Birchwood House

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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

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, and to provide a rating for the service under the Care Act 2014.

There was a registered manager at the service at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

At the last inspection in May 2013 the service was found to be meeting the regulations we looked at.

Birchwood House is a care home providing personal care and support for people with learning disabilities. At the time of the inspection they were providing personal care and support to six people.

People told us they felt safe and were happy with the care and support provided. We found that systems were in place to help ensure people were safe. For example, staff had a good understanding of what constituted abuse and the abuse reporting procedures. People's finances were managed and audited regularly by staff.

Summary of findings

There were enough staff available to support people if they needed to attend appointments or go to the community. Staff told us that they felt supported by the manager and senior staff. They completed training which helped them to carry out their jobs.

People received support from staff at the home and also from healthcare professionals based in the community. The provider had established good links with these community professionals which included community learning disability teams, speech and therapy teams, psychiatrists and psychologists which helped people in enhancing their physical and mental health.

Staff had established positive relationships with people using the service and people were supported to maintain their relationships with family. People were supported to pursue their own individual activities and interests, with the support of staff if required.

Staff, people, and other health professionals viewed the registered manager positively. Quality assurance systems were in place which included seeking the views of people that used the service.

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?

Good

The service was safe. People's safety was managed appropriately by the provider. People and their relatives told us that they felt safe living at the home. People's finances were managed and audited regularly by staff. Staff were aware of how and when to report any instances of abuse. We found the service to be meeting the requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards.

People's safety at the home or out in the community was managed by staff through the development of risk assessments and staff awareness of how to manage behaviour that challenged.

We found that there were enough staff available to support people. If people's needs changed and they required extra staff support, for example to attend appointments or activities, more staff were bought in to facilitate this.

Is the service effective?

Good

The service was effective. Staff that we spoke with told us they felt well supported working at the home. Staff were supported to deliver effective care through appropriate training and supervision.

People were supported to eat and drink sufficient amounts and maintain a balanced diet. People using the service told us they enjoyed the food at the home.

People received effective support in relation to their health needs. People were supported to attended annual medication reviews and health checks with their GP. The provider made referrals to other healthcare professions and had established very good links with them so that people could support them more effectively.

Is the service caring?

Good

The service was caring. People confirmed to us that staff were caring and told us they were happy with the care that staff provided. We found staff to be caring and kind to people who used the service, treating them with respect.

Is the service responsive?

Good

The service was responsive. People using the service had care records which were individual to them. These records were reviewed regularly by staff in consultation with people using the service.

We found that people were supported to access the local community. This included education and employment opportunities. People using the service pursued their own individual activities and interests, with the support of staff if required.

Each person was assigned a keyworker and they told us that they would not hesitate to raise any concerns with them. Resident meetings were held which gave an opportunity for people to raise any concerns to the whole group.

Where there had been a formal written complaint, we saw that the complaint had been investigated and resolved to the satisfaction of the complainant.

Summary of findings

Is the service well-led?

Good

The service was well-led. People who used the service and relatives praised the manager and said they were approachable. Staff members told us they felt confident in raising any issues and felt the manager would support them.

The service had systems in place to monitor quality of care and support in the home.

Birchwood House

Detailed findings

Background to this inspection

We inspected Birchwood House on 13 August 2014. This was an unannounced inspection which meant the staff and the provider did not know we would be visiting. We spoke with three people living at Birchwood House and one relative. We also spoke with a senior support worker, two support workers, an art psychotherapist, the deputy manager and the registered manager.

Before we visited the home we checked the information that we held about the service and the service provider. No concerns had been raised and the service met the regulations we inspected against at their last inspection which took place on 31 May 2013. Before the inspection the provider completed 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. Before our inspection, we reviewed the information included in the PIR along with information we held about the home which included notifications and safeguarding alerts. We also spoke to three borough contracts and commissioning teams that had placements at the home, and the local borough safeguarding team.

The inspection team consisted of an inspector and an expert by experience, who had experience with learning disabilities. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

During our inspection we observed how the staff interacted with people who used the service. We looked at how people were supported during our inspection. We also looked at four care files, staff duty rosters, three staff files, a range of audits, complaints log, minutes for various meetings, resident surveys, staff training matrix, accidents & incidents book, safeguarding folder, health and safety folder, and policies and procedures for the service.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Good

Is the service safe?

Our findings

People using the service told us they liked living at the home and staff looked after them. No one that we spoke with raised any concerns about their safety at the home. One person told us, "Yes I feel safe."

