

Review of compliance

The Keepings Limited. Birkdale Residential Home	
Region:	West Midlands
Location address:	Station hill, Oakengates Telford, Shropshire. TF2 9AA
Type of service:	Care home without Nursing
Date the review was completed:	July 2011
Overview of the service:	Birkdale is a converted house set in its own grounds situated on the outskirts of the local centre. It offers personal care to 29 people with or without dementia care needs in a variety of accommodation on both floors of the home. The upper floors are accessed via a lift or stairs. Communal lounges and dining rooms are on the ground floor. Birkdale offers enquirers a useful information pack about the services they provide. It also has its own user friendly website where you can browse about this service online.

Summary of our findings for the essential standards of quality and safety

What we found overall

We found that Birkdale Residential home was not meeting one or more essential standards. Improvements are needed.

The summary below describes why we carried out the review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews and as a result of some information we received from visiting professionals.

How we carried out this review

We reviewed all the information we hold about this provider. We began by reviewing the evidence the Care Quality Commission (CQC) holds on this location including the inspection report of 15th of December 2009 which rated this service as excellent. We also looked at our assessment records of June 2010 when the home declared they were compliant with the Health and Social Care Act 2008 as part of their registration application for our new regulations.

Before our visit on 12 and 13 May 2011, we also asked the manager to send us additional information about four essential standards of quality and safety. This information is known as a 'Provider Compliance Assessment' and gives the home the opportunity to tell us what they are doing to meeting our regulations and provide a good service. We received this information when we asked for it. We also asked the manager to contact visitors on our behalf and make arrangements for us to carry out a telephone survey with them.

We spent ten hours at the home over two consecutive days. We observed how people were being cared for, and talked to people who live at, visit and work at Birkdale. Four people who use the service and two visitors were happy to tell us about the care the person they visit receives, and their view about the quality of care given.

Some people were not able to share their views of what it was like to live at Birkdale due to their medical conditions so we spoke to people close to some of these individuals as part of our telephone survey.

We also looked at the records of five people who live at the home. We checked the provider's records including the management paperwork that they keep to account for staffing, health and safety, accidents, fire safety and complaints. We contacted professionals from health, the local authority and the fire service for their views on the service provided. We also had the opportunity to have discussions with five staff members during our time at the home, as well as management team members.

What people told us

People we spoke with told us they were happy with the care they receive and that the staff are,
"Very friendly and approachable – they always make time to speak to you."

People told us that the meals are generally good and that they are always given a choice. One person regularly tells their visitor that meals are, "Gourmet style. "

People told us they were happy with the laundry service.

People told us they were happy with their bedrooms and that the home is usually kept clean and tidy. One person did comment that they were pleased their bedroom was to be decorated shortly.

We were told there always seem to be enough staff on duty and that staff are thoughtful and always help where needed.

A relative told us that the communication from the home is good and that they are kept up to date with any changes in their relative's condition.

Staff told us that they enjoy working at the home and that they receive the support they need to do their job. They said that they have good training opportunities. They were able to tell us about the individual needs of the people they care for.

Health care professionals from the local Primary Care Trust have also kept in touch with us on a regular basis. They told us about the slow progress that the home has made in response to recommendations they have made for Birkdale to improve infection control standards and practices in the home.

Since our visit to the home we have been in contact with the Public Protection department of the local council as we saw that they were monitoring this home due to breaches of health and safety legislation.

We were able to confirm that records are not being kept up to date, delays in training, and lack of oversight of important care issues are not being managed and accounted for properly. These issues have challenged the impact of the quality of care given at this home.

What we found about the standards we reviewed and how well Birkdale Residential Home was meeting them

Outcome 1: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People living at Birkdale may not all have the opportunity to share their views and as a result may not have their thoughts and opinions considered in relation to issues that have an impact on their lifestyle.

- Overall, we found that Birkdale Residential home was meeting this essential standard.

Outcome 2: Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Not all of the necessary consent is sought from people who live at the home before their care, treatment or support is given. Management and record keeping systems would benefit from further expansion to ensure adequate documentation takes these matters into account, especially when a person's liberty is at risk.

- Overall, we found that improvements are needed for this essential standard.

Outcome 4: People should get safe and appropriate care that meets their needs and supports their rights

Care management systems do not make sure that staff provide all of the care people require in the way they prefer to keep them safe comfortable and happy.

- Overall, we found that improvements are needed for this essential standard.

Outcome 5: Food and drink should meet people's individual dietary needs

People are provided with well presented meals in accordance with their dietary requirements ensuring their nutritional needs are met. Further consideration should be made to make sure there is accessible mealtime information to account for the diverse needs of everyone living in the home.

- Overall, we found that Birkdale Residential home was meeting this essential standard.

Outcome 6: People should get safe and coordinated care when they move between different services

The home involves other professionals when required. They seek appropriate advice when necessary, although lack of relevant recordkeeping for such issues does not assure people their health and well being is promoted and protected at all times.

- Overall, we found that improvements are needed for this essential standard.

Outcome 7: People should be protected from abuse and staff should respect their human rights

Staff receive training so that they have an understanding in adult protection to ensure people they support are protected from abuse.

Management at Birkdale Residential Home need to develop their record keeping to confirm they are following necessary multi agency adult protection procedures for this matter.

Overall, we found that improvements are needed for this essential standard

Outcome 8: People should be cared for in a clean environment and protected from the risk of infection

People at the home continue to be at risk of infection. This is due to the prolonged time Birkdale Residential Home management are taking to complete and sustain remedial actions necessary to demonstrate they comply with infection control legislation to keep people safe. This does not offer people assurance they are living in a home which promotes their health and wellbeing.

Overall, we found that improvements are needed for this essential standard.

Outcome 9: People should be given the medicines they need when they need them, and in a safe way

Current systems for the receipt, storage, administration and disposal of medication at the home are in need of development to keep people safe.

Birkdale Residential Home medication management practices do not ensure people receive prescribed medication the way their doctor expects it to be given.

Overall, we found that improvements are needed for this essential standard

Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare

People living at Birkdale are not always provided with safe and clean accommodation, which is equipped and maintained in line with health and safety legislation to meet their individual needs.

