

Bupa Care Homes (CFHCare) Limited

# Birch Court Nursing and Residential Home

## 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

The inspection was unannounced and took place on the 26 February 2015.

The last inspection took place on the 12 November 2013 when the home was found to be meeting the regulatory requirements looked at and which applied to this category of home.

One of the conditions of registration for the home was that it must have a registered manager. At the time of our

inspection although there was a manager in place they had not registered with the Care Quality Commission. 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

# Summary of findings

the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Records show that the current manager is awaiting his registration with CQC.

Birch Court provides nursing and personal care for a maximum of 150 people across five units. Personal care is provided for up to 30 older people living with dementia in Brook House. Nursing care for up to 30 older people living with dementia is provided in Waterside House. Nursing care for up to 30 older people is provided in Moss House and Fern House. At the present time Bank House is empty. All bedrooms are single and are on the ground floor. There are no en-suite facilities.

There were 90 people living in the home at the time of our inspection.

We asked people using the service if they felt safe at Birch Court and they said that they did. Comments included; "There always appears to be enough staff around to help. If anyone needs something the carers are right there for them", "I feel really safe here and staff do their best to help us" and "I'm very happy here. The carers knock on your door and ask if you are alright".

Visitors we spoke with told us, "I am happy to leave mum here and know that she is safe", "I hope she is safe, we have not had any problems here but sometimes I think there could be a few more staff around" and "It is not a bad place, the security seems OK and there is always someone around if you need them".

The service had a safeguarding procedure in place. This was designed to ensure that any possible problems that arose were dealt with openly and people were protected from possible harm.

Staff files showed that the appropriate checks had been made to ensure that new employees were suitable to work with vulnerable adults.

We asked staff members about training and they all confirmed that they received regular training throughout the year and that it was up to date.

The service had a range of policies and procedures which helped staff refer to good practice and included guidance on the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Staff told us they had received training in these areas to ensure they could provide for the protection of people who were no longer able to make a decision for themselves usually because of an illness such as dementia.

There was a flexible menu in place which provided a good variety of food to the people using the service. The menus offered variety and choice and provided a well-balanced diet for people living in the home meeting specialised diets and personal likes and dislikes.

Care plans we looked at all explained what each person's care needs were. Records showed that the plans were reviewed monthly so staff would know what changes, if any, had been made. This enabled staff to provide care that was appropriate to any changing need.

Meetings for the people using the service were arranged monthly. However records showed that these meetings were not well attended and as a consequence we were unable to access any recent minutes. However people told us that all need to know information was cascaded verbally and they "always knew what was going on".

Staff members we spoke with were positive about how the home was being managed. Throughout the inspection we observed them interacting well with other staff and the people who lived in the home.

# 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.

Everyone was happy with the staff team although some relatives told us they were unsure how many staff they should expect to see on duty each day. We found no issues effecting care needs during this inspection.

Staff showed clear understanding about the process to follow if they had any concerns in relation to managing safeguarding and keeping people safe. Care plans contained a variety of risk assessments so that risks to people were addressed and well managed.

A thorough recruitment procedure was in place to include the use of relevant checks and references to ensure that staff were suitable to work with vulnerable people.

People had their medication when they needed it. Appropriate arrangements were in place in relation to the safe storage, receipt, administration and disposal of medicines.

The home was clean and hygienic.

Good



### Is the service effective?

The service was effective

Regular training was provided for all staff working at the home including on-going development training for dementia and the Mental Capacity Act. Staff said this assisted them to support people with specialised needs.

Staff felt supported and received regular formal supervision to assist them in their job roles and in their personal development.

People's nutritional needs were met. The menus offered variety and choice and provided a well-balanced diet for people living in the home meeting specialised diets and personal likes and dislikes.

People's health needs were managed well by staff who co-ordinated appointments and visits across a range of visits from healthcare professionals, such as GPs, hospital visits and care managers.

