that staff took a caring approach when supporting people. One professional said, "Staff show care, concern and compassion for the residents [people]."
- We saw caring and compassionate interactions between staff and people. For example, we observed one staff member supporting someone to eat lunch in their room. The staff member took a caring approach, having a supportive and natural discussion with the person.
- People's equality and diversity needs were identified and set out in their care plans. Staff provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity and faith.

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

- People were supported to make decisions about their care and staff sought support and advice from other professionals when necessary, to assist people with decision making.
- People, and where appropriate, their relatives were asked for their feedback on the care being delivered.
- A relative told us their family member was consulted on decisions about their care, "I've heard them ask [name] what she wants to do." Another relative said, "My wife always looks clean and tidy, she can wear what she wants."
- Relatives told us that staff communicated well with them about the care their family member was receiving. One relative said, "They communicate, I had a call from staff to say [a health professional] is coming to see [Name]."
- Care records evidenced that people and those important to them were encouraged and involved in making sure they received the care and support they wanted.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

At the last inspection the registered provider had failed to ensure that people's care and treatment plans reflected their individual needs. Care records did not contain sufficient information on how staff should support each person, in a way that reflected their individual preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although the provider had made some improvement, not enough improvement had been made at this inspection and the provider was still in breach of regulation 9.

- Care records did not always reflect people's needs or the care being delivered. For example, one person's skin integrity care plan stated, "[Name] is immobile" and "[Name's] position is to be changed two hourly during the day and four hourly at night." We checked this person's reposition record and found that records did not evidence they had been repositioned in line with their care plan. On 2 August 2019 there was a record that the person had been repositioned at 10am, the next record of repositioning was at 10pm. We discussed this with a registered nurse who informed us that the care plan was inaccurate as the person did not need to be repositioned every 2 hours in the day. They advised the person had been repositioned in that time, however, staff had failed to record this.
- Another person's skin integrity care plan stated, "[Name] is using an air mattress on his bed and set according to his weight and this is being checked by care staff regularly." However, when we went into this person's room we saw that this person had a pressure relieving mattress that automatically adjusted.
- Another person's eating and drinking care plan who was at high risk of malnutrition stated, "[Name's] weight to be recorded weekly." However, records did not evidence this was being undertaken. We discussed this with a staff member who confirmed that the care plan was inaccurate, and this person did not need to be weighed weekly. This person's care plan also stated that they could, "Drink independently." We questioned this with a staff member who confirmed the person could not drink independently and would require assistance.
- We saw where a person had a medical condition, detailed information was not available about the condition to help ensure staff understood the condition, side effects to look for, and how it impacted on the person. This person suffered from seizures which they were provided medicine for. The register manager informed us that this person had not had a seizure since residing in the home. They advised they did not have any information on why this person had previously suffered from a seizure or what had caused it.

However, there was no guidance in place for staff on what they should do in the event the person suffered from a seizure. This guidance was promptly put in place during the inspection.

