

Community Integrated Care Birwood

Inspection report

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Ratings

Overall rating for this service		Good	
Is the service safe?		Good	
Is the service effective?		Good	
Is the service caring?		Good	
Is the service responsive?		Good	
Is the service well-led?		Good	

Overall summary

This was an unannounced inspection, carried out on 11 June 2015.

Birwood is a care home providing personal care for three adults with learning disabilities. The service is operated by Community Integrated Care. The property has three bedrooms, a lounge, a kitchen with dining area and a small room which is used as an office. There are gardens to the front and rear of the property. At the time of our inspection there were 3 people using the service.

The service does not have a registered manager. A registered manager is a person who has registered with

the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'.

Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The last inspection of Birwood was carried out in April 2014 and we found that the service was not meeting all the regulations we assessed. The provider sent us an

Summary of findings

action plan outlining how and when they intended to meet the regulations. During this inspection we found that the required improvements had been made within the timescale set by the provider.

Improvements had been made to ensure people had access meaningful activities both at home and in the local community. People were supported to access a range of activities and events which they enjoyed.

People were safe and staff treated them well. Staff knew what their responsibilities were for protecting people from abuse and for reporting any concerns they had about people's safety.

People's needs were assessed and planned for and staff had information about how to meet people's needs. People's wishes and preferences and their preferred method of communication were reflected in the care plans. Daily records which were maintained for each person showed they had received the right care and support. Care plans were regularly reviewed and updated to ensure they remained up to date.

Robust recruitment checks were carried out to ensure applicants were suitable to work with people in a care setting.

The service was clean and hygienic and infection control practices were followed to minimise the spread of infection. Staff were confident about dealing with emergencies and emergency equipment was in place and easily accessible.

People were cared for and supported by the right amount of suitably skilled and experienced staff. Staff received the training and support to carry out their job and they were provided with opportunities to develop within their roles.

Staff worked well with external health and social care professionals to make sure people received all the care and support they needed. People were referred onto to the appropriate service when concerns about their health or wellbeing were noted. Medication was managed safely and people received their medication on time.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. Policies and procedures were in place to guide staff in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Decisions made on behalf of people were made in accordance with the law to ensure they were made in people's best interests.

The service was being well managed by a person described as fair, approachable and supportive. Systems for checking the service people received were in place and improvements were made.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff knew how to recognise abuse and how to respond if they discovered abuse had occurred.

Risks to people's health safety and welfare were identified and managed. Staff were confident about dealing with emergency situations. People's medicines were managed safely.

The process for recruiting new staff was safe and thorough. People were cared for and supported by the right staff.

Good



Is the service effective?

The service was effective.

People received the support they needed at meal times and staff had access to important information about people's dietary needs.

Staff received training and support to enable them to carry out their job.

Staff were aware of their responsibilities under the MCA and DoLS and appropriate DoLS referrals had been made for people so that decisions were made in the person's best interest.

Good



Is the service caring?

The service was caring.

Staff were patient and caring in their approach towards people.

Staff knew people well, including their likes and dislikes.

People were treated with respect and their privacy and independence was promoted. People were supported and encouraged to make their own choices and decisions and staff understood the importance of this.

Good



Is the service responsive?

The service was responsive.

People received personalised care that was responsive to their needs.

People were provided with equipment they needed to help with their mobility, comfort and independence.

There was a complaints system in place and information about how to complain was accessible to all.

Good



Is the service well-led?

The service was well led.

People commented on how well the service was managed.

The manager and staff worked well with other agencies and services to make sure people received the right care and support.

Good



Summary of findings

The provider had effective quality assurance systems in place to monitor and improve the service provided.

Birwood

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We visited the service on 11 June 2015. Our inspection was unannounced and the inspection team consisted of an adult social care inspector.

