

Sanctuary Care (England) Limited

Birchwood Court

Residential Care Home

Inspection report

Seaside Lane
Easington Colliery
Peterlee
County Durham
SR8 3XZ

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
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 Court Residential Care Home is a residential care home which can provide personal care and support to 43 older people, some of whom are living with dementia. At the time of this inspection there were 35 people living at the service.

People's experience of using this service: People's risk assessments were not always regularly reviewed. Emergency plans in the event of a fire did not accurately reflect the people present in the service. People received their medicines safely, however the provider's quality assurance system had not picked up on medicines shortfalls despite having medicines audits in place.

Everyone we spoke with told us the service was a good place to reside and visit, that staff were kind and caring and people were treated with respect. People said staff knew them very well and could anticipate their needs and support was delivered in a timely way.

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. People were involved in their day to day lives through being empowered to make their own choices about where they spent their time. Their independence was promoted and staff actively ensured people maintained links with their friends and family. Staff were aware of good practice and guidance in end of life care, and respected people's religious beliefs and preferences.

The environment supported people to have time on their own and time with other people if they chose this. Cleanliness and health and safety were well managed. The environment was safe and people had access to appropriate equipment where needed.

Staff recruitment was safe. There was enough staff on duty. The service had experienced a recent high turnover of staff, including senior managers, and the provider had an active recruitment programme in place. Staff had appropriate skills and knowledge to deliver care and support in a person-centred way. Staff understood how to keep people safe and used information following accidents and incidents to reduce the likelihood of future harm.

People's health was well managed and staff had positive links with professionals which promoted wellbeing for them. In addition, people had opportunity to access a range of activities including access to the local community.

The acting manager worked well to lead the staff team in their roles and ensure people received a good service. People, their relatives and staff all felt confident raising concerns and ideas. Feedback was used to make continuous improvements to the service.

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

Rating at last inspection: Good (report published 2 May 2017).

Why we inspected: This was a comprehensive inspection brought forward in response to information of risk or concern about people's health and wellbeing. We found the concerns to be unsubstantiated.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-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 not always safe.

Details are in our Safe findings below.

Requires Improvement ●

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 Court Residential Care 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 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.

Inspection team: The inspection was carried out by one inspector, one assistant inspector, a specialist adviser in nursing and an Expert by Experience. The expert by experience had personal experience of caring for someone who used this type of care service.

Service and service type: Birchwood Court Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the CQC. The registered manager had been absent from the service since 31 December 2018 and left the service on 11 February 2019. At the time of our inspection an acting manager had been in post since 7 January 2019 and a new deputy manager was due to commence their role on 18 February 2019. Arrangements were underway to recruit a new manager.

Notice of inspection: This inspection was unannounced.

What we did:

Before the inspection: We reviewed information we had received about the service to plan the inspection. This included details about complaints, concerns, incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service.

During the inspection: We spoke with eight people who used the service and two relatives. We spoke with

the acting manager, regional manager, five care staff, the activities co-ordinator, an administrator and a domestic. In addition, we spoke with one visiting professional.

We reviewed a range of records. This included four people's care records and 11 people's medication administration records. We looked at the personnel files for five members of staff. We reviewed staff training, recruitment and supervision records. We looked at records related to the management of the service such as quality audits, surveys and policies. We also observed how people were being cared for.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Assessing risk, safety monitoring and management.

- Risk assessments were completed however they were not always regularly reviewed. For example, one person's risk assessments for nutrition and hydration, skin integrity, moving and handling, continence and catheter care, communication and falls, had not been reviewed since September 2018.
- Emergency plans in the event of a fire, did not accurately reflect the people present at the time of our visit.
- We received assurances, from the regional manager, the shortfalls we identified would be addressed.
- Staff understood where people required support to reduce the risk of avoidable harm.
- Care plans contained explanations of the control measures for staff to follow to keep people safe.
- The environment and equipment was safe and well maintained.
- The provider's business continuity plan covered emergency situations to ensure people received safe and effective care.

Using medicines safely.

- The provider had systems and procedures in place for the safe management of medicines. However, these were not always effective.
- Medicines were not always dated on opening and first use.
- The application of topical medicines, such as creams and ointments, were not always well recorded.
- Medicines were not always stored and disposed of safely. For example, oxygen cylinders were loosely stored in the medicines treatment room and loose medicines were placed in an open box with other medicines for collection by the pharmacy for disposal.
- We received assurances, from the regional manager, the shortfalls we identified would be addressed.
- Staff were knowledgeable about people's medicines. Staff who administered medicines were trained and completed an annual competence assessment.
- People were happy with the support they received to take their medicines.

Systems and processes to safeguard people from the risk of abuse.

- The provider had effective safeguarding systems in place. Staff had a good understanding of what to do to make sure people were protected from harm or abuse.
- People consistently told us they felt safe in the presence of staff and that their needs were met safely. Comments included, "I'm safe here, the front door is locked. I just press the bell and they [staff] are there."

Staffing and recruitment.

- People and relatives told us there were enough staff to support their needs and they received care in a timely way.
- The provider understood the number of staff they required to keep people safe based on their needs.

- The service had experienced a recent high turnover of staff which included senior manager posts. The provider had an active recruitment programme in place.
- The provider operated a safe recruitment process.

Preventing and controlling infection.

- Systems and procedures were in place to promote good infection control practices; equipment to help prevent the spread of healthcare related infections was readily available.
- The environment was clean and everyone felt the service smelt pleasant.

Learning lessons when things go wrong.

- The service responded appropriately when accidents and incidents occurred and used incidents as a learning opportunity.

Is the service effective?

Our findings

Effective – this means 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.

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 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.

