

Avery Homes (Nelson) Limited

Birchwood Grange Nursing 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 ●

Summary of findings

Overall summary

About the service

Birchwood Grange Nursing Home is a nursing and residential care home providing accommodation and personal care for up to 150 people. The service provides support to people living with dementia, a mental illness, and/or a physical disability. At the time of our inspection there were 114 people using the service.

People's experience of the service and what we found:

People told us they felt safe at the service and could speak with staff or managers if they had any concerns. Staff understood how to recognise and report allegations of abuse and said they felt confident the registered manager would act on any disclosures.

People received medicines from trained and competent staff. The service was clean, and staff practised good infection control to help protect people from the risk of infectious diseases.

People were supported by enough staff who were trained to meet their needs. Care plans in place gave detailed guidance for staff to follow to ensure they supported people safely.

People were treated with dignity and respect. We observed kind interactions throughout the inspection. Staff spoke to people respectfully.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People, their relatives and staff told us they were able to make suggestions and raise concerns if needed and their views were listened to. Quality assurance processes were effective in identifying areas for improvement, shortfalls were addressed at the time or shortly following audits.

Staff and the management team worked with health and social care professionals to improve people's care and well-being.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was outstanding (10 October 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Birchwood Grange Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 3 inspectors, 1 pharmacist specialist and 2 Expert by Experience.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Birchwood Grange is a care home with nursing. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed information we had about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We spoke with 22 people, 14 relatives, 14 members of staff including the registered manager, deputy manager, regional director, activities coordinator and the chef. We reviewed records relating to the management of the service including quality audits, accident and incident analysis, compliments and complaints files and staff meeting minutes. We looked at 7 staff files in relation to recruitment and staff supervision, 8 people's medicines and 8 other people's care plans.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.

Staff knew how to recognise and report abuse. Staff were trained in safeguarding and had access to guidance about how to report any concerns about abuse. A staff member told us, "You have to report any abuse to the managers, CQC and the local authority."

- Everyone we spoke with said they felt the home was safe. One person said, "Safe, yes, of course I do feel safe," and a family member told us, "We know [relative] is totally safe at the home and that is the main thing for us."

- The provider worked with the local safeguarding authority and others, whenever necessary, to investigate any concerns and to protect people.

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- Risk management plans were completed for people on an individual basis and these were regularly reviewed and updated. Risk management plans were compiled when action was required to minimise risks. These were agreed collaboratively with the person, their family members and/or other healthcare professionals and were as least restrictive as possible.

- The registered manager ensured regular health and safety checks were completed, including the servicing of equipment within the environment. We saw there were arrangements in place to deal with emergencies and serious incidents, including plans for evacuation.

- Staff completed training, so they knew how to support people safely. For example, using equipment such as hoists and supporting people to eat and drink. Staff's skills and competencies were regularly assessed by appropriate senior staff and we observed people being supported in a safe way by staff.

Staffing and recruitment

- The provider operated safe recruitment processes.

- Staff were safely recruited and recruitment processes included checks on people's eligibility to work in the United Kingdom. We saw there were enough qualified and competent staff to safely support people. Staff were attentive to people's needs and available when needed. One person told us, "The numbers of staff are about right I think," another said, "I have a call bell and staff come maybe not straight away but they do come."

- The provider ensured there were sufficient numbers of suitable staff. The registered manager told us, and rotas confirmed there were sufficient number of staff on each unit both day and night. Some people required 1-1 support. We saw that 1-1 staffing was provided in addition to the regular staffing levels. The registered manager explained that people's needs, dependency levels and risk assessments were regularly

reviewed to determine the appropriate staffing levels and skill mix.

Using medicines safely

- People were supported to receive their medicines safely.
- Medicines were safely managed. There were systems for ordering, administering and monitoring of medicines. Staff were trained and deemed competent before they administered medicines. Medicines were safely stored and records were appropriately kept. We found that room and fridge temperatures were appropriately monitored.
- The provider had a system to monitor and audit people's medicines on a regular basis and we found that improvements had been made as a result of this. For example, a daily administration audit by the provider was carried out to ensure medicines were up to date and appropriate for people.
- We were assured that medicines related incidents were investigated properly with appropriate action plans and there were processes in place to ensure staff learned from these incidents to prevent them occurring again.
- People received their medicines as prescribed. We looked at 8 people's medicines and found no discrepancies in the recording of medicines administered. This provided a level of assurance that people received their medicines safely, consistently and as prescribed. One person told us, "It is all written down what I take, I trust staff with what they are giving me."