The provider needs to demonstrate how they are meeting remedial actions expected by the Public Protection and Infection Control professionals. This will enable people

to be confident that the home is doing all they can to promote their wellbeing and make them feel secure.

Overall, we found that improvements are needed for this essential standard

Outcome 11: People should be safe from harm from unsafe or unsuitable equipment

Equipment is available in the home in sufficient quantities for those individuals that need it. Better systems are needed to make sure it is regularly maintained and tested to keep it safe and in good working order. Staff do not have all of the guidance they need to safely monitor and maintain equipment and its use.

- Overall, we found that improvements are needed for this essential standard.

Outcome 12: People should be cared for by staff that are properly qualified and able to do their job

People who live at Birkdale Residential Home can have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them.

- Overall, we found that Birkdale was meeting this essential standard.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

Birkdale Residential Home employs sufficient numbers of staff to care for the people living in the home. The staff have the right competences, knowledge, qualifications, skills and experience to meet people's needs.

- Overall, we found that Birkdale was meeting this essential standard.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

The needs of people living at Birkdale Residential home are not fully met as they are being cared for by staff who have not improved their care practices as expected following training.

Lack of day-to-day monitoring and support from their managers means inappropriate standards have continued.

- Overall, we found that improvements are needed for this essential standard

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The management need to strengthen their monitoring arrangements in the home to make sure any improvements they are obliged to carry out by law are done so in a

timely manner. This will make sure people will benefit from effective, safe, quality care within a reasonable time as possible.

- Overall, we found that improvements are needed for this essential standard

Outcome 17: People should have their complaints listened to and acted on properly

Birkdale Residential Home takes complaints seriously by undertaking a thorough investigation. This is so that people can be confident their comments and complaints are listened to and dealt with effectively.

- . Overall, we found that Birkdale was meeting this essential standard.

Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential

Inaccurate recordkeeping about people living and working at Birkdale Residential Home means that they cannot be sure that they are being kept safe from harm at all times.

- Overall, we found that improvements are needed for this essential standard.

What we found
for each essential standard of quality
and safety we reviewed

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*.

Outcome 1: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- Understand the care, treatment and support choices available to them.
- Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- Have their privacy, dignity and independence respected.
- Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with outcome 1: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

People told us that before they moved into Birkdale they were provided with enough information from the home to help them make their decision to move there. Some family members read about Birkdale on their website. Records we saw confirmed they met with the manager so they could talk about their needs and what they expected from the care home. Relatives we spoke to also confirmed this. People also commented that this has continued both formally and informally with the staff team since moving in.

People we spoke to told us they enjoy living at the home.

One person told us that they have been asked about their views of the service. They told us they appreciate the meetings the home holds for them so they can be involved in improving the service if they want to.

Staff we spoke with were very enthusiastic to share their views about the ways they

involved people to make their own decisions about their day-to-day lifestyle. They indicated this was done verbally by, "Getting to know people" rather than following written guidance about them. Although staff told us they have had some training for dementia related conditions, they could not demonstrate how they carried out their care duties to ensure they were meeting the needs of people with memory challenges to confirm they had been involved and were happy with the way they were being cared for.

Other evidence

We saw there are some effective systems in place to involve people to improve their care, treatment and support. We also found that the management works with staff and people who use the service to develop the home in line with their needs and wishes. For example, when the bathrooms were repainted recently people were involved in the colour choice.

However, our findings also confirmed that the home would benefit by developing additional systems to make sure that people with dementia related challenges have similar opportunities as those who are able to express their opinions and feelings about life at Birkdale. Whilst examining records and observing people in their surroundings we saw very little evidence to confirm how staff have made sure people with these needs are involved in their daily living choices.

Our visit to the home also established people have not always been involved in some recent important decisions. For example, we saw that a stair gate had been installed on the door people can use to go out into the garden. Although this is a safety measure, it also restricts people with limited abilities to independently access the garden if they wish. The manager told us the impact of this issue had not been discussed and agreed with all of the residents and representatives who may use the garden.

During our visit we saw that staff treated people with courtesy and respect. They knew the people living in the home well. We saw that they assisted people to be independent in a dignified way. They spoke to them and worked at the person's pace respecting people's preferred choices.

Our judgement

People living at Birkdale may not all have the opportunity to share their views and as a result may not have their thoughts and opinions considered in relation to issues that have an impact on their lifestyle.

Outcome 2: Consent to care and treatment

What the outcome says

This is what people who use services should expect.

People who use services:

- Where they are able, give valid consent to the examination, care, treatment and support they receive.
- Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- Can be confident that their human rights are respected and taken into account.

What we found

Our judgement

There are minor concerns with outcome 2: Consent to care and treatment

Our findings

What people who use the service experienced and told us

People who could contribute to discussions told us that staff always explain to them any support that they are about to provide for them. They also told us that staff talk to them about their needs to make sure they are happy with the way they receive their care, treatment and support. People said that staff support them when other health care professionals visit and when any treatment is to be carried out.

One person told us,
“If I have anything to say I tell them and they accept and respect what I say. “
Some relatives told us they are consulted by staff and feel included in their family member’s care if this is their wish. One relative said they had been invited to sign the care records of their family member recently, and told us,
“It was pretty straightforward stuff to understand.”

Other people we spoke with were not so sure and were unable to confirm to us that they knew what was written down about them or the person they visited. Two people told us they had not seen paperwork about consent issues. Another person recalled discussing the information with a social worker but not the staff at the

home.

Staff also told us they have received training to make sure they understand the rights and the diverse needs of the people they care for at Birkdale. One staff member commented that the video training the home has about dementia related conditions helped them have a better understanding of how to respect and value individuals who tell them their wishes and feelings.

Other evidence

We began by looking at the information we hold for the provider. This confirmed that the management had a satisfactory understanding of their obligations for this aspect of the service. As part of their commitment to continuous improvement the home told us about their plans to improve their paperwork and policies concerning end of life care. Although the area manager for Birkdale told us this task had been done our findings established this was work in progress. The home were in the process of obtaining consent from people about how their property and valuables were to be dealt with in the event of their passing away.