During our visit to the service we held discussions with all of the people who used the service. People were unable to communicate verbally, however they communicated with us by use of signs and gestures. We looked at care records for two people, spoke with two staff and the manager and observed how people were cared for. We also looked at staff records and records relating to the management of the service.

Before our inspection we reviewed the information we held about the service including notifications of incidents that the provider had sent us since the last inspection. We contacted local commissioners of the service and the local authority safeguarding team. They raised no concerns about the service.

Is the service safe?

Our findings

People indicated that they felt safe and that staff treated them well.

Staff were aware of their responsibilities for ensuring people were safe and for reporting any concerns they had about people's safety. Staff had completed safeguarding adults training and we saw records which confirmed this. Staff knew what abuse meant and they were able to describe the different types of abuse and signs which may indicate abuse had taken place. Staff explained what they would do if they discovered abuse and we found this was in line with the procedures set out by the provider and the local authority.

Staff had access to important information about keeping people safe and they were confident about responding to emergency situations. A file held at the service contained procedures and details of services and individuals who needed to be contacted in the event of an emergency. The services continuity plan and missing person's procedure were amongst them. We saw emergency equipment located around the service, including firefighting and first aid equipment. Records showed that regular checks had been carried out on the equipment to ensure it was in good working order and easily accessible. Staff told us they had completed health and safety training and we saw records which confirmed this. Training included first aid, safeguarding vulnerable adults and fire awareness.

Risks people faced in relation to their care and support and environmental hazards were assessed and identified. Each person had a support plan which highlighted any risks to their safety and they provided staff with guidance on how to support people to manage these. Staff knew the risks people faced and they were able to describe the measures they took to ensure people's safety, whilst also ensuring they had maximum choice and independence.

There were sufficient numbers of staff to safely meet people's individual needs. Staff told us they felt the staffing levels were safe and that they had time to provide people with the care and support they needed. This was also demonstrated in daily records which staff maintained for each person. People were supported by two staff as required for example, when receiving personal care and being transferred by the use of lifting hoists. We viewed

staffing rotas for the previous month and these showed that there had been a consistent number of staff on duty over that period. Planned rotas also showed a consistent number of staff.

Safe recruitment processes were followed to ensure staff were suitable to work at the service. A range of checks had been carried out to assess the suitability of applicants prior to them being offered a position. This included completion of an application form which required the applicant to provide details of their skills, experience and previous employment. References obtained from applicants previous employer and a Disclosure and Barring Service (DBS) check were obtained prior to applicants starting work at the service. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults. This assists employers to make safer decisions about the recruitment of staff.

People's medication was safely stored and administered by suitably trained staff. The manager told us that they had carried out competency checks to ensure staff managed medication correctly and we saw records of this. Medication administration records (MARs) were properly completed and staff had used signatures and appropriate codes when completing them. A recent photograph of the person was in place to help staff identify the person prior to administering medication. We saw that staff had access to important information about people's medication, including what the medication was for and any possible side effects. Procedures were in place for the use of controlled drugs and appropriate records were kept of these medicines. Staff had access to policies and procedures and codes of practice in relation to the management of medicines and staff who administered medication told us they were familiar with them.

Equipment people used for their mobility, comfort and independence was regularly checked and serviced to make sure it was suitable and safe for people to use. We observed staff using equipment appropriately, for example, lifting hoists were used to move people around safely.

All parts of the service were clean and hygienic. Cleaning schedules were in place and these were regularly checked and recorded to ensure they were effective. Hand gel was available and there was a good stock of personal protective equipment (PPE) such as disposable gloves and aprons. We saw staff using PPE when carrying out tasks which posed a

Is the service safe?

risk of the spread of infection. Separate bins were in place for the disposal of clinical and domestic waste and contracts were in place for the removal of waste from the service. Staff had completed infection control training and

they had access to information and guidance about infection control procedures. Regular audits which were carried out helped to monitor infection control practices within the service.

Is the service effective?

Our findings

People indicated that they liked the food and that they got enough to eat and drink.