Good



### Is the service caring?

The service was caring.

People living at the home were happy with the staff supporting them and we could see how they reacted positively to staff providing their support. Visitors felt their relatives were supported well and cared for to a good standard.

We saw that staff continually interacted with the people who lived in the home and they treated them with respect and dignity.

Staff were knowledgeable about people's individual needs and how they liked to be cared for.

There was an effective system in place to use if people wanted the support of an advocate. Advocates can represent the views and wishes of people who are not able express their wishes themselves.

Good



# Summary of findings

## Is the service responsive?

The service was responsive.

People received care and support which was personalised and responsive to their needs.

Care plans demonstrated that people living at Birch Court and their families were involved as much as possible in the decisions about their daily lives. Staff were knowledgeable about people's changing needs and responded well in contacting the necessary clinical support when needed.

People knew how to make a complaint and felt confident any issue they raised would be dealt with promptly.

Good



## Is the service well-led?

The service was well led.

People spoken with said that they felt the management team did a good job and were approachable. However they said the registered manager had recently left and a new manager was in place. They were unable to comment on his leadership skills as he had commenced his role only days before our inspection took place.

We noted that the procedures in place to monitor and improve the quality of the service were effective and actions were taken to address any issues that were found. This ensured that people lived in a home that was safe and well led.

Good



# Birch Court Nursing and Residential Home

## 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 checked 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 carried out an unannounced inspection on 26 February 2015. The inspection was carried out by two adult social care inspectors and a specialist advisor. The specialist advisor had expert knowledge in dementia care. One inspector returned to the home on 27 February 2015 to access further information about the quality assurance systems.

We checked the information that we held about the service and the service provider. We looked at any notifications

received and reviewed any other information we hold prior to visiting. We also invited the local authority to provide us with any information they held about Birch Court Care Home.

During our inspection we saw how the people who lived in the home were provided with care and support. We spoke with 15 people living there, five family members and approximately ten staff members including the registered manager. The people living in the home and their family members were able to tell us what they thought about the home and the staff members working there.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

We looked around the home as well as checking records. We looked at a total of eight care plans. We looked at other documents including policies and procedures and audit materials.

# Is the service safe?

## Our findings

We asked people if they felt safe. All the people we spoke with said that they felt Birch Court was a safe environment. Comments included; “I am fine here the staff keep me safe”, “I am happy with the security and safety in this home, I feel that my relative is safe”, “I am not sure how many staff should be on duty, sometimes there could be more but staff are always on hand to assist”, “There always appears to be enough staff around to help. If anyone needs something the carers are right there for them”, “I feel really safe here and staff do their best to help us” and “I’m very happy here. The carers knock on your door and ask if you are alright”.

During our visit we observed relaxed and friendly relationships between the people living in Birch Court and the staff members working there.

We saw that the service had a safeguarding procedure in place. This was designed to ensure that any possible problems that arose were dealt with openly and people were protected from possible harm. The registered manager was aware of the relevant process to follow. They said they would report any concerns to the local authority and to the Care Quality Commission [CQC]. Homes such as Birch Court are required to notify the CQC and the local authority of any safeguarding incidents that arise. We checked our records and saw that CQC had received notifications for twenty incidents within the home since the previous inspection took place. Eighteen of these were in relation to interactions between people using the service and immediate actions had been taken by the provider to minimise risk. Only two of the notifications had been identified as safeguarding issues. Records showed that appropriate actions had been taken to ensure the safety of the individual concerned.

Staff members confirmed that they had received training in protecting vulnerable adults and that this was updated on a regular basis. The staff members we spoke with told us they understood the process they would follow if a safeguarding incident occurred and they were aware of their responsibilities when caring for vulnerable adults. They were also familiar with the term ‘whistle blowing’ and each said that they would report any concerns regarding poor practice they had to senior staff. This indicated that

they were aware of their roles and responsibilities regarding the protection of vulnerable adults and the need to accurately record and report potential incidents of abuse.

