

Birch Care Limited

Madison Court

Inspection report

Madison Close
Parr
St Helens
Merseyside
WA9 3RW

Tel: 01744455150

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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:

Madison Court is a care home that provides personal and nursing care for up to 66 people in one building. Accommodation was over three floors. At the time of this inspection 61 people were living at the service.

People's experience of using this service:

People's needs and wishes were assessed and planned for. Care plans identified the intended outcomes for people and how their needs were to be met. People received care and support from appropriately trained staff. People were offered a nutritious and balanced diet and their healthcare needs were understood and met.

Systems for assessing and monitoring the quality and safety of the service were effective in identifying areas of improvement within the service. People and their family members described the manager as approachable and supportive. Systems were in place to gather people's views on the service.

People were protected from abuse and the risk of abuse and staff understood their role in relation to this. People and their family members told us that the service was safe. Risks to people and others were identified and measures put in place to minimise harm. Good infection control practices were followed to minimise the risk of the spread of infection. Regular safety checks were carried out on the environment and equipment.

Staff knew people well and were knowledgeable about individual's needs and how they were to be met. People and their family members knew how to raise a concern or make a complaint about the service. People were treated with kindness by staff. Staff provided care and support with positive outcomes for people.

Details are in the key questions below.

Rating at the last inspection: This was the first inspection of the service under the ownership of Birch Care Limited.

Why we inspected: this was a planned inspection. The rating for this service is Good.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

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 section below.

Good ●

Is the service effective?

The service was effective.

Details are in the Effective section below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring section below.

Good ●

Is the service responsive?

The service was responsive.

Details are in the Responsive section below.

Good ●

Is the service well-led?

The service was well-led.

Details are in the Well-led section below.

Good ●

Madison Court

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was completed by an adult social care inspector 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.

Service and service type:

Madison Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. This was the first inspection of the service under the current registered provider, Birch Care Limited.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

Both days of the inspection were unannounced.

Inspection site visit activity started on 30 January 2019 and ended on 4 February 2019.

What we did: Our inspection plan took into account information that the provider had sent to us. We also considered information about incidents the provider must notify us about and we looked at issues raised in complaints and how the service responded to them. We obtained information from the local authority commissioners and safeguarding team. We used all of this information to plan our inspection.

During the inspection, we spoke with 22 people using the service and 10 family members. We spoke with the registered manager, deputy manager and 12 members of staff. In addition, we spoke with a member of the senior management team from Birch Care Limited.

We looked at six people's care records and a selection of medication administration records (MARs). We looked at other records relating to the monitoring of the service, including records of checks carried out around the premises, the training records of staff and the recruitment records for six staff who had recently been employed by the service.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Using Medicines Safely:

- Staff followed safe medicines policies and procedures and good practice guidance most of the time.
- Staff responsible for managing people's medicines had completed training and their ability to manage medicines safely had been checked to ensure their competence.
- Information and guidance was available to staff about how and when to administer medicines prescribed for people
- People told us that they received their medicines when they needed them.
- Medication administration records (MARs) contained detailed information about people's medicines. A member of staff had the lead role for medicines. This role included ensuring that any changes and new guidance relating to the safe management of medicines were implemented.
- A recent inspection of medicines had been carried out by the Clinical Commissioning Group which had identified areas needing further improvement. The service was in the process of making these improvements.

Systems and processes to safeguard people from the risk of abuse

- Effective safeguarding procedures were in place. Staff had completed safeguarding and protecting people from abuse training and had access to information about how to protect people from harm. Staff knew how to refer any concerns they had about people's safety..
- People told us they felt safe living at the service.
- Family members told us they were confident that their relative was safe from harm. Their comments included "Absolutely safe" and "Home is excellent,100% safe." One family member told us that their relative was "A lot safer than when he was at home."

Assessing risk, safety monitoring and management

- Regular safety checks were carried out on the environment and equipment used. These checks had identified that the temperatures of the hot water available to people was on occasion too high. This had presented a potential risk to people. Action was taken by the registered manager to assess and review the risk to people. Substantial work was being planned for the water quality and heating systems throughout the building. Following the inspection visits, the registered manager confirmed that all work had taken place as planned.
- Emergency procedures were in place. This information was easily accessible in the event of an emergency.
- Staff had access to policies and procedures in relation to health and safety and had received training in this area.
- Risks to people were identified and plans were in place to minimise those risks.
- The service had been awarded the Gold award by the local authority for their work around falls

prevention.

Staffing and recruitment

- The recruitment of staff was safe. Appropriate checks were carried out on applicant's suitability for the role before they were offered a job.
- Sufficient numbers of suitably trained and experienced staff were on duty to safely meet people's needs. One person told us, "Staff will come quickly" if they needed them. Family members comments included, "Staff are quite prompt", "There always seems to be plenty of people (staff)" and "Staff are quite quick to respond."
- People told us their needs were always met by the staff on duty. Their comments included, "Well looked after", "[staff] do look after you".

