

Malvirt Limited

Birchwood House Rest Home

Inspection report

Stockland Green Road
Speldhurst
Tunbridge Wells
Kent
TN3 0TU

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Tel: 01892863559

Website: www.birchwoodhouse.org.uk

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

Birchwood House Rest Home is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Birchwood House Rest Home can accommodate up to 38 people. The service has 32 single bedrooms and usually only accommodates 32 people unless couples request shared accommodation. There were 23 people living at the service at the time of our inspection. People had varied communication needs and abilities. Most of the people could talk with us about their experiences.

At our last inspection we rated the service as Good. At this inspection, we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

At the last inspection in August 2015, we recommended that the provider identified training for staff in ancillary roles to ensure that they could support people living in the service. At the inspection, we found that the provider had acted on our recommendations and ancillary staff were able to access additional training.

People were protected from the risk of harm. Staff had received safeguarding training and there were effective safeguarding procedures in place.

The provider and registered manager had good oversight of the service. The registered manager operated and promoted an open and transparent culture. Staff felt their views were considered about how the service operated.

Staff were kind and caring and treated people with dignity and respect. They had taken the time to get to know each person well and provide the care they wanted in the way they preferred.

People and their relatives had been asked about their views and experiences of using the service. One person told us "Amazing and I know I've picked the right home, it feels family orientated when you walk in, no regrets I'm very happy."

Individual risks associated with people's care and support had been identified and risk assessments were in place to help manage these effectively. Risk assessments provided staff with detailed information on how to mitigate risks where possible.

Safe recruitment practices were followed to help ensure potential staff were of good character. There were

sufficient numbers of staff deployed to meet people's needs in a timely way.

Staff received regular support which included individual supervisions and team meetings. Staff felt supported in their roles. Staff completed an induction when they commenced work at the service and had access to a range of on-going training. Staff were positive about the training they received.

Peoples medicines were managed safely. People received their medicines in the ways their healthcare professionals had prescribed and in a way that best suited their needs. People were offered a balanced diet of food they liked.

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

The registered manager had informed CQC of significant events that had happened at the service, so that we could check that appropriate action had been taken. They had learnt from these events and made improvements to the service.

Services are required to prominently display their CQC performance rating. The provider had displayed the rating in the entrance hall. The rating can be found on their website.

Further information is in the detailed findings below.

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 remained Good

Good ●

Is the service effective?

The service remained Good

Good ●

Is the service caring?

The service remained Good

Good ●

Is the service responsive?

The service remained Good

Good ●

Is the service well-led?

The service remained Good

Good ●

Birchwood House Rest Home

Detailed findings

Background to this inspection

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

Birchwood House Rest Home is a Care Home. The inspection took place on 10 July 2018 and was unannounced.

The inspection team consisted of two inspectors 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.

Before the inspection we looked at information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports and notifications we had received. Notifications are information we receive from the service about important events that had taken place in the service which the provider is required to tell us by law. We used this information to help us plan our inspection.

During the inspection we spent time with people who live at the service. We spoke with the provider, registered manager, team leader, chef, activity co-ordinator and two care workers. After the inspection, we received feedback from one health and social care professional. We looked at four people's care plans and the associated risk assessments and guidance. We looked at a range of other records including two staff recruitment files, the staff induction records, training and supervision schedules, staff rotas, medicines records and quality assurance surveys and audits.

Is the service safe?

Our findings

People told us that they felt safe at Birchwood House. One person told us "Feel absolutely safe, there is always a carer 24 hours a day, they see to you in the morning if you need any help and they are there at bedtime." Another person told us "Feel safe because there is always someone here and I was alone at home."

Staff had received training and knew how to safeguard people from the risk of harm. Training records confirmed that staff had completed training in safeguarding people from harm. There was a safeguarding policy with relevant contact details displayed on the notice board and in the office. This provided people, staff and visitors with a reminder of how to report concerns. Staff felt confident to use the whistleblowing procedure if needed. Staff told us "I had safeguarding training as part of my induction; I know if I have any concerns I can speak to the registered manager or provider and they will act on it."

There were enough staff on duty who knew people well and could meet their needs and support them to do things for themselves. One person told us "I've got the buzzer and there is always someone around". The manager considered people's needs when deciding how many staff to deploy at different times of the day. Additional staff were deployed if they had a new admission or if a person was unwell. Staff were not rushed and supported people to do things at their own pace. The registered manager was on call out of hours to provide any advice and support that staff needed. Staff told us "there's enough staff to help everyone. We do not feel rushed and we give people time."