Staff were able to explain to us what constituted abuse and the action they would take to escalate concerns. Staff said they felt they were able to raise any concerns and would be provided with support from the registered manager and senior staff members. One staff member told us, "I would report to the manager immediately. I would also fill out an incident form." The registered manager showed us the "welcome guide" booklet that was given to people who used the service. The handbook was in pictorial format to help make it easier for people to understand and provided information about people's right to be safe. We saw records that safeguarding had recently been discussed in staff meetings. Staff we spoke with knew about whistleblowing procedures and who to contact if they felt concerns were not dealt with correctly.

We checked the financial records of the people using the service and did not find any discrepancies in the record keeping. The provider kept accurate records of any money that was given to people and kept receipts of items that were bought. Financial records were checked at every handover, and the registered manager or deputy manager regularly audited people's finances. This minimised the chances of financial abuse occurring.

We saw records that there had been four safeguarding incidents since our last inspection. The registered manager was able to describe the actions they had taken when the incidents had occurred which included reporting to the Care Quality Commission (CQC) and the local authority. We spoke to the local authority safeguarding team and found that the number of safeguarding incidents which had been reported to them matched the number which the service had notified CQC of. This meant that the service reported safeguarding concerns appropriately so that CQC was able to monitor safeguarding issues effectively. The local safeguarding team did not express any concerns about the service.

People using the service had individual risk assessments carried out which were reviewed regularly. In the records that we saw, some of the risks that were considered included challenging behaviours, sexual abuse, medication, nutrition, personal hygiene, self-harm and moving and handling. Staff were aware of how to manage people when they displayed behaviour that challenged and they told us that they used therapeutic management of aggression (TMA). One staff member told us, "We do yearly training on TMA. It is about using verbal de-escalation of a situation with someone who has challenging behaviour." The same staff member said, "Each person has a different trigger which we know as we have worked with the people for a long time. The care plans will explain triggers." Staff were able to give examples of different people's triggers and gave examples how they managed those behaviours that challenged.

The registered manager had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA and DoLS is law protecting people who are unable to make decisions for themselves or whom the state has decided their liberty needs to be deprived in their own best interests. The registered manager described the procedure she had followed in applying for DoLS authorisations for people living at the home. There were currently five DoLS authorisations in place. We saw all of these authorisations were reported to the Care Quality Commission. The authorisations documented detailed risks, needs of the person, and ways care had been offered and least restrictive options explored. Where people had been assessed as not having mental capacity to make decisions, the manager was able to explain the process she followed in ensuring best interest meetings were held involving relatives and other health and social care professionals.

At the time of our inspection the service was providing personal care and support to six people. Staff we spoke with told us that there was enough staff available for people. The registered manager showed us the staffing rota for the previous week. We looked at staff rotas during the inspection. These were completed two weeks in advance due to changing needs of people. It was clear from the rotas that that extra staff were bought in on days where extra support was required, for example activities and appointments. The registered manager told us the home did not use agency staff and had access to bank staff. There were sufficient staff on duty on the day of the inspection.

We looked at three staff files and we saw there was a robust process in place for recruiting staff that ensured all relevant

Good

Is the service safe?

checks were carried out before someone was employed. These included appropriate written references and proof of identity. Criminal record checks were carried out to confirm that newly recruited staff were suitable to work with vulnerable people. All three staff files included completed induction training certificates.

Good

Is the service effective?

Our findings

Although we did not ask people or their relatives specifically about staff training, they told us they were happy with the support they received from staff. One person told, "The staff consider your needs." A relative told us, "Staff are very good and informative."

Staff told us they received regular training to support them to do their job. One staff member told us, "I have done quite a bit of training. It is informative and needed." Staff told us they were well supported by the senior members of staff and the registered manager. Staff received regular formal supervision and they attended regular staff team meetings and we saw records to confirm this. One staff member said, "I get supervision every month. We talk about any issues, training and meeting my objectives." All staff we spoke with confirmed they received yearly appraisals to address their professional development and we saw documentation of this.

We examined the training matrix which covered training completed. The core training included first aid, medication, food hygiene, challenging behaviour, equality and diversity, autism, diabetes, Mental Capacity Act 2005 & Deprivation of Liberty Safeguards, health and safety, therapeutic management of aggression (TMA), and manual handling. We saw records of completed training logs and training certificates were kept in staff files.

People were supported to have sufficient to eat and drink and maintain a balanced diet. People were complimentary about the food at Birchwood House. One person told us, "We do get healthy eating and different meals." The registered manager told us that that staff cooked the meals and people could help if they liked.