Risk assessments were carried out and kept under review so the people who lived at the home were safeguarded from unnecessary hazards. We could see that the home’s staff members were working closely with people and, where appropriate, their representatives to keep people safe. This ensured that people were able to live a fulfilling lifestyle without unnecessary restriction. Relevant risk assessments, for example, medication and mobility were kept within the care plan folder.

We observed that the staff members were kept up to date with any changes during the handovers that took place at every staff change. This helped to ensure they were aware of issues and could provide safe care.

We looked at the files for four staff members to check that effective recruitment procedures had been completed. We found that the appropriate checks had been made to ensure that they were suitable to work with vulnerable adults. Checks had been completed by the Disclosure and Barring Service (DBS). These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. We saw from these files that the home required potential employees to complete an application form from which their employment history could be checked. References had been taken up in order to help verify this. Each file held a photograph of the employee as well as suitable proof of identity. There was also confirmation within the recruitment files we looked at that the employees had completed a suitable induction programme when they had started work at the home.

We saw that systems were in place to help ensure that people’s medicines were being managed appropriately. Each person’s medicines were held in a lockable medicine trolley in the treatment room on each of the four units. The temperatures in each treatment room were recorded and monitored to ensure all medicines were stored as appropriate. We checked the medicine arrangements for eight people using the service and saw that clear records were kept of all medicines received into the home, administered and if necessary disposed of. Records showed that people were getting their medicines when they needed them and at the times they were prescribed.

## Is the service safe?

This meant that people were being given their medicines safely. Staff members received regular medicine training and the nurse manager on each unit was responsible for all the administration and recording of medication.

The staffing rotas we looked at and our observations during the visit demonstrated that there were sufficient numbers of staff on duty to meet the needs of the people living at the home. On the day of our visit Brook Unit was staffed by a unit manager and five carers from 8am until 8pm. The other three units were staffed by one qualified nurse and five carers from 8am until 8pm.

Records show that night staff for Brook Unit was provided by a senior carer and three care staff. The other three units were staffed each night by a qualified nurse and a minimum of three care staff.

In addition to the above there were separate ancillary staff including an administrator, three people working in the kitchen, a house keeper, five domestic assistants, one person doing the laundry and two maintenance staff. Records showed that staff retention was good and staff told us this assists them to support each other and work together as a team.

Our observations during the inspection were of a clean, fresh smelling environment which was safe without restricting people's ability to move around freely. One person told us, "The environment is always pleasant".

# Is the service effective?

## Our findings

A relative of a person who lives in Birch Court told us that he had looked after his relative at home until her dementia had progressed and she was admitted to Birch Court as an emergency placement. He said he was impressed with the knowledge and skills of the staff and that they were nice and efficient. He said that “care was provided taking into account her mental capacity and ability to consent to her care”.

We looked at a copy of the staff training matrix and noted that staff received regular on-going training such as moving and handling, dementia care and mental capacity. Staff members told us that they were receiving regular training to ensure they had the knowledge and skills to provide effective care. Staff were encouraged to access NVQ courses (National Vocational Qualification) and also undertake competency assessments to enable them to demonstrate their understanding of the training they had undertaken. Nursing staff updated their skills by way of mentoring sessions with the deputy manager.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

We saw that some people living at Birch Court were not able to make decisions about their care. To address this management had worked with other professionals to complete an assessment of people’s mental capacity and where appropriate a Deprivation of Liberty Safeguard was in place. We saw that people who lacked capacity had been fully assessed and a referral to the DoLS team had been made if it was felt to be appropriate. Documents with regard to mental capacity had been fully completed and discussions with family members had taken place if required. We spoke with a best interests assessor who was undertaking an assessment of a person who lived in the home. They told us that Birch Court had commenced the process to consider best interests applications for people who met the criteria. Three applications under the DoLS had been authorised and the provider was complying with the individual conditions applied.