- We observed that a high number of people on the top floor were being given their drinks in cups that were made of a rigid plastic. People's care records did not indicate that this was a personal preference or that there was a risk that meant the person required a rigid plastic cup. We discussed this with the registered manager and it was agreed that going forward this should be approached in a more person-centred way and appropriate assessments and records should be in place for those people who needed plastic crockery.
- To help ensure people received person centred care the home had introduced an initiative called 'Resident of the Day.' This initiative helps staff to understand what is important to each person and to review in depth what would make a difference to them. Each day, the 'Resident of the Day' programme enables all staff, whether carers, nurses, housekeepers time to get to know one person so that their care can be personalised. However, we found that records were not always completed fully. It was not always clear how staff had ensured they had sufficiently reviewed people's needs and choices. For example, one person's resident of the day record had a number of sections including meaningful lifestyle and resident satisfaction left blank. Following the inspection the registered manager sent us actions they would be undertaking to ensure this was completed appropriately.
- People told us that their preferences were not always met by staff. One person told us they go to bed early but that this was not their preference. They said, ""Well, I'm getting used to it, I don't get much sleep." Another person told us, "I love a bath, I get one occasionally, not as often as I'd like."
- At the time of the inspection no one was receiving end of life care. The registered manager advised when people had needed end of life care they had worked closely with health professionals during these times to ensure people received a comfortable, dignified and pain-free death.
- People had specific end of life care plans in place, however, records did not always give specific detail how staff should support people with end of life care or in the event of a sudden death. This meant staff did not always have the information needed to meet people's needs. For example, one person's end of life care plan said, "[Name] has a DNACPR [Do not resuscitate] in place." There was no recorded evidence that staff had explored the person's end of life wishes and preferences.
- Another person's end of life care plan stated, "[Name] is kept at Birchwood should her condition deteriorate. [Name's] son is aware that [Name's] condition has deteriorated over the past few months."
- Care records did not demonstrate that staff had explored people's wishes or whether they had involved people's relatives in any discussions that they may have had. Records did not contain sufficient detail and did not evidence that appropriate discussions had taken place regarding people's end of life preferences, needs and wishes.

The registered person failed to ensure records reflected a clear care and treatment plan of people's individual needs and preferences. The registered person failed to consistently deliver appropriate person-centred care and treatment that was responsive to people's needs. People's end of life needs wishes, and preferences had not always been explored. This is a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was in the process of replacing air mattresses with automatically adjusting pressure mattresses to aid in mitigating the risk of pressure ulcers and to support people to receive timely and responsive care.
- Following the inspection, the registered manager provided some evidence where they had requested feedback from relatives as to a person's end of life wishes. The registered manager also provided evidence of a thank you card from a relative. The relative had said, "Not only did you support our mother, but also us as a family during this very difficult time."

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans contained information about their individual communication needs. This helped ensure staff communicated with people in ways that they could understand.
- Staff were aware of people's communication needs and whether people needed spectacles and hearing aids to effectively communicate their needs.
- Staff told us they could provide information in other formats should it be required.
- Relatives told us that staff understood people's communication needs. One relative said about their family member, "Sometimes they [staff] understand her more than I do."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Although we did not see activities taking place during the inspection, we saw that people had been offered the opportunity to participate in activities prior to the inspection, as they chose. We saw group activities had been offered to people such as music, garden parties and flower arranging.
- Relatives told us they were happy with the activities provided. One relative said, "They include [Name] in the activities, she loves the music on, the keep fit sessions and they encourage her to squeeze a ball to keep her hands moving." Another relative told us, "They go above and beyond, I don't worry."
- Staff encouraged people to celebrate special occasions. We saw that the home had held a pancake tossing competition on Shove Tuesday this year. During the Easter period people had been engaged in activities such as Easter bonnet and card crafting.
- People were supported to develop and maintain relationships with people that mattered to them and avoid social isolation. We observed relatives visiting people throughout our inspection. People could stay and spend as much time as they wanted with their relatives in their rooms, lounge or dining room.

### Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise a complaint and were confident the service would take appropriate action if they did complain. One relative told us, "I have nothing to say that I'm not pleased with." Another relative told us when they have concerns, "They're on the ball here, the current manager listens to you."
- People and their relatives had the opportunity to feedback about the service at regular meetings. One relative said, "I also go to the resident's family members meeting, no complaints at the last one."
- The service had an appropriate complaints policy and procedure. This was accessible to people living at the service and others who had an interest in the service, such as relatives.
- The service had a complaints log where all complaints were recorded. The registered manager responded to complaints appropriately and in a timely way. Where learning was acquired through the investigation into the complaint, the registered manager shared this with people, relatives and staff, to ensure improvements were made.
- A health and social care professional told us, "The current manager is prompt and effective in dealing with any suggestions or concerns raised."

# 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 this key question was rated as requires improvement. At this inspection this key question remained the same.