People's dietary needs were recorded and understood by staff. Staff were knowledgeable about people's dietary needs and the support they needed to eat and drink. For example, staff knew people who were at risk of choking and that they required their food softened to reduce the risk. However, staff told us that they blended foods together for one person who required a soft diet. Meals served in this way could have an impact on people's eating experience for example, the experience of tasting different foods and textures. Furthermore, the Social Care Institute for Excellence which provides guidance on eating and nutritional care recommends keeping different foods separate to enhance the quality of the eating experience. People who needed it, received input from dieticians and speech and language therapists and their food and fluid intake was monitored as required.

Staff told us they completed induction training when they first started work at the service. They also told us they were provided with ongoing training relevant to their roles and the needs of the people who used the service. Training completed by staff included, safeguarding people, moving and handling, first aid and health and safety. A record of training was kept for each member of staff along with a record of individual supervisions. The records showed staff had completed relevant training and that they were given regular opportunities to discuss with the manager, training needs and other matters relating to their work. This included formal one to one sessions and regular staff meetings.

The service had appointed champions for areas of practice such as, health and safety, medication and safeguarding. These are members of the staff team who have received training in these areas and who take a lead for sharing good practice and changes in practice or policies and procedures across the staff team.

Discussions held with staff showed they were knowledgeable about the care and support people needed with their health and wellbeing. Staff explained what their responsibilities were for monitoring people's health and for reporting any concerns they had. This included contacting GPs and making referrals to relevant health services as required. Staff followed guidance and advice from external health care services, such as dieticians, speech and language and occupational therapists. Staff also monitored people's care as required, for example, effects of medication, behaviour and emotional wellbeing. We saw that people had a healthcare action plan which identified their healthcare needs and the support they needed to stay healthy and well. People were supported to attend regular appointments with their optician, chiropodist, dentist and GP when needed.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. Policies and procedures were in place to guide staff in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The manager had a good understanding of the Mental Capacity Act 2005. They knew what their responsibilities were for ensuring that the rights of people who were not able to make or to communicate their own decisions were protected. Records showed that the manager had applied the principles of the Mental Capacity Act 2005 Code of Practice to assess people's ability to make a particular decision. Some people who used the service were unable to make important decisions about their care due to them lacking the capacity to do so. Peoples' ability to make decisions had been assessed and where appropriate details of those who need to be consulted about decisions on behalf of people were recorded. These showed appropriate steps had been taken to make sure decisions were made in people's best interests. People who required it were in receipt of support from independent advocacy services.

Is the service caring?

Our findings

People indicated that they like the staff.

We observed staff providing people with care and support in a dignified way. Staff spoke with people in a gentle manner and their approach was caring and patient. People who preferred to walk around the home were encouraged to do so and staff monitored their safety discreetly. People received personal care in private and people's choice to spend time alone in the privacy of their own rooms was respected by staff.

We saw positive interactions between staff and people who used the service. Staff took their time to listen to people and engaged with people in a positive way. Staff shared banter with people which they appeared to enjoy. The interactions we observed between people who used the service and staff demonstrated that they knew people well that they knew what people enjoyed talking about.

The manager and staff had a good understanding of people's needs including their preferences, likes and dislikes. People were dressed appropriately for the time of year and they looked clean and well presented.

People's independence was actively promoted and staff told us this was very important. People were encouraged to carry out tasks around their home and we saw staff encouraging this.

People were supported to make as many choices as possible, such as where they and who they spent their time with. Care plans reflected people's individual needs and provided staff with information about how to communicate with people. Throughout our visit we saw that staff communicated well with people and understood what people were communicating. For example, people used gestures, facial expressions and sounds and staff responded promptly to people.

People who used the service and their family members were provided with an information pack which outlined the aims and objectives of the home and the services and facilities available. The pack also included information about the staff and the name and contact details of the registered provider. There was clear information about what people should expect from the service and guidance on how they could raise any concerns should they need to.