We found staff had received training with regard to Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005 (MCA). Staff spoken with had a good understanding and knowledge of how to ensure the rights of people with limited mental capacity to make decisions were respected.

The nursing staff told us that they received supervision about four times a year from a senior nurse. Care staff told us that they received supervision from senior staff. We were also told that the manager also did some supervision of the care staff members. One staff member we spoke with said, “I get supervision and can speak my mind without fear. I can ask for more training if I need it”. The care staff we spoke with also told us that they received supervision and records showed that supervision sessions were in place for all staff; however they were not held on a regular basis. The manager showed us the supervision policy which provides a framework for clinical supervision. The policy stated that all registered nurses should have a minimum of one hour clinical supervision, twice a year. Records showed that all clinical staff were provided with supervision every two months. The care staff matrix revealed inconsistencies between the levels of supervision across the four units. Staff of Moss and Fern units received supervision every two months whilst staff of the other two units supervision varied from two to four sessions a year. Supervision is a regular meeting [regular is approximately every six to eight weeks] between an employee and their line manager to discuss any issues that may affect the staff member; this may include a discussion of the training undertaken, whether it had been effective and if the staff member had any on-going training needs. The manager told us that he was in the process of drawing up a new supervision timetable to ensure that staff were supervised and supported in accordance with the homes policy.

We looked at eight care plans and saw that the information provided enabled staff members to respect people’s wishes regarding their chosen lifestyle. We saw that care plans described people’s likes and dislikes and how these might influence their routine. For example on one file we saw notes regarding a person’s choice not to be woken up if a visitor called when they were asleep. This was recorded in the care plan.

We looked at some of the additional records maintained by staff members, these included key worker comments that were completed and included updates on any



## Is the service effective?

communication with families. These were signed and dated. We also saw a summary of care notes being completed by care staff members; these included observation charts, daily tasks completed and a record of food and fluid intake. These were also signed and dated.

Visits from other health care professionals, such as GPs, speech and language therapists, dieticians, chiropodists and opticians were recorded so staff members would know when these visits had taken place and why.

We saw that people had their meals in the dining room, in the lounge or in their own rooms at lunch time. We saw a variety of hot food served from a serving trolley although staff told us that the food provided was not always as described on the menu. However they told us that in general the meals were as identified on the menu board. We noted that the food presented during the inspection corresponded with the menu with the exception of the sweet which was described on the menu as having an apple filling when in fact it was apricot. The menu of the day showed a picture of the meal as a visual aid. People told us they were offered a choice of meals or soups and sandwiches. They told us that the food was fine and enjoyable.

We observed that people were supported and encouraged to eat their meals and staff provided discreet assistance for the people who were unable to feed themselves. Staff appeared very busy during the mealtime period, however they told us that they worked well as a team and therefore “could manage to provide all the assistance required”.

Care plans identified people’s specialised dietary requirements and their nutritional likes and dislikes and staff told us that this enabled them to provide a well-balanced diet for all the people who live in the home.

We noted that on all four units staff were asking people if they wanted a drink and providing them what they wanted. We also saw that a record was kept of fluid intake which was maintained where necessary.

Records showed that the staff monitored people’s weights as part of the overall planning process on a monthly basis and used the Malnutrition Universal Screening Tool (MUST) to identify whether people were at nutritional risk. This was done to ensure that people were not losing or gaining weight inappropriately.

A tour of the premises was undertaken; this included all communal areas on the four units including lounge and dining areas and with people’s consent a number of bedrooms as well. The home was well maintained and provided an environment that met the needs of the people that were living there. However the fabric of the building required some update particularly to Brook unit as the floor covering was ripped and worn and presented a trip hazard. The manager told us that this had been identified and was in the process of being renewed. We saw that where needed people had the use of airflow mattresses and cushions to reduce the likelihood of pressure sores.