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- Staff completed training and were knowledgeable about infection prevention and control of infections. We observed staff used personal protective equipment (PPE) appropriately and safely. PPE such as facemasks, aprons and gloves were readily available to staff. We saw training certificates that showed kitchen staff had received food safety training.
- The home appeared clean and tidy and housekeeping staff followed cleaning schedules to ensure all areas within the home were regularly cleaned. During the inspection people confirmed that their rooms were cleaned regularly. Cleaners and domestic staff were seen at work during the day.

Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.
- The provider was following current government guidance on infection control. There were no restrictions on visitors, and we observed relatives and people visiting the service throughout our inspection.

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and the registered manager investigated incidents and shared lessons learned.
- At the morning handover meeting incidents relating to unwitnessed falls from the previous night were discussed. A short bite size training session on falls was put in place for staff on duty the following night. This demonstrated incidents were discussed with staff to help identify where improvements could be made in the future.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and care and support was delivered in line with current standards to achieve effective outcomes.
- People's needs and choices were assessed in line with current legislation and guidance. Assessments had been completed with people and, where appropriate, their relatives, prior to moving to the home. These helped ensure staff could meet people's needs and the environment was suitable.
- Assessment of people's needs, including in relation to protected characteristics under the Equality Act 2010 were considered in people's admission assessments and care plans. Assessments were detailed and included the support people needed with mobility, personal care, communication, mental and physical health and relationships that were important to them.

Staff support: induction, training, skills and experience

- The service made sure staff had the skills, knowledge and experience to deliver effective care and support.
- People were supported by trained staff and records showed they received the training they needed to meet people's needs. One member of staff told us, "The training is very good, we have a mixture of face to face and online." We saw staff's competency were assessed following training, to ensure they understood the training received.
- New staff completed an induction and worked with experienced staff to understand and gain knowledge about the job role. Staff were provided with supervision to monitor their performance and enable them to professionally develop.

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

- People were supported to eat and drink enough to maintain a balanced diet.
- People were supported and encouraged to have a varied diet that gave them enough to eat and drink. People told us the quality and variety of the food was very good and some said it was excellent. Records showed there was a varied menu, with options available for people with specific dietary requirements. Where people expressed views about wanting different options, or different times for their meals, their preferences were met.
- Staff assessed people's food and fluid needs and developed care plans that staff were familiar with. The service followed the advice of health professionals to ensure people received the correct supplements and diet if they were assessed as needing this.
- People who needed assistance or encouragement to eat were supported by staff. Staff knew who needed additional support to eat or required special diets, for example, fortified diets or appropriately textured food and thickened drinks.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider ensured the service worked effectively within and across organisations to deliver effective care, support and treatment. People were supported to live healthier lives, access healthcare services and support.
- People were supported by staff to access healthcare services when required. People told us they were able to see their doctor, dentist, or optician whenever they needed to. Records we looked at confirmed this.
- Staff were familiar with people's health needs, as detailed in care records. Care plans stated what people's needs were and had clear guidance for staff to help people maintain their health, including daily oral care.
- Staff shared information with each other during the day about people's daily personal care. Staff also kept notes regarding health concerns for people and action taken. This enabled staff to monitor people's health and ensure they accessed health and social care services when required. These care notes were regularly reviewed by management to check that people were being seen by appropriate professionals in a timely way.

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

- People's individual needs were met by the adaption, design and decoration of the premises.
- People were encouraged to personalise their bedrooms and displayed their photographs, paintings and ornaments. People's rooms were spacious with en suite facilities and the home was well designed with suitable and well decorated lounge and dining areas. There were nursing stations at appropriate points on each unit, usually centrally located.
- There were additional spaces for people to meet with their relatives including a welcoming reception area where refreshments were on offer, and people could sit comfortably to meet.
- There were guide rails along each corridor, the decoration in the home's lifts were unusual and impressive displaying realistic images representing underground stations and life like escalators. This décor theme was extended to other areas of the home and there were items of interest on corridor walls, such as locks, pictures and colourful images.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

- The provider was working in line with the Mental Capacity Act.
- People and relatives said staff gained permission before offering day to day personal care. Throughout the inspection we heard staff ask people for their permission when offering care and support and encouraging people to make their own decisions about their daily lives.
- Staff understood the principles of the MCA and spoke with us about how they supported people to make their own decisions about their daily lives as much as possible. Where people lacked capacity to make specific decisions about their care, staff knew how to ensure care was provided in the least restrictive way possible.
- The provider had assessed people to see if they were at risk of being deprived of their liberty and had made DoLS applications for a number of people. Conditions associated with people's DoLS authorisations were

met and reviewed regularly to ensure they met the principles of the MCA. This included making sure any restrictions in people's care were assessed as being proportionate and lawful.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect. They were involved as partners in their care.

