

Melton Health Care Limited

Birch Abbey

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 unannounced inspection took place on 6 and 7 January 2016 and 14 April 2016.

This inspection was also to follow up on the concerns which were identified in a previous inspection on 16 & 17 June 2015. The home was rated as 'requires improvement' overall. The provider sent us a plan following this inspection of actions they were going to take to ensure the breaches were met. We found during this inspection that the provider had met these breaches.

Birch Abbey is a care home providing personal and nursing care. It can accommodate up to 60 older people.

The home specialises in caring for people with dementia. The home is owned by Melton Health Care Ltd. The accommodation is purpose built and planned over four floors. It is located in a residential area close to Southport town centre.

Processes relating to the safe administration of medications were in place within the home. We observed people being given their medications appropriately.

People and relatives we spoke with told us they felt safe living at the home.

Summary of findings

Risk assessments were in place and personalised. These were reviewed on a regular basis for any change.

The staff we spoke with were aware of what constituted abuse and how to report an alleged incident.

Recruitment procedures were robust to ensure staff were suitable to work with vulnerable people. Systems were in place to maintain the safety of the home. This included health and safety checks of the equipment and building.

Most staff had regular supervision and appraisal. We saw a plan in place to ensure this took place with the remaining staff in the next few weeks.

People had a plan of care in place which was personalised and contained information such as their likes, dislikes and backgrounds. As well as other information relevant to their needs ensuring they got the care which was right for them.

The registered manager and the staff had knowledge of the Mental Capacity Act (2005) and their roles and responsibilities linked to this.

The home had aids and equipment to meet people's needs and staff would encourage people to do things for themselves when it was appropriate to promote their independence.

We found the home to be clean, spacious and well decorated. The provider was in the process of making even more improvement to the home's already 'dementia friendly environment'.

Food was fresh and home cooked. Everyone we spoke with told us that they enjoyed the food and got enough to eat and drink.

Staff referred to outside professionals promptly for advice and support.

A process was in place for managing complaints and the home's complaints procedure was available so people had access to this information.

People and relatives were complimentary about the manager even though they had not been in post for very long.

Staff were aware of the home's whistleblowing policy and told us they would not hesitate to report any concerns or bad practice.

Systems were in place to monitor the standard of the service and drive forward improvements. This included a number of audits for different areas of practice, and clear and transparent action plans when areas of improvement were identified by the audit process.

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.

The service had measures in place to ensure medications were managed safely.

Risk assessments were in place for people who required them and covered all aspects of their personal safety.

Appropriate checks were carried out on staff before they started working in the home.

Staff understood their role in relation to safeguarding and knew what steps to take if they thought someone was being abused.

Good



Is the service effective?

The service was effective. Staff sought the consent of people before providing care and support. The home followed the principles of the Mental Capacity Act (2005) for people who lacked mental capacity to make their own decisions.

People got plenty to eat and drink, and we received positive comments about the food.

Staff were trained and we saw supervisions were scheduled to be completed in the next few weeks.

People received access to health professionals when they needed too.

Good



Is the service caring?

The service was caring.

We received positive comments about the caring nature of the staff.

People who lived at the home told us that the staff respected their privacy and treated them with respect.

Good



Is the service responsive?

The service was responsive.

Care plans were personalised and contained information about people's likes, dislikes and preferences.

There was a complaints procedure in place and it was accessible for people who lived at the home. People and their relatives told us that they knew how to complain.

There were activities and people could choose what they did with their time

Good



Is the service well-led?

The service was well-led

The manager was in the process of registering with the Care Quality Commission (CQC).

People and staff told us they felt the home was run well, and they liked the manager.

Good



Summary of findings

There were quality assurance systems in place, and people were regularly asked for feedback to help improve the service.

There was regular auditing taking place of care files, medication, and other documentation relating to the running of the service.

Birch Abbey

Detailed findings

Background to this inspection

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

This inspection took place on 6 and 7 January 2016, and 14 April 2016 and was unannounced. The inspection took place over three days. However, day three of the inspection was conducted by a different adult social care inspector due to CQC’s own exceptional circumstances.

The inspection team consisted of two adult social care inspectors, a specialist nursing advisor, 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. For this inspection the expert by experience had experience of caring for older people with dementia.