Food menus were planned a month in an advance. We looked at the menu plans for the month in which we carried out this inspection. We noted that balanced menus were planned in consultation with people which included two or more food choices for each meal. Menu planning was discussed in resident meetings and key worker sessions and we saw records of this. Staff told us people could ask for alternative food choices not on the menu and we saw evidence of this on the day.

People were weighed regularly, to ensure they maintained a healthy weight. Records for people using the service showed that their weight was being managed properly by the service. Care records showed an assessment of people's nutrition and hydration needs was carried out and dietetic advice was accessed when required. For example, we saw a referral had been made to a GP for someone who was overweight. The care records provided information about how this person's dietary needs should be met which included their weight being monitored.

People using the service had health action plans which enabled staff to manage their on-going healthcare needs. One person told us, "The doctor comes and sees me in private." One relative told us, "My relative has been registered with a GP and is due for a health check at the hospital."

The registered manager told us that all of the people using the service were registered with local General Practitioner (GP) Practice. We saw that people's care files included records of all appointments with health care professionals such as dieticians, dentists, GPs, opticians, speech and language therapists and psychologists. We also saw notes from a Care Programme Approach (CPA) meeting in which the registered manager, person using service, clinician, speech and language therapist, and social worker were present. CPA is the term used to describe the way that a person's care, support and treatment is arranged when they have a range of needs. This is done through assessment, coordination, care planning and review. A commissioner for a person placed at the service told us, "The service has empowered our client to chair his last CPA meeting."

Good

Is the service caring?

Our findings

People using the service and their relatives felt that staff cared for them. One person told us, “Most of the staff are very talented and caring.” The same person told us, “Staff are caring and understanding, they consider your needs.” A relative said, “The staff are absolutely caring.”

Staff knew the people they were caring for and supporting. Each person using the service had an assigned key worker. Staff we spoke with were able to tell us about people’s life histories, their interests and their preferences and these details were included in care plans that we looked at.

We observed the interaction between staff and people using the service and it was clear to see that people were comfortable speaking with staff and the registered manager. One relative said, “Staff are very good, If anything happens to my relative they will tell us.” A healthcare professional that visited the service told us, “The staff are very supportive and communicate well. They take an interest in people.”

We found that staff understood people’s needs in respect of equality and diversity. For example, staff told us about people who required a special diet because of religious and cultural needs and we saw this was reflected in the records. Staff told us about people who were supported to visit their place of worship. One relative told us, “My relative goes to the mosque on a Friday night and he is supported with staff. This helps him with his faith.”

We found the service was caring as people were treated with dignity and respect and were listened to. We observed people in the communal areas and in their own rooms. We saw that staff treated people with kindness and responded in a caring way. We saw staff made the time to talk with people and explained things to them. One person told us, “They [staff] knock on my door and they respect my privacy. They don’t invade my personal space.”

None of the people using the service had any advocates, the people we spoke with had family members that were involved in their care and who were able to help to express their views. The service had advocacy information displayed in the communal area. The “welcome guide” booklet given to people who used the service had information on people’s rights on how to complain and access an advocacy service.

Staff supported people to try and be more independent in things like preparing their meals and shopping for everyday items such as toiletries. One person told us, “I help with the cooking, especially baking.” We observed staff supporting people going out to buy toiletries and go out for lunch for fish and chips. One staff member told us, “I will always knock before I enter their bedroom. I will explain what I am doing. I don’t force them. I give them choices.”

Good

Is the service responsive?

Our findings

People told us they were involved in discussions about their care and support and the way it was delivered. For example, one person told us they were involved in decisions about "music production, football training and book club." Another person said, "I choose what I do. "One staff member said, "We sit down with people and go through the care plan. We ask them what they want and give them choices." A relative of a person using the service told us they felt involved in the care of their family member. The same relative told us, "The family was involved in the care plan for my relative which included the family's perspective and his needs." A commissioner for a person placed at the service told us, "The service is responsive to the needs of the people and the commissioning requirements."

We looked at the care records for four people using the service. All the care plans had been reviewed recently and signed by staff and the person using the service. Care plans were personalised and it was clear that people's specific needs, choices and preferences had been obtained. There was a "life story" section of the care file which contained information on people's life history, preferences, likes and dislikes so staff were aware of these. The care plans identified actions for staff to support people and comments from people. Some of the areas that were considered were physical health, healthy eating, safeguarding, activities and mental health.