This meant the service management and leadership was inconsistent. Quality assurance systems 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; Continuous learning and improving care

At the last inspection the registered provider did not always consistently assess, monitor and improve the quality and safety of the services provided. Service user records were not always up to date and accurate. Audit and governance systems were not always effective. This was a breach of Regulation 17 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 17.

- At this inspection we found that whilst there had been some improvements made. For example, there was a stable management team in place, improved systems were in place to check water temperatures, and some effective audits such as catering, housekeeping and falls analysis had been undertaken. There were still ongoing concerns regarding the quality assurance systems in place. The registered provider had failed to make sufficient enough improvement to their quality assurance processes to ensure the service was meeting all of the fundamental standards.
- Records did not clearly evidence that people's risks were being mitigated in line with their care plan. The inconsistent documentation meant that information was not always reflective of people's needs, and this had not been appropriately picked up by the registered person. We found that accurate records were not always maintained or did not accurately reflect the support people were being offered. This potentially placed people at risk and could compromise the quality of the care being delivered.
- Care plan audits had been undertaken, however, these had not always identified information was not reflective of people's needs or what care was being delivered by staff. For example, one person's skin integrity care plan completed in March 2019 stated that a repositioning chart must be maintained, and the person required to be repositioned on a four-hourly basis. We found that there was no repositioning chart in place at the time of inspection. A care plan and documentation audit had been undertaken for this person in April 2019. However, this did not identify this issue.
- Care plan reviews took place to identify if care plans were up to date. However, staff failed to ensure care plans had reviewed again in line with the next review date. For example, one person's eating and drinking care plan was reviewed in June 2019. The next review date was set for July 2019. However, at this inspection

on 5 and 6 August 2019, a review had not yet taken place.

- Following the last inspection, the registered provider submitted an action plan identifying what improvements they were going to make. This action plan identified the registered provider would ensure, "Contemporaneous records are kept that show how they respond to the needs of people who access the service." In addition, "These records are reviewed when there is a change in the persons condition and monthly." However, during the inspection we found the registered provider had failed to do this.

The registered person failed to consistently assess, monitor and improve the quality and safety of the services provided. Risks were not always assessed and monitored to mitigate such risks to ensure the safety and welfare of service users. Records were not always up to date and accurate. Audit and governance systems were not always effective. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Services registered with Care Quality Commission (CQC) are required to notify us of significant events, or other incidents that happen in the service, without delay. During the inspection we found that the registered person had not always notified CQC of reportable events. This meant we could not check that appropriate action had been taken to ensure people were safe. We discussed this with the registered manager and asked them to submit these retrospectively. The registered manager did this promptly following inspection. In addition, they sent us guidance regarding a process that they would be following to ensure CQC was notified appropriately going forward.

The registered person failed to notify the Commission of notifiable events, 'without delay'. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- There was a management structure in place, which gave clear lines of responsibility and authority for decision making.
- Responsive action was taken to any issues raised during the inspection.
- Following the last inspection, the registered provider had taken a number of positive actions which had been completed towards service improvement.
- Health and social care professional commented on improvements in the service. Comments included, "Over the last year I have noticed significant improvements at Birchwood" and "I can confirm that there has been significant improvements to the home."
- Relatives commented on the improvements in the home since the last inspection. One relative said, "There's improvement in everything, now there's regular staff it's great."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Without exception, health and social care professional provided very positive feedback about the registered manager. Comments we received included, "[Registered manager] has excellent leadership skills – she has a vision and is engaging with staff to make improvements within the home" and "[Registered manager] has been very proactive and has worked hard to develop a responsive team/culture in the home to improve the service. It is clear that [registered manager] has invested a lot of time to improve morale of staff and she knows the residents and their family well."
- Relatives gave very positive feedback regarding the manager of the service. One relative said, "I think the manager is absolutely wonderful. She knows where she is going and what she wants to achieve. She's proud of the staff and what they're achieving. She wants it to be a place where people want to work."
- During the inspection, we found the management team to be accessible, honest and transparent. The registered manager was very passionate and committed to the service being delivered. There was a clear

want to drive improvements within the service.