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

- People were well supported.
- People's individual needs, including their religious beliefs were recorded in their care plans. Religious services took place regularly in the home, and information was displayed to keep people and relatives informed.
- We observed friendly and positive interactions between staff and the people they supported. It was clear staff knew the needs of the people they supported well. One person told us, "You see the same staff and they are all caring."
- During the inspection we saw a staff member helping a person to eat their lunch. The staff member was patient, did not rush the person, allowed them to eat at their own pace and spoke encouragingly using their preferred language.
- Family members said people were treated with respect and cared for according to their individual needs. One family member told us, "The biggest point for us is staff know their [relative] language and can speak to them, staff know what food they like and that is a main thing too".

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

- People were supported to express their views and make decisions about their care.
- There was positive engagement between staff and people. People were supported to express their views about their personal care and daily lives and make their own decisions as far as possible. Staff involved people, their relatives and health and social care professionals to develop personalised care plans that accurately reflected people's needs and preferences.
- People were involved in discussions about their care, and their relatives were included where relevant. Meetings were held to give people and their families opportunities for raising any issues and providing topical information. A family member told us, "I am involved in reviews. Staff call me up and I can instruct them on the phone if I can't attend."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- Staff had a high regard for people's privacy and dignity. They knocked on people's doors before entering and closed doors when attending to people in their rooms. Staff made sure people could spend time alone in their rooms. One person told us they preferred to stay in their room, which staff respected, and appreciated and checked in with them at regular intervals to see if they needed anything.
- People's confidential information was kept securely. Information was either kept on password protected

electronic devices or it was stored in lockable cabinets in locked offices. Staff understood when it was appropriate to share information about people's care. They did not discuss people's personal matters in front of others, and where necessary, had conversations about care in private.

- People's independence was promoted. Staff encouraged people, where appropriate, to do things for themselves. Care plans recorded the support people required and where to encourage people to do things for themselves. One family member told us, "When [relative] first came to the home, staff said in front of us they were there to help them [relative] but would also support them to maintain their [relative] independence."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to good. This meant people's needs were met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported as individuals, in line with their needs and preferences.
- Care plans in place reflected people's individual preferences and demonstrated people's involvement as well as input from their relatives and other professionals where relevant. Staff used information from people's care plans and life stories to support meaningful conversations, such as people's hobbies, their likes and dislikes and their relatives.
- People told us they received care in the way they liked it. One relative told us, "Staff have good relationships with people and know about their likes and dislikes for example they had been talking to my [relative] about the football and what teams they supported that showed they had time to have those conversations."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard.

The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

The provider was meeting the Accessible Information Standard.

- People's communication needs were understood and supported.
- People's care plans identified how their communication needs should be met including if they required any additional support.
- People received information they could access and understand. These came in the form of newsletters, flyers around the service, meetings minutes, surveys and in some cases staff communicating to people in their preferred language.

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

- People were supported to maintain relationships, follow their interests and take part in activities that were relevant to them.
- There was a varied programme of planned activities, such as singers, karaoke, bingo, artwork and exercise. People enjoyed trips outside the home such as a local pub meal, places of interest and a garden centre for coffee. The activities coordinator had only been in post a short time and was in the process of developing a

more robust programme to bring back some of the activities people enjoyed pre covid.

- The activities coordinator sought feedback and suggestions about activities from people, relatives and staff to be used to shape and deliver the new programme. People were supported to attend their preferred type of religious service or festival.
- During the inspection we observed a religious service being held in one of the units, many family members visited and joined people for this. One family member told us, "Activities are very limited for [relative] now due to their poor mobility, staff support them with exercise to keep them moving, this keeps their muscles active."

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to, responded to and used to improve the quality of care.
- The provider had a policy and process for managing complaints which was displayed clearly in the home. One person told us, "Yes, they even have it on the notice board as you come in, but I have had no reason to complain," another said, "I can make a complaint I go to the manager if not resolved go to head office if not resolved go to the local authority. I have made a complaint and it was rectified by the manager. "
- Records showed that the service dealt with complaints and concerns appropriately and took the opportunity to learn lessons and make changes. A family member told us, "There were some teething problems at first as you would expect but they were all sorted. Any queries are sorted swiftly in our experience." The people we spoke with had no complaints about the service, but they knew how to complain and felt confident any issues would be addressed.