The home provided adaptations for use by people who needed additional assistance. These included bath and toilet aids, hoists, grab rails and other aids to help maintain independence.

# Is the service caring?

## Our findings

People told us staff treated them compassionately and with kindness. They had time for a chat and pleasantries with people as well as attending to their needs. Staff were aware of people's needs and responded quickly when these changed. People spoken with said "There always seems to be someone around to provide care and support" and "They all know my needs and how I like things to be done. They also help me keep up my faith".

Relatives of the people who live in Birch Court said that they were happy with the caring environment. Comments include "The staff are lovely here and you can talk to any one of them. They are very friendly with everyone", "There is a new manager now but I am sure he will be as nice as everyone else" and "I don't recall being asked to come to any meetings but staff always tell me anything I need to know. They either ring me or tell me when I visit".

Records showed that relatives' meetings were held regularly and the last had been held in February 2015 with another being scheduled for 11 March 2015. Minutes of these meetings were comprehensive and informative with lots of activities arranged and planned. The minutes included discussions about garden access for residents and families, general decor of the home, provision of toiletries and a fish and chip night out.

We observed positive interactions between staff and people living in the home and between staff and relatives. Staff were respectful, for example they addressed people by their preferred names. The atmosphere in the home was warm and friendly. During the day we saw that people were comfortable and relaxed with staff and we saw cheerful exchanges between them where people were laughing.

Throughout our inspection we saw that staff were courteous, caring and patient when supporting people and we saw that people's dignity was respected. Staff respected people's privacy by knocking on people's doors and awaiting a reply before entering.

Our use of the Short Observational Framework for Inspection (SOFI) tool found most interactions between staff and people were positive with no negative interactions. We found people's choices were respected and staff were calm and patient and explained things well. We found staff asked people their choice around daily living such as where they wanted to sit and if they wanted a drink. Classic FM radio played quietly from the television and the atmosphere was pleasant and calm.

The eight care plans viewed held details of end of life care and included choices about cardio pulmonary resuscitation (CPR). Discussions with staff indicated that there was no identified system on the outer area of people's care files to advise staff of their wishes in respect of resuscitation. Staff told us they would need to check through a large amount of documentation to access this information. The manager gave assurances that this would be addressed immediately and he would implement a recording system that was easier for all staff to reference easily and quickly. He acknowledged that in the event of an emergency time would be crucial and this information needed to be accessed immediately.

Staff told us that people's relatives or friends acted as lay advocates if required. Records showed that other advocacy services could be accessed such as solicitors or independent mental health advocates who could represent the views and wishes of people who were not able to express their wishes themselves.

# Is the service responsive?

## Our findings

We asked people if they had choices with regard to daily living activities and could they choose what to do, where to spend their time and who with. They told us that staff assisted them to do things they wanted to such as when to get up and when to go to bed. They said that they only had to ask for a drink and it was there.

Everyone in the home at the time of our inspection had received a pre-admission assessment to ascertain whether their needs could be met. As part of the assessment process the home asked the person's family, social worker or other professionals, who may be involved to add to the assessment if it was necessary at the time. We looked at the pre-admission paperwork that had been completed for people currently living in the home and could see that the assessments had been completed.

We looked at care plans to see what support people needed and how this was recorded. We saw that each plan was personalised and reflected the needs of the individual. We also saw that the plans were written in a style that would enable any staff member reading it to have a good idea of what help and assistance someone needed at a particular time. All of the plans we looked at were well maintained and were being reviewed monthly so staff would know what changes, if any, had been made.

If people needed specialist help, for example assistance with swallowing, staff contacted the relevant health professionals for assistance and guidance. A care plan to meet this need would then be put into place. We saw that this was happening within the plans we looked at during the inspection.