- Staff were proud of the service they worked for and told us people received good care. One staff member told us, "This is one of the better homes I have worked in. The nurses are great. I can always speak to a manager."
- A health and social care professional commented, "I think most of the carers [staff] are brilliant and really know the patients well and are passionate about what they do."
- Staff told us they were well supported in their roles by the management team. They told us the management team supported them not just professionally, but through issues in their personal lives also; being flexible and understanding of people's different situations.
- During the inspection, the managers and all other staff spoke in ways that reflected their commitment to a high quality, inclusive and person-centred service. This had resulted in positive outcomes for people.

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

- Relatives were kept informed of any incidents involving their family member.
- Relatives told us they felt the service was committed, open and transparent. One relative said, "There's very much an openness..."
- Staff told us that they would not hesitate to inform the managers of any issues, concerns or errors.
- Accidents, incidents and complaints were comprehensively reviewed and acted upon to ensure the service acted in a transparent way

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives were encouraged to give their views about the service they received. Resident and relative meetings took place regularly throughout the year where people and their relatives could discuss any concerns they had about the home or any ideas they had about how it could be improved.
- Feedback was also obtained via regular surveys. This information was used to make improvements to the service.
- A newsletter was produced to update people and relatives on important information, upcoming events and activities that had taken place. One relative told us, "I get a newsletter regularly by email."
- Staff were able to share feedback during regular supervision meetings and staff meetings. The registered manager operated an 'open-door' policy and staff could speak with them about any ideas or concerns whenever they wanted to.
- The provider and registered managers worked with other professionals involved in people's care, to achieve good outcomes for them. A health and social care professional told us, "With us we have a very good relationship with the home."
- The management team took part initiatives, such as those with health services and the local authority, to help ensure they provided best practice support to people.
- People's care records reflected where professionals were actively involved in their care and appropriate information was shared with other professionals. This included GPs, chiropodist, speech and language therapists and opticians.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents
Treatment of disease, disorder or injury	The registered person failed to notify the Care Quality Commission of reportable incidents. Regulation 18(1)(2)(a)(b)(e)

### The enforcement action we took:

We have imposed a condition to the providers registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	The registered person failed to ensure records reflected a clear care and treatment plan of people's individual needs and preferences. The registered person failed to consistently deliver appropriate person-centred care and treatment that was responsive to people's needs. People's end of life needs wishes, and preferences had not always been explored. Regulation 9(1)(2)(3)(b)(l)

### The enforcement action we took:

We have imposed a condition to the providers registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The registered provider failed to assess risks relating to the health, safety and welfare of people using services and do all that is reasonably practicable to mitigate any such risks. Regulation 12(1)(2)(a)(b)

### The enforcement action we took:

We have imposed a condition to the providers registration.

Regulated activity	Regulation
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Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation 17 HSCA RA Regulations 2014 Good governance

The registered person failed to consistently assess, monitor and improve the quality and safety of the services provided. Risks were not always assessed and monitored to mitigate such risks to ensure the safety and welfare of service users. Records were not always up to date and accurate. Audit and governance systems were not always effective.

Regulation 17(1)(2)(a)(b)(c)(f)

**The enforcement action we took:**

We have imposed a condition to the providers registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Treatment of disease, disorder or injury	The registered person failed to operate effective recruitment procedures, including undertaking any relevant checks in line with the fundamental standards for all staff employed for the purposes of carrying on a regulated activity. Regulation 19(1)(a)(b)(c)(2)

**The enforcement action we took:**

We have imposed a condition to the providers registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	The registered person failed to deploy sufficient numbers of staff to meet people's care and treatment needs. Regulation 18(1)

**The enforcement action we took:**

We have imposed a condition to the providers registration.