People had their individual risks assessed and these were regularly reviewed to ensure they were managed effectively and remained current. Clear guidance was provided to staff to help to reduce the risks.

Accidents and incidents had been recorded, the registered manager had recently introduced a new analysis method to look for patterns and trends. This information was used to update a person's care plan and to mitigate further accidents.

Safe recruitment processes were followed to ensure staff were suitable to work in this type of service and were of good character. Pre-employment checks included disclosure and barring check (DBS), eligibility to work in the UK and references from previous employers. There were enough staff working at all times to keep people safe and meet their needs. The staff rota was planned to ensure that the staff skills mix met people's needs.

Staff had completed fire training and told us they felt confident about the evacuation procedure. People had personal emergency evacuation plans (PEEPs) in place these had been regularly reviewed. The Fire Service had recently been to Birchwood House to carry out a fire risk assessment. They asked for an addressable fire alarm to be fitted and the provider had received quotes for the work. A new fire plan was in place. Regular checks of the fire alarm were carried out and documented.

The service was clean. There was an infection control policy in place and staff were following this. We

observed staff using personal protection equipment (PPE) and staff told us they had access to this when required. Staff accessing the kitchen wore blue aprons and washed their hands before accessing the fridge and freezer or handling food. The team leader was the infection control lead.

Peoples medicines were managed safely and effective systems were in place to order, store, administer, record and dispose of medicines. We observed staff giving people their medicines safely. One person told us "Medicines always arrive on time and I know what I'm taking". Staff explained to people what their medicines were and supported to take them at their own pace. A pharmacy audit had been carried out and the provider had completed the recommendations that had been made. Medicine administration records (MAR) were completed accurately. Audits were completed to help monitor the process and ensure continued good practice.

Staff understood their responsibilities to raise concerns and were confident about recording these. Improvements had been made following investigations around a near miss with medication. The new process had been communicated effectively with staff.

Is the service effective?

Our findings

People received care that was effective and met their day-to-day needs. One person told us "He has changed his GP since he's been here and has now been offered a new hip"

People's needs were assessed when they moved into the service and care and support was delivered in line with good practice guidance. These were reviewed regularly to identify any changes in people's needs.

People's religious beliefs had been recorded in the care plans. A Vicar visited every month from the local Church to provide a service. They also visited to do a special service around Christmas time and organised a choir to visit. One person living at the service who followed the Catholic faith had a priest who came to see them every month.

The provider had a comprehensive induction and training programme for staff, this included core subjects such as safeguarding and fire safety. Training was arranged to support staff to meet people's specific needs, including dementia, stroke awareness and epilepsy. Staff's competency to complete tasks was assessed to check that they had the required skills. One staff member told us, "I did a lot of training and it was all very useful" another told us "I found the induction period very helpful; it gave me a chance to understand the role and to get to know people."

Since the last inspection additional training had been offered to ancillary staff. Eleven staff had registered for a new course with the Skills Network called Improving service user experience in health and social care. Staff told us "I feel able to ask for additional training and the provider considers all requests."

Staff confirmed they felt supported in their roles. A handover was completed between staff on each shift to make sure that they had up to date information on people and their needs. This was recorded in in the communication book and staff referred to this to catch up when they had returned from a day off or leave. Staff told us "we use communication books to communicate changes, pass updates. We also have handovers after each shift, which is useful."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We observed people being supported to make choices about all areas of their lives, including where they spend their time and who with. People had been asked to consent to their care and we observed staff explaining and checking people agreed before supporting them. Staff demonstrated they understood how MCA and DoLS applied in their everyday work for example by offering people choices and respecting their decisions. Staff told us "I ask people for their consent before giving them meds, before providing their personal care, attending activities or taking their pictures."

The registered manager was aware of their responsibilities under DoLS and had made an appropriate

application for one person to the local authority.

Staff supported people to maintain good health. The registered manager told us that the district nursing team visited the service regularly and staff acted on the advice and guidance that they provided. Staff told us that health professionals were contacted at the right time and without delay. Staff continued to support people to attend appointments. We observed one person being supported to attend a hospital appointment while we were inspecting.