Preventing and controlling infection

- Systems were in place to prevent the spread of infection. Staff had received training and procedures were in place to maintain a safe and clean environment for people to live. People told us, "It's always very clean, they clean my room every day" and "They are always cleaning." A family member told us the home was, "Always very clean, always very spotless of a very good standard."
- Personal Protective Equipment (PPE) was available throughout the service. Staff were seen to use PPE when supporting people with specific tasks to prevent the spread of infection.

Learning lessons when things go wrong

- Lessons were learnt and improvement made following accidents and incidents.
- Accident and incidents which occurred at the service were recorded and analysed to look for any patterns and trends and ways of minimising further occurrences.
- Family members told us that they were always informed if their relative had experienced an accident or if an incident had taken place. One family member told us that staff will phone her about any incidents relating to their relative and told us, "Little things like that re-assure me".

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.

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

- Systems were in place to assess and review people's needs and wishes in line with legislation and best practice.
- People's individual needs were assessed to ensure they could be met at the service.
- People, their family members and health and social care professionals were fully involved in the assessment and planning of people's care. Family members told us that they had been invited to speak with the staff when their relative had moved into the service to discuss their needs and wishes. One family member told us, "Everything was about my mum when we came here."
- Care plans contained professional guidance and information about how people's needs were to be met.
- Staff delivered effective care to people in line with their care plan. People told us that staff always consulted with them prior to delivering care and support. Their comments included, "Yes, staff always ask before they do anything." Family members told us that staff always asked their relative's permission prior to delivering care.

Staff support: induction, training, skills and experience

- Staff had the right knowledge, skills and experience to meet people's needs effectively.
- Staff told us that training was available to ensure that they had up to date knowledge for their role.
- Staff competency was regularly assessed for specific tasks within their roles.
- People and their family members spoke positively about the skills and knowledge of staff. Their comments included, "Staff know what they are doing" and "They deliver very good care."
- The provider had recently employed a trainer to deliver training and advice to staff throughout the service.
- Staff received an appropriate level of support for their role.

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

- People were protected from poor nutrition and dehydration. People had access to sufficient food and had a choice of food and drinks throughout the day and night. Outside of mealtimes people had access to snacks and drinks. Family members commented, "If [Relative's name] wanted a snack, they just have to ask" and "The staff were always coming around with something [to eat and drink]."
- People had a choice of where they ate their meals and their meals were served fresh and at the correct temperature.
- People spoke positively about the food provided. Their comments included, "The food is good" and "Some of it is nice, can always get more." Family members commented, "Food is lovely, really nice" and the first thing my father said was, "Food's good."

Supporting people to live healthier lives, access healthcare services and support

- Where people required support from healthcare professionals this was arranged. Staff requested visits from doctor's, nurse practitioners, opticians and a podiatrist when people required these services.
- Staff had access to professional guidance relating to people's specific medical conditions. Staff had lead roles for the monitoring and promoting new and best practice for specific medical conditions. For example, pressure ulcer care and the care of people with swallowing difficulties (Dysphagia).
- Any support people needed with their healthcare needs was recorded in their care plan.
- Systems were in place to ensure that important information about people's needs was shared when they were admitted to hospital.
- People and their family members told us that staff would always arrange for them to see a doctor if they were unwell.

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

- The layout of the building enabled people freedom of movement around the service.
- The environment had been adapted and designed to provide stimulation for people. Visual and tactile sensory areas had been developed for people living with dementia and memory issues.
- People had access to safe outside garden areas with seating.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found that they were. People's DoLS authorisations clearly demonstrated that any specific restrictions had been considered in the application process. For example, when a person required the use of bed rails.

Is the service caring?

Our findings

Ensuring people are well treated and supported; equality and diversity

- People were treated with kindness, dignity and respect. People's comments included, "The staff are lovely, very kind" and "Nothing is too much trouble, you just ask." One family member told us that people get up and go to bed when they want to. They felt that the staff respect people's independence and choices. The relative comments about staff, "[They are] 100% respectful and kind." Other comments included, "Staff are lovely with everyone", "Think [Staff] are excellent" and "Kind and respectful without exception."
- Staff knew people well and it was evident from their interactions with people that positive relationships had been formed.
- Staff understood and supported people's communication needs. Staff spoke with people clearly whilst maintaining eye contact and where it was required they used non verbal methods to communicate with people.
- People, along with family members, had been given the opportunity to share information about their life history, likes, dislikes and preferences. Staff used this information to engage people in meaningful conversations and activities.
- People were supported to maintain their religious and spiritual needs.