A lot of the people that live at Birkdale are unable to consent to any care or treatment. As a result, the home works closely with relatives and other people that may be representing the individual. Where this happens the home told us they record such involvement on specific paperwork in their care records. However, not all records shown to us could demonstrate this. Lack of details in three out of five sets of records meant it was not clear whether the best interests of people had been fully considered when some topics of consent had been discussed. We saw these had not been completed in a consistent manner by the staff involved. Gaps in record keeping meant we could not tell whether people agreed or not to some important aspects of their care including the safe handling of people at risk of falls, medication safety, procedures for bath times and when people are cared for in bed.

In addition, we have been made aware that some individuals living at the home were recently subject to a Deprivation Of their Liberty authorisation being considered. Our findings have established the home has developed a good rapport with other health care professionals such as doctors, district nurses and community mental health nurses for these matters. Once again lack of relevant paperwork meant we could not confirm this had been accounted for appropriately. The home management did not inform us of these issues when they occurred. This issue was discussed during our inspection visit.

Our judgement

Not all of the necessary consent is sought from people who live at the home before their care, treatment or support is given. Management and record keeping systems would benefit from further expansion to ensure adequate documentation takes these matters into account, especially when a person's liberty is at risk.

Outcome 4: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

There are moderate concerns with outcome 4: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us.

There has been mixed feedback about the service Birkdale Residential home provides for people living at the home.

Feedback from social workers confirmed that overall, the majority of people have been satisfied with the care and support given.

We have received a variety of comments from people who live at and visit the home. Some were good and some indicated improvements were needed. People were unanimous that they were made welcome whenever they visited Birkdale residential home. One person commented that it did not matter what time of the day you arrived, staff always had time to tell them how their family member was getting on.

People we spoke with were very complimentary about the care they receive. They spoke highly about the staff and the management and described their care as, "Very good" and that they are looked after, "Very well." One person told us, "My relative has told me they feel they belong here."

When we spoke to people during our visit they told us,

“I love it here.”

”I like the food and I am well looked after.”

Not all people told us that staff always maintained their privacy and dignity. Although some visitors commented that the people they came to see were always well groomed and looked nicely cared for, others did not agree this was the case.

One visitor did comment that their relative looked,

‘A bit scruffy sometimes’but once concerns were shared with staff they tended to their family member immediately.

Another person commented that their relative did not get their hair washed as often as they would like it to be.

Although people told us they were satisfied with the laundry service at the home two people also commented that sometimes their family members were not wearing their own clothes when they visited them.

All of the staff we spoke with did not feel that the staffing levels were compromising people’s safety.

Other evidence

We invited Birkdale to send us information about the care and welfare of people living at the home. They declared they were fully compliant with our regulations for meeting people’s needs. They sent us detailed information which told us:

“All the staff provide care, treatment and support for the residents in accordance with the care plans to ensure continuity.

Each person centred care plan is written specifically for each individual resident. Their unique needs, preference and diversity are incorporated in to the care plan to ensure the care the resident receives is tailored to them as an individual.

Any risks identified are documented in the care plan in a risk assessment. These clearly identify the risk, who it effects, how we intend to manage the risk in a way that is safe but not completely restrictive and review dates are set and monitoring implemented. The care plans contain vast amounts of personal information for each resident to ensure the care delivered maintains their welfare and promotes their wellbeing.”

Our findings confirmed these statements were not accurate. Important information for day to day care had been omitted in five sets of care plans we reviewed. For example:

- Information in one set of records about a person with a dementia related condition contradicted itself. In one section a risk assessment described the person to be at risk of falls, whereas in another section a different risk assessment identified the same person not to be at risk of falls. Additional recordkeeping confirmed that the individual had in fact fallen and a risk assessment compiled as a result of this accident had been completed without

the involvement of the person or their representative.

- The care records of another person who was receiving regular visits from a district nurse for attention to various parts of their body did not account for the reason for these visits, and therefore did not offer staff any advice about preparation or after care of any treatment that person may have received from the nurse.
- Our observations confirmed the guidance they had received did not fully make sure people got all the care they needed. The records of another person did not account for all of the good care we observed a person receive to prevent getting pressure sores.

Care workers were able to describe what information they have been given to care and support individual people, although this conflicted with what was written down about them.

At the start of the visit the management team informed us that no one living in Birkdale required a hoist for moving and handling procedures. Two out of the five sets of records we checked identified that the individuals required the use of a hoist in the event of them falling. Furthermore, the risk assessment of another person had written instructions for one staff member to assist a person from the floor in the event of a fall. This does not promote safe manual handling practice and has the potential to put both people living and working in the home at risk.

Our findings show that lack of attention to working practices and detailed recordkeeping indicated people did not always receive the care they need, and do not have their individual preferences respected. This has the potential to put their health and wellbeing at risk.

On both occasions we visited the home it was positive to see people participating in communal activities they obviously enjoyed. People especially appeared animated and happy when these were taking place. Staff have embraced these responsibilities which appear to have a positive impact on people's daily lifestyles. We did not observe evidence to show people, who because of their illness stay in their bedrooms were involved in similar activities.

After our visit to Birkdale monitoring officers for the local authority told us they carried out a visit to the home in March 2011. We are aware the home had to take remedial action in response to their findings.

Our judgement

Care management systems do not make sure that staff provide all of the care people require in the way they prefer to keep them safe comfortable and happy.

Outcome 5: Meeting nutritional needs

What the outcome says

This is what people who use services should expect.

People who use services:

- Are supported to have adequate nutrition and hydration.

What we found

Our judgement

The provider is compliant with outcome 5: Meeting nutritional needs

Our findings

What people who use the service experienced and told us

Everyone we spoke to during our visits and telephone conversations were unanimous to confirm that the meals were good.

One person commented there were always nice smells coming from the kitchen. Another commented that their relative had put on weight since moving into the home.

Several people we spoke with did not know what was on the menu for lunch and tea that day.

One relative commented their family member regularly mentions the fact they aren't offered a biscuit or cake with their afternoon cup of tea. Our observations confirmed this.

Relatives and visitors of people who need to have their meals easy to swallow and digest felt they were nicely presented and looked appetising.