People told us they liked the food at the service and they had enough to eat and drink. One person told us "I have a cooked breakfast every day". People told us they had choices of food at meal times and could choose where to have their meal. We observed drinks being offered to people throughout the day. Meals were balanced and included fresh vegetables. Soft or pureed foods were prepared for people at risk of choking. People were involved in planning the menus. The chef had good knowledge of people's dietary requirements as well as likes and dislikes and they considered these when they were preparing food.

Staff received regular one to one supervisions to discuss their practice and an annual appraisal. Staff told us "registered manager does my supervision, she is very helpful and passionate about the people living here.'

The service was decorated in a homely way and there was an ongoing plan for improvements, including creating a path to the lower part of the garden so that people with walking frames or wheelchairs could access these areas. Since the last inspection the provider had researched and followed good practice guidance about environments for people living with dementia.

Is the service caring?

Our findings

Everyone we spoke with during our inspection told us staff were kind and caring. Staff could tell us about people individual routines, preferences and life histories. People interacted positively with both staff and the registered manager. We observed that people were comfortable when engaging with other people who used the service. One person told us, "The whole thing about this place is it's not institutional it's very homely and feels like home."

We observed staff treating people with kindness and respect, for example, staff holding people's hand to give them reassurance. We observed staff giving one person reassurance and encouraging them to eat as they had refused their lunch. Staff sat down so that they were level with the person, gently encouraged the person and gave them several choices. Staff gave the person time to consider the choices and explained why it was important for them to have some food. Staff involved the person's relative in the conversation. The person agreed to have some food which they ate well.

We observed staff asking people if they would like a drink. One person was not sure which drink to have so staff bought a glass of water and a glass of squash to the person so they were able to choose as staff knew the person liked a visual prompt.

People's friends and relatives were encouraged to visit their loved ones and spend time with them as often as the person wished. People's visitors told us they were always made to feel welcome by staff. One person's relative told us "We were offered supper at Christmas and it was excellent" and another said, "Offered tea and coffee when we visit, we are welcome any time"

People had privacy. Staff only entered a person's bedroom with the person's permission, one person told us "Staff always knock". Staff described to us how they maintained people's privacy by keeping them covered while they helped them to get washed. Personal, confidential information about people and their needs was kept safe and secure and staff were reminded of their responsibilities at staff meetings. Staff told us "I respect people's privacy by making sure I knock on doors, close doors before providing personal care, make sure person is covered."

People told us they were treated with dignity. We observed staff supporting people with their meals. They supported people at their own pace and waited for the people to tell them they were ready to eat or drink. They also explained what was on the fork or spoon and checked that the person was happy with this. Peoples preferences for staff who delivered personal care had been documented and considered when deploying staff. One person told us "Shower when I like, I prefer a woman carer."

People had been given opportunities to discuss their sexual orientation or gender identity and their responses were respected. Staff gave people time to chat privately about their personal relationships if they wanted to. People were treated as individuals and their choices and lifestyles were respected. They were referred to by their preferred names and appeared to be relaxed in the company of each other and staff. Staff told us "I treat each person as an individual and I do not group them as they have different taste,

routines and preferences. I respect that."

People were actively involved in making decisions about their care and were supported to maintain their independence. One person told us "Every day I have a strip wash which I do on my own at the moment, I like to keep independent." People told us that they were able to choose when they got up and went to bed. One person said, "Get up when I like and go to bed when I like."

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. One person told us "we are all, in my opinion, very well looked after." Care plans were in place and regularly reviewed. People's records and care plans contained personalised information such as life histories, personal care needs, preferences and medical conditions. When people's needs changed, the service recognised this and made changes to the care and support that was provided.

The service met the requirements of the Accessible Information Standard. The Accessible Information Standard (AIS) is a law which aims to make sure people with a disability or sensory loss are given information in a way they can understand, and the communication support they need. The service had considered ways to make sure people had access to the information they needed in a way they could understand it, to comply with AIS. People's assessments referred to people's communication needs, this information had been included in care plans where a need had been identified.

Staff demonstrated they knew people well and knew the support people needed and how they liked their care to be provided. We observed staff supporting one person, who required a walking frame, into the garden. Staff gave the person clear instructions of how to remain safe.