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

- People and their family members were encouraged to share their views about the care provided.
- Regular care reviews gave people and relevant others the opportunity to express their views about the care provided and make any changes if they wished to.
- Family members confirmed they had been involved in supporting their relatives to make decisions about their care and support.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect.
- Staff provided people with personal care in private.
- People were supported to use their right to vote.
- People told us they always felt comfortable when staff supported them with personal care. One person told us that they received their post unopened. They felt that the staff respected their independence and choices and that staff were respectful and kind. They told us this made them, "Happy with the staff."
- Staff ensured that people's confidentiality was maintained. People's personal information was stored securely and only accessible to authorised staff.
- People told us they were given choice and control over their day to day lives. People had freedom of movement around the service and had a choice of what time they got up in a morning and went to bed at night. One family member told us, "Staff "are very respectful. [Relative] likes to go to bed during the day and although staff will encourage him to get up, they respect his choice to stay in bed."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Staff understood and applied the principles of person-centred care and support. We discussed with nursing staff the benefit of including these principles when developing people's care plans.
- People's needs were identified, including those needs that related to protected equality characteristics. For example, reasonable adjustments were made where appropriate; the service identified, recorded, shared and met the communication needs of people living with a disability, dementia or sensory loss, as required by the Accessible Information Standard. Staff knew people well and how best to communicate to support their understanding.
- Family members told us that they received regular updates about their relative's care needs and were involved in their care plan reviews.
- Staff were person-centred in their approach when speaking to and about the people supported.
- Staff engaged people in meaningful activities and people had a choice of whether they participated. A large activities room was available that gave people an opportunity to spend time in a different location with others.
- People were provided with opportunities to access the local community by attending local schools, sporting events and dementia cafes within the local area. People told us that they enjoyed getting out and about and going to a local tea dance. Family members spoke positively about the activities their relatives took part in. Their comments included, "The activities are marvellous."

Improving care quality in response to complaints or concerns

- A complaints procedure and was in place and made accessible to all. A record was maintained detailing complaints, how they were investigated, the outcome and any lessons learnt.
- People and the majority of family members knew how to make a complaint, or who they would speak to and were confident that their complaint would be dealt with in the right way.

End of life care and support

- People were given the opportunity to record their specific wishes about how they wanted to be cared for at the end of their life. Where appropriate family members were involved in this planning. A family member of a person who was in receipt of end of life care told us, "The service is excellent. We were asked about [Relatives] likes and dislikes, even down to music, personal care was exceptionally caring and above and beyond with respect and courtesy."
- Family members of people in receipt of end of life care were supported to spend as much time as possible with their relatives. A bedroom, bathroom and kitchen area was available for family members to utilise at these times.

Is the service well-led?

Our findings

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The registered manager demonstrated a clear ethos of person centred care and support for people using the service.
- Staff told us the registered manager was accessible and had a presence around the service.
- The provider and registered manager held regular meetings where they reviewed the running of the home.

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

- A system was in place for the monitoring of quality and safety. Areas for improvement were identified through audits and appropriate action was taken to make any required improvements.
 - Staff had a clear understanding of their role and responsibilities with a number of staff taking lead roles in specific areas of nursing and different areas of care delivery.
 - The registered manager was clear about their responsibilities and had a good understanding of regulatory requirements. They had notified CQC when it was required of events and incidents which occurred at the service.
 - People and family members were confident in the leadership of the service and told us they could speak with the registered manager at any time.
 - Policies and procedures to promote safe, effective care for people were available electronically to staff. These documents were regularly updated to ensure that staff had access to up to date best practice and guidance for them to carry out their role.
- Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others.
- The registered manager engaged and involved people using the service, family members and staff. People's comments included, "They have residents and relatives meeting where everyone can attend to discuss new things and changes."
 - People were asked to complete a survey about their experiences and share their views on the service. At the time of this inspection the information from the survey was being collated.
 - Staff were engaged and involved through regular team meetings.
 - Positive relationships had been formed with local schools and a local rugby league club to promote activities and inclusion.
 - The registered manager and staff sought advice and worked in partnership with others such as commissioners to ensure the best possible support for people.
 - An initiative was being developed by the registered manager to ensure that the local community had easy access to defibrillators.

Continuous learning and improving care

- The service worked with local initiatives to continually improve the service people received. The service was recently awarded for work carried out in relation to falls awareness and prevention.

- The registered manager and staff received regular training and support for their role to ensure their practice was up to date and safe.
- The registered manager worked with the provider to make and sustain improvements.
- Improvements were being made to the décor and furnishings within the service.
- Learning took place from accidents and incidents to minimise the risk of re-occurrence.