Other evidence

We began by looking at the information we hold for the provider. The information told us the home has maintained their good history of meeting the nutritional needs of the people who live there.

We saw meals are mainly served in two communal dining areas. A blackboard display at the entrance to the home informed people what was on the day's menu.

Mealtimes were seen to be relaxed and unhurried, although we did observe one agency staff member standing over a person whilst assisting them to eat. The dining area on the Dovedale unit was nicely furnished and had an up-to-date menu on display. Tables in the dining room were nicely laid with condiments available to compliment the meal.

The second dining area on Ashdale was not so attractive. This area was predominantly occupied by people with dementia related conditions. Tablecloths were worn and shabby. We observed people deliberately avoiding the table set with a PVC tablecloth which was badly creased. A staff member said they would not set the table with a cloth in that condition in their home.

We observed lunchtime and saw that the meals provided did not correspond with the menu the area manager showed us that were kept in a folder on Ashdale. There were no menus on display to prompt and remind people what was available to eat in this area, which is kept locked from the entrance to the home. At tea time we observed a carer ask people in this area what they would like to eat on a one-to-one basis. Not everyone she spoke to appeared to understand what was on offer.

Our judgement

People are provided with well presented meals in accordance with their dietary requirements ensuring their nutritional needs are met. Further consideration should be made to make sure there is accessible mealtime information to account for the diverse needs of everyone living in the home.

Outcome 6: Cooperating with other providers

What the outcome says

This is what people who use services should expect.

People who use services:

- Receive safe and coordinated care, treatment and support where more than one provider is involved, or they are moved between services.

What we found

Our judgement

There are minor concerns with outcome 6: Cooperating with other providers

Our findings

What people who use the service experienced and told us

People told us they are kept well informed about their professional care. One person who has lived at the home for some time told us that staff would not hesitate to call the doctor for them if they were not well. They also told us they are happy with the visits from the chiropodist and one of the carers who works at the home has had the training to look after their toenails In between visits.

Relatives who visit the home on a regular basis commented that staff keep them informed of any changes in the health conditions of the people they visited at Birkdale Residential home.

People told us they are always informed if there are any changes to their medication or the treatment they may require to keep them well.

Community nursing professionals confirmed the home management always seek their advice when the needs arise. Recently the home have contacted them for advice in order to safely manage a person who was demonstrating behaviour that was challenging to other people at Birkdale.

Other evidence

We began by reviewing the information we hold for the provider. This background information established the home has a good history of involving other professionals where there is a need to do so.

The management team have been networking with local community professionals in order to improve care practices in the home. Birkdale Residential home is an active member of a local specialist care home organisation and has been involved in a pilot project to reduce hospital admissions from care homes.

Staff told us they work closely with other health care professionals such as doctors and specialist nurses. Information in five care files we looked at demonstrated visits had taken place by a variety of health care professionals. However lack of information in the care record keeping could not confirm the team were following their specialist advice.

In the information Birkdale management sent us before the site visit, they told us that they complete specific paperwork to for any behaviour of a person which could pose as a risk to residents and others. We saw evidence of two incidents of this nature in the home's accident book. When we discussed this with the management they were unable to show us the records they had completed to manage the aggressive behaviour of the individuals, and to account for the professional help they obtained to safely manage these incidents. Lack of paperwork meant we could not establish whether the home provided enough information when one of the individuals was transferred to hospital.

Our judgement

The home involves other professionals when required. They seek appropriate advice when necessary, although lack of relevant recordkeeping for such issues does not assure people their health and well being is promoted and protected at all times.

Outcome 7: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

- Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

There are minor concerns with outcome 7: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

People who contributed to our discussions told us they feel safe in the care of the home, and the staff look after them well.

One visitor told us,
“I am so glad my relative is being looked after and is safe”.
Health professionals informed us the home have been involved in two safeguarding adult investigations recently.

Other evidence

We began by looking at the information we hold about Birkdale Residential Home. The additional information we requested as part of this review established the home management are knowledgeable about their responsibilities to protect the people who live there.

The management and staff are aware of the local adult protection procedures and have all received training in this topic. Staff confirmed their attendance during our discussions with them. It was evident through staff discussion that they are aware of

procedures to follow.

The home also has sound procedures staff follow to manage the monies and valuables of people who live at the home.

All the staff we spoke with confirmed they had received in-house training about abuse when they start working at the home and as part of their ongoing training programme.

Two people we spoke told us about the depth of their recent training and could clearly recall the signs of abuse and what to do if they suspect it has occurred or taking place.

We used the opportunity of our visit to Birkdale Residential Home to explore the circumstances of two safeguarding investigations we were informed about. The home had not notified us themselves of these events even though the management had made one of the referrals. When we requested to see the paperwork to account for these events not all of the information was readily available. The records we did see lacked details to confirm whether the next of kin or family of choice had been informed of these matters.

However we were able to ascertain that the home had been fully cooperative with the local authority throughout these investigations.

Our judgement

Staff receive training so that they have an understanding in adult protection to ensure people they support are protected from abuse.

Management at Birkdale Residential Home need to develop their recordkeeping to confirm they are following necessary multi agency adult protection procedures for this matter.

Outcome 8: Cleanliness and infection control

What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the *Code of Practice for health and adult social care on the prevention and control of infections and related guidance*.

What we found

Our judgement

There are major concerns with outcome 8: Cleanliness and infection control

Our findings

What people who use the service experienced and told us

People who could contribute to discussions with us told us they were happy with cleanliness in the home. Most visitors we spoke to were in agreement.

One person told us ,
“The housekeeping staff are marvellous.”

One person told us they were not happy with their bedroom cleanliness, but after this was reported to the manager it had been fine since then.

Other evidence

On the days of our visit we saw that there were house keeping staff on duty. We walked around the building and looked at a number of bedrooms, bathrooms and toilets. We also visited the laundry, dining room and lounges. Not all parts of the home were as clean as we would expect to see in a care home, especially as one bathroom and a bedroom we spotchecked had unpleasant smells. Many parts of the home are showing signs of wear and tear and are obviously difficult to keep clean.

We have been in regular contact with our colleagues in the Primary Care Trust infection control team. They have visited the home on several occasions since their last audit of the home in August 2010 when they confirmed that standards were not

being maintained, and many issues similar to those they reported in 2006 and 2009 had not yet been fully acted upon.