Before our inspection we reviewed the information we held on the service. This included notifications we had received from the registered provider, about incidents that affected the health, safety and welfare of people who lived at the home and previous inspection reports. We checked to see if any information concerning the care and welfare of people who lived at the home had been received. We found no information of concern.

The provider sent us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. During the inspection we spoke with nine people using the service, five visiting relatives and nine staff. We spoke to the manager and the provider. We spent time looking at a range of records including five people’s care plans and other associated documentation, three staff recruitment files, staff training and supervision records, the staff rota, medication administration records, a sample of policies and procedures, minutes of staff meetings, compliments and acknowledgements received at the service. We looked around the home, including the bathrooms, lounges and dining room.

Is the service safe?

Our findings

During our inspection in June 2015, we found breaches relating to the safe management of medications and the safe recruitment of staff. We saw during this inspection, that improvements had been made and the provider was no longer in breach of these regulations.

All of the people we spoke with told us they felt safe living in the home. One person told us, “I am happy enough here, the girls are nice and I like my room.” Another person told us, “I often sing and I enjoy it. I am happy with things generally.” Also, “I have no problems with the staff here.” One relative told us, “I would say [family member] is safe here and well cared for.”

We looked at the process in place with regards to medication. We observed people being given their medication. Medication was being given as directed and the staff member spoke to the person who was receiving the medication to explain what they were doing and what the medication was.

We saw one person was being administered medication covertly. This means that the medication is disguised in food or drink to ensure the person takes the medication as directed. We checked to see if the correct process had been followed for procedure of covert medications, and saw that the MAR (Medication Administration Record) sheet reflected this, and there had been best interest involvement from the GP, as well as decision specific mental capacity assessment.

Medications were stored appropriately, and fridge temperatures were checked regularly to ensure they were in the required range. We looked at the staff training in this area, and asked the staff what additional training they had. Staff told us they were required to shadow more experienced members of the team, undergo regular supervision, and complete their medication training course. We saw from looking at training records that all senior carers who were required to administer medication had this training.

We observed a person became dizzy shortly after taking their medication. However, the staff involved dealt with the situation calmly and the person received an appropriate

level of support to keep them safe. We saw that improvements had been made with regards to the safe administration of medication, and the provider was no longer in breach of this regulation.

The home used an electronic system for people’s care plans and risk assessment to be completed. We were shown the system and could see from looking at each person’s records all risk assessments were up to date. People had risk assessments in place for falls, moving and handling, bed rails, special diets and tissue viability. All risk assessments had been subject to a regular review and any changes had been updated on the electronic system. The information was clear, and the instruction for staff to follow to help minimise these risks was well documented.

We reviewed three files relating to staff employed at the service. Staff records viewed demonstrated the registered manager had robust systems in place to ensure staff recruited were suitable for working with vulnerable people. The registered manager retained comprehensive records relating to each staff member. Full pre-employment checks were carried out prior to a member of staff commencing work. This included keeping a record of the interview process for each person and ensuring each person had two references on file prior to an individual commencing work.

The registered manager also requested a Disclosure and Barring Service (DBS) certificate for each member of staff prior to them commencing work. A valid DBS check is a statutory requirement for all staff employed to care and support people within health and social care settings. This process allows an employer to check if there are any criminal records belonging to applicants. This enables the registered manager to assess their suitability for working with vulnerable adults. One staff member we spoke with confirmed they were unable to commence employment until all checks had been carried out. They told us they completed an application form and attended for an interview. They could not start work until they had received clearance from the disclosure and barring service (DBS). This confirmed there were safe procedures in place to recruit new members of staff. We saw that improvements had been made with regards to the safe recruitment and selection of staff, and the provider was no longer in breach of this regulation.

We discussed safeguarding procedures with staff. They were clear about what to do if they had any concerns and indicated they would have no hesitation in reporting any

Is the service safe?

concerns they may have. There were policies and procedures in place for staff to reference on safeguarding people, including whistle blowing. Whistleblowing is when a worker suspects their company or other members of their team are not acting in best interests of the people they support, and they could be at risk. Officially this is called 'making a disclosure in the public interest'. Staff told us they had completed training in safeguarding vulnerable adults and this was verified in their training records.