We found that people were supported to access the local community and wider society. This included education opportunities. People using the service pursued their own individual activities and interests, with the support of staff if required. Comments from people included, "During the day I go to college. I have been studying plumbing and woodwork. I have achieved Level 1", "I'm going swimming on Friday. I also like the cinema. I like music and dancing and singing", "I'm going shopping across the street. I am going to buy tea and coffee" and "I'm going out to buy fish and chips later." A commissioner for a person placed at the service told us, "The service has adopted a positive approach to risk taking and supported our client to increase his independence, self-esteem and confidence."

People told us they would speak with the registered manager if they had any problems at the home. Resident meetings were held every month and we saw records of these meetings. One person said, "We have a resident meeting." The minutes of the meetings included topics on people's rights, advocacy information, accidents and incidents, activities, menu planning and a local group talking about crime prevention. We noted that the last meeting was held in February 2014. The registered manager told us people preferred to discuss concerns in their key worker meetings and resident meetings were held when people requested. We saw a poster in the communal area advising people could request a "resident meeting" at any time. There had been four recorded complaints since the last inspection, in all cases we saw that the complaint had been investigated and resolved to the satisfaction of the complainant. The relative we spoke with told us they would not hesitate to raise any concerns with the service. The relative said, "I would complain first to the manager."

Good

Is the service well-led?

Our findings

There was a registered manager in post. Leadership in the home was good. The manager worked with staff overseeing the care given and providing support and guidance when needed. Our discussions with people who lived in the home, a relative visiting on the day, a healthcare professional, staff, and our observations showed the manager demonstrated good leadership. One person told us, "The manager is very friendly, nice person. She puts your needs first." A relative said, "The manager is a fantastic person. She keeps me up to date." A staff member said, "She is a very good manager." A commissioner for a person placed at the service told us, "The manager of the service is approachable and helpful. Good communication and quality of reports."

The registered manager encouraged staff and people to raise issues of concern with them, which they acted upon. Observations and feedback from staff, relatives and professionals showed us the home had a positive and open culture. Staff spoke positively about the culture and management of the service to us. One staff member told us, "The manager treats everyone the same. No bullying and discrimination." Another staff member said, "She listens and will rectify situations." Staff we spoke with said that they enjoyed their jobs and said they felt supported. Staff confirmed they were able to raise issues and make suggestions about the way the service was provided in supervision sessions or staff meetings and these were dealt with.

There was a clear management structure with a registered manager, a deputy manager, senior support workers and support workers in the service. Staff we spoke with understood the role each person played within this structure. This meant that people's roles were clear to staff so they would know the best person to approach for the issue at hand. A commissioner for a person placed at the service told us, "I have no issues with the leadership. It appears to have an effective hierarchy."

We saw there were systems in place for the maintenance of the building and equipment and to monitor the safety of the service. This included monthly audits of medicines management, environmental health and safety and infection control. There was also a system of daily audits in place to ensure quality was monitored on a day to day basis such as daily audits of people's finances, medicines and of the fridge and freezer temperatures to ensure people's safety. We saw records to show that there were weekly checks of the hot water temperatures of all hot water outlets and checks of fire safety equipment.

Systems were in place to monitor and improve the quality of the service. We saw records to show that the registered manager carried out a monthly audit to assess whether the home was running as it should be. The registered manager told us each month the audit focused on different topics. We looked at the last audit conducted on 29 July 2014. The audit looked at records which included record keeping, quality of record keeping in care plans and the secure storage of records. We saw an action plan that resulted from this audit which included who was responsible and actions that had been completed. The registered manager told us the monthly audits were sent to the head office and also discussed in monthly manager meetings on clinical governance and health and safety with the directors of the service. We also saw minutes of these meetings which confirmed this.

Satisfaction surveys were undertaken annually for people who used the service. The last survey was conducted January 2014. The survey was led by an independent occupational therapy team who used pictures and symbols to support people. Four people completed the survey. The survey covered six topics which were choices, food and drink, safety, activities, bedrooms and support. Overall the results were positive.

We found accidents and incidents were recorded in a way that allowed staff and other health professionals to identify patterns. These were all logged in an accidents and incidents book. The registered manager told us all incidents were sent to head office and a monthly incident analysis report was created. We saw records of the report for each person. For example, the report would look at triggers for challenging behaviour. We saw that these reports were used in monthly multi-disciplinary meetings (MDT) for each person using the service. This helped to monitor and review people to ensure the appropriate care and support was in place.