For over two years the home has received ongoing support from our PCT infection control colleagues. Although the home has welcomed the support and training that has been offered, our findings confirmed that the staff team has not put the training and professional advice into practice. When we walked round with the manager to see what progress had been made to meet the recommendations of the last infection control audit, we saw many issues still in need of remedial action.

Although the home management compiled an action plan in response to the audit, some of the timescales and they have set means they will be taking over 12 months to respond fully.

We visited the medication storage room on Ashdale unit. We saw that the whole environment was in a 'grubby' state. Damaged and stained walls were reported to be awaiting redecoration. In August 2010 the infection control nurses reported that a heavily stained dressings trolley was in need of attention. This has yet to be carried out. Both the medication trolley and cupboard for the storage of Controlled Drugs were seen to be stained and in need of cleaning. Several bottles of medication had not been cleaned after use and were sticky to the touch.

We saw clinical waste was not being managed properly even though the management team had identified that this was being carried out on their infection control action plan.

Some liquid soap dispensers in bedrooms were not operational making effective hand washing more difficult.

Although it was encouraging to hear of the new mattresses being provided, lack of protective covers seen on them meant they continue to remain at risk of contamination from body fluids. We are aware the sought professional advice about this hazard in August 2010.

The home is not complying with the Code of Practice on the prevention and control of infections and related guidance.

Our judgement

People at the home continue to be at risk of infection. This is due to the prolonged time Birkdale Residential Home management are taking to complete and sustain remedial actions necessary to demonstrate they comply with infection control legislation to keep people safe. This does not offer people assurance they are living in a home which promotes their health and wellbeing.

Outcome 9: Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:

- Will have their medicines at the times they need them, and in a safe way.
- Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

There are moderate concerns with outcome 9: Management of medicines

Our findings

What people who use the service experienced and told us

People who were able to speak to us told us they were happy with the way their medication was managed.

One relative told us they were impressed at the way staff managed to get their relative to accept their medication and as a result their health has improved.

People told us if the doctor made any changes to their medication that the staff usually told them.

Staff members told us the training they had received for this aspect of care was in enough depth and detail for them to know their responsibilities to be confident to manage people's medications.

A group of care staff also explained how they had received training to apply creams when this was required as part of peoples' care. Our observations of this practice demonstrated it was not of an adequate standard.

Other evidence

The manager told us that the pharmacy systems are audited annually by the chemist who provides the medication. We were not able to ascertain the last time it had been carried out.

We were also informed that the manager carries out monthly informal checks of the medication systems in the home and this was accounted for in the home diary. We were told that a new checklist had been provided and an improved audit system was to commence at Birkdale next month.

We saw that the room which stored medicines was in a poor state of cleanliness. Please see outcome 8.

Although the home has a good policy to manage medications people refuse this has clearly not been followed. An assortment of over 20 tablets was seen to be stored in an open container in the medication trolley. We were informed they belonged to a variety of people and were awaiting disposal.

When we checked the medication records of four people, some of these were not accurate. They did not fully account for medications which had been omitted or refused. These practices meant the home did not have an effective audit trail for this matter in line with medicine law.

The way the home manages topical applications such as ointments, creams and inhalers to help people with their breathing were not adequate. These were not being accounted for in the home medication administration records properly. Some ointments and creams we saw in bedrooms we visited were no longer prescribed and should have been taken out of use. This included cream we saw for the treatment of a contagious infection prescribed in December 2010.

Our discussions with staff that are authorised to apply prescribed creams confirmed they did not follow the appropriate good practice for this procedure. Current procedures they told us they carry out pose a hazard which have the potential to put people at risk.

Before our visit we heard of an incident concerning the home and an error with medication. When this was discussed the management were fully aware of the circumstances of this matter. However they were not able to provide any documentation to confirm this was handled appropriately.

Our judgement

Current systems for the receipt, storage, administration and disposal of medication at the home are in need of development to keep people safe.

Birkdale Residential Home medication management practices do not ensure people receive prescribed medication the way their doctor expects it to be given.

Outcome 10: Safety and suitability of premises

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- Are in safe, accessible surroundings that promote their wellbeing.

What we found

Our judgement

There are major concerns with outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us

People we spoke with said they were satisfied with the standards of the environment at the home. One person said, "Although the home is not as plush as other places we looked at, there is a nice homely feel to Birkdale."

Most people told us they were happy with their bedrooms and the furniture. They told us its layout kept them independent where possible.

People told us if they requested improvements to their bedrooms, they were carried out fairly quickly. One person told us they were looking forward to having their bedroom redecorated soon. Another person commented they were waiting to be moved to a bedroom on the ground floor to make it easier to keep independent.

Several people told us that recent improvements at the home included new carpeting laid in Dovedale lounge, non slip flooring replaced in bedrooms and new privacy curtains in the bedrooms shared by two people. In addition, staff members told us that all but two of the beds in the home had been provided with new mattresses.

When we asked staff what improvements they thought would benefit the home, they were in agreement that further refurbishment of Birkdale would be a priority.

Information we have seen about Birkdale Residential Home from the local authority Public Protection department established that their recent inspection in March 2011 identified a total of 10 breaches of health and safety legislation. We are aware the home had not complied with their requirements when they returned to re-inspect the home at the end of June 2011.

Other evidence

We began by reviewing the current information we hold for the provider. Although Birkdale have declared compliance with our regulations, historical feedback from visiting professionals has not reflected this. Earlier comments recorded under Outcome 8 of this report also confirm this. As a result we decided to bring our scheduled review of the home forward with a specific focus on the accommodation provided for people living in the home.

When we visited the home our findings confirmed that many parts of Birkdale have deteriorated as a result of general wear and tear. We saw several carpets in bedrooms that were badly stained. Fixtures and fittings seen in bedrooms were especially showing their age. Bedside cabinets and vanity units housing wash basins were particularly shabby. Some of these pose a hazard as they were damaged which means they are difficult to keep clean and also a splinter risk due to the exposed wood. Externally, the wooden garden furniture had not been maintained, giving these parts of the home a neglected appearance. These were also a splinter hazard.