One person told us they home was sometimes short staffed. Rotas showed the number of staff on duty at the

home appeared to be consistent. During our inspection we observed people receiving assistance in a timely manner, and there were always staff available in the communal areas of the home to help people if they required it.

We checked to see what safety checks were undertaken on the environment. We saw a range of assessments and service contracts which included gas, fire safety, electric and legionella. We spot checked the date of some of these certificates. Procedures were in place for responding to emergencies and in the event of a fire. People had an individual personal emergency evacuation plan (PEEP). These were personalised to include what level of support would need in the event of an evacuation.

Is the service effective?

Our findings

During our inspection in June 2015, we made a recommendation to the provider with regards to the design and adaptation of the home. We saw during this inspection that improvement's had been made.

People told us that the staff discussed their care plans and medications with them. One relative told us, "I feel I am listening too and they [staff] take notice." People were complimentary about the skills the staff had and felt they were well trained.

We checked how staff were trained in the home. The training matrix showed that following the initial induction further training was provided in all key areas such as moving and handling, fire prevention, infection control, dementia, safeguarding vulnerable people, end of life care, medication, health and safety, food hygiene, first aid and equality. Training was linked to the care certificate. The care certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Most staff employed had completed a nationally recognised qualification in care.

We checked supervision records for staff. We saw some staff were due to be supervised in the next few weeks, the manager had a clear plan of dates recorded for up and coming supervisions and appraisals, and we saw that for most staff this had already taken place. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The DoLS provide a legal framework to protect people who need to be deprived of their liberty in their own best interests. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. All the staff team had received

training in the principles associated with the MCA 2005 and DoLS. We found staff understood the relevant requirements of the MCA and put what they had learned into practice. Records showed two applications had been authorised were being managed and were being kept under review. Twenty one applications had been made to the local authority for consideration for other people using the service. Staff understood the importance of gaining consent from people and the principles of best interest decisions. Care records showed people's capacity to make decisions for themselves had been assessed on admission and in line with legal requirements. Useful information about their preferences and choices was recorded. We also saw evidence in care records that people's capacity to make decisions was being continually assessed on a monthly basis which meant staff knew the level of support they required while making decisions for themselves. Where people had some difficulty expressing their wishes they were supported by family members.

We looked at the arrangements for planning and provision of food and drink. We ate lunch with the people who lived at the home and found it was an enjoyable experience. The lunch was well presented and tasted flavoursome and people told us they enjoyed the food. People had regular access to drinks throughout the day. We observed the staff asking people throughout the day if they would like anything to drink. We saw from looking in people's care plans that anyone who was required to have their food and drink intake monitored for health reasons had a suitable tracking tool in place which the staff were completing.

We saw people were supported to maintain their physical health and there was documentation which showed that a range of healthcare professionals regularly visited people, and people were supported by staff to attend regular appointments and check-ups.

During the time of our inspection the home was undergoing some structural changes to improve it's already dementia friendly environment. We noted the premises benefitted from aspects of dementia friendly best practice, such as well contrasted walls and carpets, along with clear signage. Each person's door was painted a different colour and each floor of the home was a different colour to enable the people to find their way around the home more easily. The home had adopted dementia friendly principles on each of the three floors of the home.

Is the service caring?

Our findings

All of the people that we spoke with during our inspection told us that the staff listened to them. They felt they were encouraged to be as independent as possible and told us that the carers would often suggest things that they might be able to do themselves without support, so as to maintain their independence. Comments included, "I'm happy enough here" and "I have no problems and no complaints." Family members told us they were free to come and visit anytime they wished.

We observed interactions between staff and the people who lived at the home. We saw that staff treated people with respect and kindness. The atmosphere was calm and there was no one anxious or unsettled throughout the day. When people did need assistance, we saw that staff attended to them promptly.

We asked staff to give us examples of how they protect people's dignity and privacy. One staff member said, "We ask people if they would like help, instead of just presuming they do." Other comments included, "We close doors and cover them up with something, towels or blankets." One staff member said, "I think of how I would want my family member treated if they were in a home." We heard staff addressing people by their preferred title throughout the day. A staff member told us, "We never discuss other residents in communal areas so we don't break their confidence."