End of life care and support

- People were supported at the end of their life to have a comfortable, dignified and pain free death. People's care records included information about their wishes for the end of their life and how they would like their care to be delivered.
- Staff were sensitive to discussions about end of life care and involved relatives where appropriate. The management team sought advice and support from the local hospice in relation to end of life discussions.

Is the service well-led?

Our findings

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive and open culture at the service. The provider had systems to provide person-centred care that achieved good outcomes for people.
- There was a person-centred ethos and people were treated as individuals. We found that things that mattered to people were discussed with people and their families and informed the basis for their support and care. We saw an example where a person with multiple needs was supported through a person centred approach to regain independence and to eventually move out of the service to their own home.
- There was an open and inclusive approach to the running of the service. Regular staff meetings took place. Staff told us that this enabled them to share ideas and discuss pertinent issues. We looked at a sample of staff minutes and saw that topics of discussion were varied but, in all cases, staff were routinely asked for their views about the service and any concerns they may have. We saw from the minutes that staff could make suggestions for improvement, and we saw that these were acted on.
- People and relatives were regularly asked for their views on the quality of the service being provided. This included spending one to one time with people, in meetings and annual surveys. We spoke with people who confirmed their views were considered and they had in the past been asked to complete surveys.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities under the duty of candour.
- The registered manager maintained records of accidents and incidents, and responded to complaints appropriately. Information and learning was shared with staff to reduce the likelihood of recurrence.
- The registered manager understood information sharing requirements. We saw that information was correctly shared with other agencies, for example, when the service had identified concerns.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.
- There were clear management structures in place. The registered manager was supported by the deputy manager, clinical leads and a regional director. Staff were clear about their own roles and those of the

managers. They were aware of their responsibilities and the reporting structures in place, including within and out of hours. Staff spoken with described the manager in complimentary terms such as, "responsive", "caring" and "supportive."

- The registered manager and regional director had good overview of the service and knew people well. Specific care plans were in place and risks identified in such areas as mobility, nutrition and hydration. People's care plans described the actions staff should take to minimise the risks. The risk assessments were reviewed on a monthly basis, which ensured people's safety and wellbeing were monitored and managed appropriately.
- Systems were in place to monitor the quality of the service. Weekly and monthly audits were carried out. This included people's care records, infection control, accidents and incidents and medicines management. The registered manager understood their role and responsibilities and had ensured CQC was kept informed of all notifications about events which they were required to do by law. We saw that accidents and incidents had been regularly monitored to ensure any trends were identified and addressed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.
- The registered manager, regional director and staff were knowledgeable about the characteristics that are protected by the Equality Act 2010, including age, disability, gender reassignment, race, religion or belief and sex. We found these had been fully considered. For example, the canteen menu fully catered for different cultures and cuisines. There was a vegetarian chef who specialised in Asian cuisine. This was important because the home partly catered for an Indian/Asian community. They offered Gujarati cuisine and a variety of other traditional European and African cuisines. The chef had been nominated for an award in 2022 for Respecting cultural differences.
- People and their relatives had opportunities to provide feedback to the registered manager on an informal as well as a formal basis and during care reviews. The registered manager confirmed they were due to send out satisfaction questionnaires to people and their relatives.

Continuous learning and improving care

- The provider had created a learning culture at the service which improved the care people received.
- The home had developed a detailed quality monitoring system, which included an internal and external auditing system. This ensured progress against delivery of the provider's strategy and plans for the service was monitored. Regular checks and audits had been carried out, including management of care, environmental, health and safety, maintenance and person-centred planning. Staff recognised incidents and reported them appropriately. All falls were reviewed, and risk assessments were updated to reflect any changes.
- Staff were supported with training and development of the skills they needed to support people. Staff attended regular team meetings, daily handovers and individual supervision meetings. One staff member told us, "We discuss incidents at our meetings so there could be lessons learnt and improvements made."

Working in partnership with others

- The provider worked in partnership with others.
- The service worked with a range of external stakeholders and agencies. Such as, the local authority, commissioners and health and social care professionals, to effectively share information where appropriate. This helped to ensure people received the right care and treatment.
- People told us they had access to healthcare professionals, such as the GP, dentists, dieticians, chiropody, and optician. One person told us, "I was referred to a dermatologist and got an appointment in a week, it would not have happened at my old GP's." A relative said, "When there is an appointment staff support me

and help by arranging transport for my [relative] I feel well supported by [registered manager]."