We also noticed that not all of the hot water outlets people have access to are safe, and the hot water temperature of a shower we tested was too hot for us to keep our hand under. When we explored this further we saw the home have not been testing the hot water temperatures as we expect them to. Further investigation confirmed this was an issue of concern raised by the health and safety inspectors.

Several of our findings were similar to those reported by the health and safety inspectors in March 2011 when the home was given 12 weeks to improve standards. We will be continuing to liaise with these professionals to ensure the home management are co-operating and taking appropriate action to comply with all necessary legislation. We are aware Birkdale Residential Home management have requested the assistance of health and safety consultants for these matters.

The home was inspected by the fire service in February 2011. Spot checks of Birkdale's fire safety records confirm they have not been maintained recently. Some of this information was not available when we requested it. The home said they would forward us copies of this information which included fire alarm testing records. This has not been received. As a result we contacted the fire service, and they informed us they carrying out another visit to the premises.

There is a maintenance person employed at the home who deals with ongoing repairs and maintenance which include the fire safety checks. When we asked to see evidence that they were competent to carry out these duties we were informed that the personnel records were not available. Birkdale Residential Home management also volunteered to forward us this information. We have not received

this.

Recently work has been in progress to upgrade the home which people have welcomed. Birkdale management have involved the people who live there when making decisions about these improvements. During our visit we were told people were involved in the decision making about the choice of colours for the bathrooms when they were repainted.

Our judgement

People living at Birkdale are not always provided with safe and clean accommodation, which is equipped and maintained in line with health and safety legislation to meet their individual needs.

The provider needs to demonstrate how they are meeting remedial actions expected by the Public Protection and Infection Control professionals. This will enable people to be confident that the home is doing all they can to promote their wellbeing and make them feel secure.

Outcome 11: Safety, availability and suitability of equipment

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings).
- Benefit from equipment that is comfortable and meets their needs.

What we found

Our judgement

There are moderate concerns with outcome 11: Safety, availability and suitability of equipment.

Our findings

What people who use the service experienced and told us.

Everyone we spoke with felt the home had enough equipment to look after them safely. Several people told us they are reliant on staff to use hoisting equipment to help them have a bath. Everyone we spoke with was happy to confirm they felt safe and trusted the staff when they used this equipment.

Staff members we spoke with told us they had received training for the safe use of blood glucose testing equipment in order to expand the level of care the home could offer people with diabetic conditions.

Staff told us they feel competent to use equipment, although they were aware they had not had specific training for some of this equipment including the use of hoists.

Staff were able to tell us how they use pressure relieving cushions supplied by the community nursing team for several people living at the home.

Relatives and visitors also told us that they were fully aware of the equipment the staff use to keep people comfortable and safe.

Other evidence

During our visit to the home we observed some of the hoisting equipment in the bathrooms and in a communal lounge were not in a clean condition. Some of the hoisting equipment that staff told us was used daily for bathing people was also seen to be chipped and damaged as a result of wear and tear.

When we requested to see the service records of the hoist in the lounge, it could not be located. Although the management said they would send us a copy of this information, we have not received it. We are aware this is also one of the issues of concern raised by the local authority health and safety inspectors. Although Birkdale management team members attended training recently held by the local authority public protection department, our findings confirmed that the staff team have not put the benefit of their training into practice. When we reviewed the progress made to meet the recommendations of the health and safety inspection with the manager, we saw many issues still in need of remedial action. Furthermore, the record-keeping to account for actions they had taken were not accurate and indicated some jobs were complete when in fact they had not been addressed.

We are aware at the time of our visit the home had a further three weeks to put things right. This was discussed in depth during our inspection visits. Feedback from a health and safety visit carried out by the local authority in March 2011 also identified remedial action needed to be taken to maintain and repair some equipment in the home. This included the passenger lift and broken window restrictors.

Our spot checks and observations of the way Birkdale residential home use care equipment on a day to day basis established staff do not have enough guidance to use some of this equipment effectively. We saw that several people had been issued specialist pressure relieving cushions by their community nurse. When we checked care records these were not accounted for in the personal care plans of individuals we saw using them. Staff were not able to tell us where the manufacturer's instructions were located for this equipment, and were not able to tell us about how they check them to make sure they were doing their job and keeping people comfortable and safe.

It is positive staff have received training to use equipment to assist people with diabetic conditions keep healthy and well.

Our judgement

Equipment is available in the home in sufficient quantities for those individuals that need it. Better systems are needed to make sure it is regularly maintained and tested to keep it safe and in good working order. Staff do not have all of the guidance they need to safely monitor and maintain equipment and its use.

Outcome 12: Requirements relating to workers

What the outcome says

This is what people who use services should expect.

People who use services:

- Are safe and their health and welfare needs are met by staff that are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

The provider is compliant with outcome 12: Requirements relating to workers.

Our findings

What people who use the service experienced and told us

People said that staff were good and kind and they had no concerns. People told us, "The staff are lovely."
"The welcoming friendly approach by the staff is one of the main reasons I decided this home was for my relative."
One person who has been a regular visitor to the home for some time commented, "If there is a new carer, they always work in twos, including any agency staff."
Discussion with one of the two staff employed recently confirmed that they felt confident that they had all the required information to enable them to do their job safely. They told us that they only worked on their own once they felt confident to do so.

Other evidence

After looking at the information we hold for the provider we confirmed the service has a good history of following robust recruitment procedures. This was also reinforced when we reviewed the information Birkdale Residential Home sent us before our visit when they stated they fully complied with this process.

We saw the records of the two staff members, including those of a recently recruited team member. Both records showed that checks had been made as to the suitability of these staff to work with vulnerable adults prior to them working at the home.

We spoke to a new member of staff who told us that the management had carried out pre employment checks before they commenced working at the home. Checks included two references and a Criminal Records Bureau disclosure check. The member of staff explained to us that they had completed an application form and were interviewed before being offered a job at the home. We were shown evidence of this on the staff file. The person explained that they had been supported since they had started working at the home by the staff team.

These practices confirm efforts carried out to offer greater protection to the people who live at Birkdale residential home. They also ensure that they have the skills and attributes that the home is looking for to ensure people receive good quality care.