We saw that people's records and care plans were stored securely in a lockable room which was occupied throughout the duration of our inspection. We did not see any confidential information displayed in any of the communal areas and staff spoke to people discreetly about personal things, such as taking medication or going to the toilet or asking them if they wanted help to go to their rooms.

The manager told us the care plans had recently been changed so they were now available in paper format as well as the computer system which was currently in operation throughout the home. We could see from looking at care plans the person and their family has been involved in their development, although a signature was unable to be recorded. People told us they were happy with the care and support they received.

We viewed a sample of thank you cards from family members commending the staff for all of the help and care they had given family members.

For people who had no family or friends to represent them contact details for a local advocacy service were available. People could access this service if they wished to do so. We saw that no one was accessing these services during our inspection.

Is the service responsive?

Our findings

People we spoke with told us they were able to choose how they spent their day. One person said “I like doing crosswords and puzzles.”

We saw by looking at care plans that they were individualised and contained some background information about the person and their likes and dislikes. The home was recording weights for people, and completing the relevant clinical paperwork each person required to prevent them from becoming unwell. For example, MUST tools were being completed for people. MUST’ is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (undernutrition), or obesity. It also includes management guidelines which can be used to develop a care plan. It is for use in hospitals, community and other care settings and can be used by all care workers. The MUST tool is also a key element in identifying people who are at risk of developing pressure sores. This showed people were receiving care at the home which is appropriate for their needs.

Information such as what people did for a job, and what music they liked were also documented in their care plans. Staff were knowledgeable regarding people’s care needs and how people wished to be supported. The home had memory walls outside each person door, which displayed photographs of them in their past jobs or with their family members.

Daily records were maintained and these provided an overview of people’s support and health in accordance with their plan of care.

We looked at complaints and how the complaints procedure was managed in the home. We saw that the complaints procedure was displayed in the hallway of the home and was accessible for people to be able to view. People and relatives we spoke with told us they were aware of the complaints procedure and knew who they would go to if they wanted to complain. The procedure clearly explained what people had a right to expect when they raised a complaint, and the timescales as to when they should expect their complaint to respond to. Everyone in the home told us they knew how to complain, most people said they had never had a cause to complain.

We saw that meetings for people living at the home were taking place and the next one was planned for the next few weeks. People and their relatives told us they had been to these meetings and always received feedback about any issues raised.

We looked at how social activities were organised and how people who lived at the home spent their day. People we spoke with told us activities take place in the home which they can choose to get involved in. The weekly planner for activities was on display on all levels of the home, and the manager told us this was something which was getting more development at present.

Is the service well-led?

Our findings

During our inspection in June 2015, we found the provider in breach of regulations relating to the governance of the home. During this inspection we found the quality assurance systems in place were of good standard. The manager recently had an internal audit where the area for health and safety was rated as 'amber', which meant that action was needed to address identified concerns. The manager showed us a clear plan they had implemented and had already begun to work through to make sure these areas were given attention within a specific timeframe. The Provider was no longer in breach of this regulation.

There was a manager in post who was in the process of registering with the Care Quality Commission.

People we spoke with and the staff were complimentary about the manager and said they were well known in the home for getting involved, and were always visible throughout the day. We observed the manager talking to people who lived at the home by name and asking them how they were.

Staff we spoke with told us the culture of the home was caring and the manager led by example. Most staff told us they were supervised regularly, and had regular team meetings.

The home had policies and guidance for staff regarding safeguarding, whistle blowing, involvement, compassion, dignity, independence, respect, equality and safety. There was also a grievance and disciplinary procedure and sickness policy. Staff were aware of these policies and their roles within them. This ensured there were clear processes for staff to account for their decisions, actions, behaviours and performance.

The manager was aware of their responsibilities concerning reporting significant events to the Care Quality Commission and other outside agencies. We had received notifications from the registered manager in line with the regulations. This meant we could check that appropriate action had been taken. The provider was displaying their ratings as required by law from their previous inspection

We looked at how the manager used feedback from people living at the home and their relatives to improve the service at Birch Abbey. We saw that the manager had sent out multiple choice questionnaires. The results had not been analysed during the time of our inspection, however some responses we viewed indicated most people were pleased with the service provided.

We saw that incidents and accidents were well recorded, and the manager as part of their auditing process was analysing these for any trends and patterns and this done using the homes computer system.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.