Is the service responsive?

Our findings

At our last inspection in April 2014 we were concerned because people's assessed needs were not being met. We found people had not accessed activities in accordance with their individual plans of care. The registered provider sent us an action plan outlining how they would make improvements. At this visit we found the required improvements had been made.

People indicated to us that they enjoyed a variety of activities both at home and in the local community.

Since our last inspection people were given opportunities to take part in a wide range of activities both at home and in the local community. Each person had an activity programme which had been based around their hobbies and interests. Records kept for each person showed they had regular opportunities to participate in meaningful activities which met their needs. For example, people had joined clubs in the community and were supported to attend them regularly. One person showed us their activity diary which included photographs of them taking part in activities both at home and in the local community. People were also encouraged and supported to maintain relationships which were important to them and they had regular contact with friends and family.

Each person who used the service had an individualised care plan which included information about their assessed needs. Staff had access to people's care plans and they told us they read them regularly. The plans provided staff with guidance on how best to meet people's needs and they reflected people's likes, dislikes and preferences and how they best communicated their wishes and choices. Our observations of the care and support people received demonstrated that staff had a good understanding of

people's needs and what they were communicating. Staff empowered people to make choices for themselves and people's independence was encouraged. This meant people had as much control as possible over their own lives. People's care plans had been reviewed on a monthly basis to ensure the information remained up to date and accurate. Care plans were updated as soon as a change was noted in a person's needs. Staff also shared important information about people during each shift handover. This ensured people received the right care and support.

People were provided with equipment which they needed to help with their comfort, mobility and independence. Records showed equipment people used was appropriately obtained following assessments of their individual needs. Staff monitored the suitability of equipment and made appropriate referrals when they recognised a change in people's needs.

Staff responded appropriately to any concerns they had about a person's health or wellbeing. Records we viewed and discussions held with staff showed appropriate referrals were made to other health services. Where appropriate staff obtained advice and support from health and social care professionals who were involved in people's care and support. Monitoring charts were in place and completed for people who required them.

The registered provider had a complaints procedure which was made available to people in an easy read format. The procedure clearly described the process for raising and managing complaints. No complaints had been raised about the service since our last inspection. However, staff were familiar with the complaints procedure and were confident about dealing with any complaints if they received one.

Is the service well-led?

Our findings

The service did not have a registered manager. A manager was in post at the time of our inspection and they received direct support from an area manager.

The manager and staff had a good understanding about their roles and responsibilities and the lines of accountability within the service and they knew the structure of the organisation. Staff told us the service was well managed and that the manager was approachable and easy to talk to. We saw good relationships amongst the staff team and staff told us they were well supported by the manager.

There were effective systems in place to assess and monitor the quality of the service provided at the service. The systems ensured that people were protected against the risks of inappropriate or unsafe care and support. People's care records were checked regularly to ensure they were up to date and reflected people's current needs. Checks were also carried out on people's medication, the environment and equipment used at the service. Records of the checks were completed and any shortfalls which were identified were quickly acted upon to ensure improvements were made.

The registered provider had a whistle blowing policy which staff were familiar with. Staff told us they would not be afraid of reporting any concerns they had about the service and were confident that their concerns would be dealt with in confidence.

People who used the service were invited to attend regular house meetings. An agenda was put together and made available to people prior to the meetings and staff discussed this with them. During the meetings people were encouraged to contribute the running of the service and make suggestions for improvements.

There was a system in place for recording and monitoring accidents and incidents. We saw the details of one incident which had occurred at the service since our last inspection. The incident was recorded appropriately and reported through the provider's quality assurance system. This enabled the provider to monitor incidents, identify any trends and learn to avoid future occurrences.

The manager of the home had notified CQC promptly of significant events which had occurred at the service. This enabled us to decide if the service had acted appropriately to ensure people were protected against the risk of inappropriate and unsafe care.