Our judgement

People who live at Birkdale Residential Home can have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them.

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

- Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with outcome 13: Staffing

Our findings

What people who use the service experienced and told us

People thought there were enough staff in place to meet their needs. People that were able to speak to us told us that they liked the staff group, that they worked hard to look after them, and were kind and caring. Everyone we spoke with told us that the staff were welcoming and friendly.

Staff we spoke with were in agreement that there was a good team spirit and between them they made sure the home was staffed by its own carers to keep the use of agency staff to a minimum.

Staff told us they are given regular updates on people's conditions by the routine of the home handover system at each shift change and by reading care plans.

Other evidence

The information we currently hold about Birkdale Residential Home told us the service has a good history of retaining their staff. This provides a stable environment for the people who live there and helps provide continuity in care.

Discussion with a management team member explained that during recent times temporary staff have only been engaged for about one shift a fortnight.

We observed there to be sufficient numbers in staff, including house keeping and kitchen staff on the day of our visit.

The new manager is supernumery to the staffing levels, and works closely with the area manager to monitor staffing of the home.

Our judgement

Birkdale Residential Home employs sufficient numbers of staff to care for the people living in the home. The staff have the right competences, knowledge, qualifications, skills and experience to meet people's needs.

Outcome 14: Supporting workers

What the outcome says

This is what people who use services should expect.

People who use services:

- Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

There are moderate concerns with outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us

People spoken with thought staff had a good understanding of their needs and looked after them well.

Staff told us that training opportunities are good and that they are supported to develop their individual knowledge and skills. Recent training undertaken has included diabetes management and osteoporosis. They also told us that two staff members had recently attended training to organise activities in the home. People were all aware which staff members had received training to carry out toenail care in between chiropodist visits.

Staff spoken with explained that they are supervised by the management on a regular basis. They were all in agreement that their new manager was approachable and their support and presence had definitely improved their day to day working routine at Birkdale Residential Home. They all agreed they felt supported to care for the people who live at the home.

Other evidence

The service has a good history of providing necessary support and training for their staff team. The details the home provided before our visit accounted for systems with details to inform us the staff team are trained and supported effectively. They

told us the staff are issued with a handbook and they have every opportunity to receive the learning and development they need to carry out their role and keep their skills up-to-date. Birkdale management reported staff are given training log books and professional development paperwork to complete in readiness for their one to one meetings with their manager. Discussion about this process with five staff members confirmed this process continues. Staff told us they have annual appraisals and receive letters with appointments for their supervision sessions.

When we examined the records of five staff members we found some anomalies in the record-keeping which meant we could not confirm what training staff had received. We also identified that staff are not receiving training in using identified pieces of equipment which are used within the home.

Continued shortfalls in health and safety and Infection control practices at Birkdale clearly confirm the home team does not learn from training they have received to improve and maintain professional standards in the home.

Our judgement

The needs of people living at Birkdale Residential home are not fully met as they are being cared for by staff who have not improved their care practices as expected following training. Lack of day-to-day monitoring and support from their managers means inappropriate standards have continued.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

- Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

There are major concerns with outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

People told us they are asked about their views on the service both formally and informally.
Some people we spoke to confirmed they had been involved in a satisfaction survey carried out by the home.
People we had contact with told us if they had any concerns or comments to make they usually spoke to the manager to sort things out.
One person told us,
“If I had a problem I would soon ask somebody to get things put right.”
People are appreciative of the ‘ Birkdale Oracle’ newsletter that the management team circulate for people using the service.

Other evidence

We began looking at the information we hold for the provider. Our information gave us a history of past and present efforts the home has made to monitor and improve the quality of life for people living, visiting and working at Birkdale Residential Home

We are aware there has been some reorganisation of the management of Birkdale Residential Home. The previous registered manager of the home has been promoted to the position of area manager to oversee the management of both homes owned by this organisation. A senior carer employed at the home was appointed to the position of manager towards the end of 2010 and has received the support of the area manager as she has settled into her role.

The home have continued to carry out annual satisfaction surveys, and during our visit we were informed that the survey was to be due be conducted later in the month.

The home management team also hold regular meetings with people living at and visiting the home. The manager stated these were not very well attended.

The additional details we requested from the home management about their quality processes gave us an overview of the activities they are involved in to monitor standards at the home. The home management told us,

“The home takes action to reduce the risks identified in order to prevent the service becoming non-compliant with the regulations i.e. maintenance plans/ contracts and servicing, competency tests, risk assessments actioned and monitoring/ auditing tools.”

Our findings which are recorded throughout this report clearly indicate some of the information they told us was not accurate. We have identified that changes to improve the service are not happening within the timescales that we expect. Although some improvements are evident since recent visits by other community professionals we cannot be assured the systems they have in place keeps everyone living at the home happy, safe and well.

As recorded earlier we are aware the home was inspected by the local authority health and safety personnel from the Public Protection department in March 2011. We are aware that they received a follow-up visit in June 2011 and we heard the home continues to fail to meet health and safety regulations. It is a concern that the kitchen had to be closed temporarily as a result of this visit. We were not informed of these circumstances by Birkdale Residential Home management even though they are expected to do so to comply with our regulations.

After our visit to Birkdale Residential Home our further enquiries established the home was visited by the monitoring officers of the local authority. This is to make sure the home was meeting the needs of the people whose care they pay for. We are aware the home was working to improve some issues they identified in need of remedial action.

This report identifies a considerable amount of failings. These failings suggest the home has not been managed or monitored effectively and requires prompt action on the part of the home management to put things right.