- The acting manager followed all the principles and guidance related to MCA and DoLS authorisations. They were working with staff to ensure they completed capacity assessments appropriately.
- People were involved in decisions about their care; staff knew what they needed to do to make sure decisions were taken in people's best interests.

Staff support: induction, training, skills and experience.

- Staff were competent, knowledgeable and skilled, and carried out their roles effectively.
- Staff had completed a comprehensive induction and had access to a range of training. Relatives told us, "The staff are well trained" and "They [staff] are trained they know [family member's] needs."

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

- Information about people's needs and choices had been obtained through pre-admission assessments. This ensured the service could meet people's needs and develop relevant care plans.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

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

- People told us, "All the meals are great."
- People had choice and access to sufficient food and drink throughout the day; food was well presented and people told us they enjoyed it. Lunch was a sociable experience.
- People's specific needs were identified and met. Staff were knowledgeable about people's special dietary needs and preferences.

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

- People told us they received health care support when needed.
- People's care records showed relevant health and social care professionals were involved with their care, including, GP's and Speech and Language Therapists (SALT).
- Staff followed guidance provided. Information was shared with other agencies where people needed to access other services.

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

- People were involved in decisions about the premises and environment; for example, the colour of their room and support to make their room homely with their own belongings. People's photographs and memory boxes were displayed on their bedroom doors.
- The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely. The service was suitable for the people who used it.
- People and their relatives enjoyed the environment which had plenty of communal spaces including a café and a games room, where people could spend their time.

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported.

- People were happy with the care provided. Comments included: "We get well looked after", "This is heaven, it's the best place I've been" and "They [staff] sit and chat, they are all lovely."
- Relatives thought the staff were very kind. They confirmed they could visit whenever they wanted and were always made to feel welcome. Comments included, "We are always offered a cup of tea."
- The acting manager told us how they actively supported people's human rights, promoted their equality and diversity and made sure staff treated people in a person-centred manner. One person told us, "My priest comes to see me here, I join in the other services they have here too."
- Staff showed genuine concern for people's wellbeing. Staff knew people very well, including their personal history, preferences, likes and dislikes. Staff worked in a variety of ways to ensure people received care and support that suited their needs.

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

- Staff supported people to make decisions about their care. For example, they understood people's communication needs and this was documented in care plans.
- Information was available for people to access advocacy services.

Respecting and promoting people's privacy, dignity and independence.

- The staff maintained the privacy and dignity of the people they cared for and were clear this was a fundamental part of their role.
- People said their independence was promoted. Comments included, "We are on first name terms, they [staff] call me [name] which I prefer." One relative told us, "They [staff] are good, he likes to shave himself, if he says no, it's no."
- The staff team worked well together and with the people who used the service. They consistently engaged people in conversations. There was a calm relaxed atmosphere within the home.

Is the service responsive?

Our findings

Responsive – this means that services 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 knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted.
- People and relatives told us care was delivered in the way they wanted and needed it.
- People were empowered to make choices and have as much control and independence as possible, including in developing care, support and treatment plans. Relatives were involved where they chose to be and where people wanted that.
- People were given information in a way they could understand; care plans described the level of support they required.
- People and relatives spoke highly of the activities coordinator. They told us they were good at their job. They felt listened to and engaged in day-to-day activities.
- Planned activities, outings and events included, exercises and singers. People told us, "There is a trip to Leeds soon'. I'm the first on the list. I meet my friend in the cafe in Leeds", "We go down to play Bingo and I join in" and "We go out for walks."

Improving care quality in response to complaints or concerns.

- People knew how to provide feedback about their experiences of care; the service provided a range of accessible ways to do this.
- People and relatives knew how to make complaints should they need to. They told us they believed they would be listened to. Complaints were acted upon in an open and transparent way. They used any complaints received as an opportunity to improve the service.

End of life care and support.

- People were supported to make decisions about their preferences for end of life care; staff empowered people and relatives in developing care plans. Professionals were involved as appropriate.
- Staff understood people's needs, were aware of good practice and guidance in end of life care; they respected people's religious beliefs and preferences.

Is the service well-led?

Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements.

- The acting manager was accountable for their staff and worked to develop their team so that staff at all levels understood the importance of their roles and responsibilities.
- People and relatives told us the service was well-led, the acting manager and staff were approachable and they felt able to raise any issues. Comments included, "I like the staff" and "The manager is a caring bloke."
- A series of quality audits and safety checks was completed and used to make improvements.
- The provider's quality assurance system had not picked up on medicines shortfalls despite medicines audits. The regional manager intended to review this.
- The service had policies and procedures in place that considered guidance and best practice from expert and professional bodies and provided staff with clear instructions.

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

- The service had a positive culture that was person-centred, open and inclusive.
- The acting manager and the culture they created effectively supported the delivery of high-quality, person-centred care.
- Staff understood the provider's vision for the service and worked as a team to deliver high quality care.
- The provider had notified the CQC of all significant events, changes or incidents which had occurred at the service in line with their legal responsibilities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care.

- The service involved people and their relatives in day to day discussions about their care.
- People, relatives and staff had completed a survey of their views and the feedback had been used to continuously improve the service. People's comments included, "We have resident's meetings from time to time and they [staff] ask for suggestions."
- Feedback from people, relatives and staff highlighted that the acting manager was extremely effective and operated a service that consistently strived to be good.
- Staff told us they had not previously felt listened to however, the acting manager was approachable. Comments included, "Nice place to work now, [acting manager] is very good with us" and "The service wasn't nice but it's getting better."

Working in partnership with others.

- The service had good links with the local community, such as schools and churches, and key organisations, reflecting the needs and preferences of people in its care.