The eight care files we looked at throughout the four units contained relevant information regarding background history to ensure the staff had the information they needed to respect the person's preferred wishes, likes and dislikes. We asked staff members about several people's choices, likes and dislikes within care plans and the staff we spoke

with were knowledgeable about them. They also told us that care plans were being looked at to address the bulkiness and duplicated information. They said that this will make it far quicker to access information.

All of the family members we spoke with told us they have been involved in formulating and reviewing care plans. Records show that the plans were monitored and reviewed on a regular basis and people who live at Birch Court and their family were involved in discussions about what changes were needed. We saw that consent was obtained from the resident and if this was not possible the person's family or representative had agreed to the care being provided.

The home employed three activity co-ordinators to organise and work with staff to promote accessible activities for people and help them continue with any hobbies or interests they had prior to them living in the home. This included any spiritual needs they may have. Records showed that the home arranged outings to Blackpool, Chester Zoo and a river barge trip. Other activities included visits to local community centres and in house activities such as dominoes, cards or sing-a-longs. We observed people playing dominoes, reading or watching the television during our inspection. They all presented as being happy and contented within the home.

The home had a complaints policy and processes were in place to record any complaints received and to ensure that these would be addressed within the timescales given in the policy. Complaints were recorded in a file along with records of the investigations which took place and the outcome achieved. We looked at the most recent complaint made in January 2015 and could see that this had been dealt with appropriately.

We asked the residents and visitors we spoke with if they knew how to complain and they told us that they had been provided with details of the complaints procedure when they moved into the home. They said that that they had never had occasion to make an official complaint. However one person said "I have had a little moan about something I did not like and it was sorted right away".

# Is the service well-led?

## Our findings

The manager commenced his role at Birch Court in February 2015 and is awaiting his registration with the Care Quality Commission (CQC). The clinical lead is also the deputy manager of the home.

The manager had commenced a review of care plans and other documentation to ensure that the care files did not hold duplicated information and were easier to read.

The deputy manager provided copies of recent quality audits which were completed on a monthly basis. They identified a variety of audits were undertaken, these included the premises, infection control, health and safety, care plans, the kitchen and the laundry. We also saw that regular audits took place that considered the catering and domestic services and how staff managed medicines.

The manager told us that information about the safety and quality of service provided was gathered on a continuous and on-going basis via feedback from the people who used the service and their representatives, including their relatives and friends, where appropriate. The manager regularly 'walked the floor' in order to check that the home was running smoothly and that people were being cared for properly. Staff told us that the manager was very visible around the home and spoke with people who lived in the home and staff to make sure all was well.

The home employed two maintenance workers who undertook on-going weekly and monthly maintenance checks on the fire alarm system, emergency lighting, and operation of fire doors, hot water temperatures and the call bell system. They updated and monitored any areas which needed to be addressed. Staff told us that this ensured that everything was in working order to assist the safety and wellbeing of the people who lived or worked in Birch Court.

We saw that auditing systems were in place for the environment and health and safety. We saw evidence that these audits had identified actions to be taken around the home. For example flooring in one unit had been identified as being in need of replacement and people told us it had recently been replaced.

We saw that auditing systems were in place for care planning documentation. We saw evidence these audits had identified discrepancies or changes needed to care planning documentation used to plan and review people's care and support needs. For example, we saw a health care assessment that stated that it was to be reviewed monthly and records showed this had been done with actions recorded.

Senior staff told us that the auditing tools available within the service were fit for purpose and they were used effectively. In addition they told us that since the new manager had been appointed, the providers 'First Impressions Audit' was being completed by the manager on a regular basis to identify any areas of improvement required.

Records showed that staff arranged monthly residents' and relatives' meetings to enable people to have their say. Staff told us that the meetings were also an information sharing arena which provided updated information about the staff and services provided. However records show that these meetings were not well attended. We saw that the most recent relative customer satisfaction survey had been completed in 2014. We saw the results of this were displayed within the service and they identified that people were satisfied with the staff and services provided.

A complaints procedure was in place and available around the building.