The routines at the service were flexible to meet people's needs and wishes. For example, people chose each day where they would like to eat their meals and staff asked people what they would like to do each day.

People continued to take part in a range of activities. The day after our inspection, people planned to go on a day trip, this had been organised following a residents meeting where a person had said that this is something that they would like to do. Relatives of people had been invited on the trip, one person told us "I'm going on the outing tomorrow. I have a mobility car so my sister is coming and we are going to follow the minibus in the car."

Other trips were arranged throughout the year. People had been included in the planning of the trips and had made suggestions for future trips. Residents meetings were recorded and people could get copies of these. The registered manager told us that they arranged a clothing sale every six months. A company came into the service, and set up their merchandise in the dining room after lunch. People could buy items that they liked.

During our inspection, eight people enjoyed taking part in a quiz. People were shouting out the answers and praising each other when they got the answer right. There was lots of laughter and people told us they were having fun. One person told us "Never get bored, don't know where the time goes." An activities plan was in place and included visits from outside entertainers.

The registered manager told us that they had developed ways of communicating with people for whom English was not a first language. Staff used an online translation programme and had language cards. The newsletter and fire procedures have been translated for one person and a friend and relative has been

involved in planning the care as they were able to translate. During our inspection we saw staff use these skills to communicate with a person and confirm that they were in pain. Staff established where the pain was and provided the person with pain relief.

At the time of the inspection no one was receiving end of life care, however people had plans in place which detailed their preference for care at the end of their life. The home was prepared to support people's wishes in any way they could. The registered manager told us that they thought it was important to talk about this and get the person's wishes. One relative told us "They feel what you are feeling when mum died we were all crying, end of life care was excellent the support from here was amazing."

People told us they were confident that any complaints they raised would be listened to and addressed. One person told us "If I had a complaint I would be happy to speak to the manager."

Is the service well-led?

Our findings

People and their relatives told us the service was well led. One person told us "Right from the start I've known the manager." The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager told us that they felt confident and supported in their role.

The registered manager had been working at the service for eight years. People knew the registered manager by name and were observed to interact and engage with them. We saw people go to the registered manager's office for a chat and people appeared to be very comfortable and relaxed in their presence. Relatives knew who the management team were and were confident in approaching them with any problems.

The registered manager operated an open and transparent culture. Staff told us the management team were approachable and supportive and always available to give them advice and guidance. Staff told us "Both the registered manager and provider are brilliant, we are well-supported by them." The staff team were well established and had built good relationships with people. We observed that they worked well together. Staff were consulted about all aspects of the service along with people who used the service.

The provider has a clear vision for the service which they described as a "Home away from home." The registered manager and the provider spoke to us about the company values and ethos, this included creating a family feel to all aspects of the service. One staff member told us "There is a family feel to the service. We help everyone and we get on well with each other." Staff were motivated and enjoyed working at the service and told us that they felt valued. Staff efforts were recognised in supervision records. One staff member told us "It is very nice to work here; there is a good atmosphere."

The provider continued to have oversight of the service and completed regular checks on all areas of the service. The registered manager monitored staff practice to check people received care and support to the standard the provider required. This included working alongside staff and observing their practice. Any shortfalls identified were addressed immediately and discussed at staff supervision meetings and recorded. A new process was in place to analyse accidents and incidents to identify any patterns or trends monthly, if patterns were identified then care plans and risk assessment were updated.

The registered manager and provider told us they were committed to continually improve the quality of care at the service. There were systems in place to support this approach, which included monitoring of records, updates and reviews of care plans and risk assessments. This helped maintain a consistent quality service.

Staff were clear about their roles and responsibilities and were reminded of these at regular staff and supervision meetings. Monthly team meetings took place which were chaired by the registered manager and attended by the provider. One staff member told us, "There is a heads of department meeting every Monday

morning. It gives us all a chance to catch up and get updates."

The management team kept their skills and knowledge up to date. The registered manager recognised the importance of continual learning and development and actively kept themselves updated by subscription to websites, publications and formal training. This was communicated to staff to ensure that they were aware of best practice and changes to legislation and policy.

The service continued to work in partnership with other agencies. They had worked with community nursing teams to ensure people received the care and support that they needed. The community nursing team confirmed that the registered manager asked for advice and guidance when it was needed and acted upon it.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgement. The provider had displayed their rating in the entrance to the service and on their website.