Failings described under Outcome groups 4,6,7,8,9,10,11,14 and 21 do not provide evidence to demonstrate that people living at Birkdale Residential Home receive safe and appropriate care, treatment and support and suggest:

- The management team do not have an effective system for fully assessing and monitoring the day to day quality of the services provided.
- Clear lines of reporting, accountability and responsibility are lacking in the day to day management of the home.
- Lack of appropriate remedial actions in response to events affecting the well being of people living in the home could not offer assurance people who use services are not harmed or their health, welfare and safety put at risk as a consequence of the care, treatment or support they received.
- Our findings could not provide evidence to demonstrate that people who use services or those acting on their behalf are involved (or supported) in making important decisions about their care, treatment and support.
- We are concerned that Birkdale Residential Home is not taking appropriate steps to act upon or seek a further professional advice on how to run the service safely when they clearly do not have the knowledge to do so themselves. We remain concerned at the slow progress the home are making to respond to expert bodies that have provided a lot of training and support for the management of Birkdale.
- For over two years the home had received ongoing support from our PCT infection control colleagues. This involved hands-on advice and training for the staff team. Findings during our visit confirmed the home was not practising what they have pledged to do was part of an improvement plan completed in response to the last visit by the PCT professionals.

Our judgement

Birkdale Residential Home management need to strengthen their monitoring arrangements in the home to make sure any improvements they are obliged to carry out by law are done so in a timely manner. This will make sure people will benefit from effective, safe, quality care within a reasonable time as possible.

Outcome 17: Complaints

What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:

- Are sure that their comments and complaints are listened to and acted on effectively.
- Know that they will not be discriminated against for making a complaint.

What we found

Our judgement

The provider is compliant with outcome 17: Complaints

Our findings

What people who use the service experienced and told us

The majority of people we spoke with informed us that they have never had a cause for complaint about the home.

People told us they can speak to the manager and staff quite easily and feel able to take that approach if they feel they need to. One person who told us they had approached the management about an issue with their relative recently and was more than satisfied by the way the matter had been handled.

Other evidence

We began by looking at the information we hold for the provider. Our findings confirmed that the home has maintained its standards for managing complaints.

There is a clear complaints procedure in place and people are provided with this as part of the information pack they receive when they move into the home. It is also displayed on the notice board at the entrance of the home as well as other locations in Birkdale.

People we spoke with did not have any complaints they wished to raise with us.

Staff spoken to knew what to do if a complaint was made to them by a person living at the home or a visitor.

The home have a system for managing any comments concerns or complaints they may receive. None were reported to have been received in 2010. A complaints logbook accounted for one complaint received at the beginning of this year. Record keeping confirms people are satisfied with the actions the home has taken as a result of their investigations.

Our judgement

People who use the service and those acting on their behalf have access to a complaints procedure. Birkdale Residential Home take complaints seriously by undertaking a thorough investigation. This is so that people can be confident their comments and complaints are listened to and dealt with effectively.

Outcome 21: Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

- Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.
- Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

There are major concerns with outcome 21: Records .

Our findings

What people who use the service experienced and told us
Not all people we spoke with could recall what important information the home held about them or where it was stored.

Over half the people we spoke to said they had not been invited to look at their records for some time.

One relative stated the last time she saw the person’s records was when a social worker went through a care review with them.

Other evidence

Findings from our visit confirmed that the record keeping processes in the home were in need of further development. The management team also need to make sure they are stored in a secure, accessible way that allows them to be located quickly.

The service did not keep accurate, personalised care, treatment and support records for each person who used the service. Care plan records were not audited in enough detail to make sure people were receiving the care they need in the timely manner. We saw that these shortfalls result in staff not having written guidance to safely deliver the care people require with specific equipment seen in use during our visit.

Staff were not able to inform us where the instruction information for the safe use of some equipment used by people living in the home was kept for them to refer to. This means people were at risk of unsafe or inappropriate care due because of this.

Feedback from visiting professionals also confirmed that record keeping and documentation was either inappropriate or not available when requested that their visits.

Likewise, medication recordkeeping systems were seen to be inaccurate and could not account for all prescribed medications people were receiving.

As recorded earlier the lack of record keeping accounting for significant events and omissions of important information has the potential of people being at risk of harm.

A review of the accident reporting system introduced since we last visited Birkdale in July 2010 confirmed that this had not been implemented effectively.

The new accident paperwork was held in a loose leaf format without master records or chronology. This meant the loose leaf records could go missing from its folder and the home would lose all of the details about the incident. This could result in the home not being able to account for accidents in line with health and safety legislation as well as our own regulations. Staff feedback told us although they were expected to complete the new paperwork in the event of an accident, incident or near miss; they had not been shown how to do it.

The new accident forms have been improved to ensure witness statements are obtained. However, when we looked at some completed accident forms we saw that important information had been missed out. This meant we were not able to confirm whether at least three accidents had been fully explored, In the instances when people had been injured when staff were using hoisting equipment, the records lacked the details of all staff involved in the accidents.

Our findings have clearly shown that although some improvements are evident in the care and support provided, we cannot be sure that the recordkeeping processes are accurate.

Our judgement

Inaccurate recordkeeping about people living and working at Birkdale Residential Home means that they cannot be sure that they are being kept safe from harm at all times.

Action

we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	17	1: Respecting and involving people who use services
	Why we have concerns: People living at Birkdale may not all have the opportunity to share their views and as a result may not have their thoughts and opinions considered in relation to issues that have an impact on their lifestyle.	
Accommodation for persons requiring nursing or personal care,	14	5: Meeting nutritional needs
	Why we have concerns: People are provided with well presented meals in accordance with their dietary requirements ensuring their nutritional needs are met. Further consideration should be made to make sure there is accessible mealtime information to account for the diverse needs of everyone living in the home.	

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	18	Outcome 2: Consent to care and treatment
	<p>How the regulation is not being met:</p> <p>Not all of the necessary consent is sought from people who live at the home before their care, treatment or support is given. Management and record keeping systems would benefit from further expansion to ensure adequate documentation takes these matters into account, especially when a person's liberty is at risk.</p>	
Accommodation for persons who require nursing or personal care	9	Outcome 4: Care and welfare of people who use services
	<p>How the regulation is not being met:</p> <p>Care management systems do not make sure staff provide all of the care people require in the way they prefer to keep them safe comfortable and happy.</p>	
Accommodation for person who require nursing or personal care	24	Outcome 6: Cooperating with other providers
	<p>How the regulation is not being met:</p> <p>The home involves other professionals when required. They seek appropriate advice when necessary, although lack of relevant recordkeeping for such issues does not assure people their health and well being is promoted and protected at all times.</p>	
Accommodation for person who require nursing or	11	Outcome 7: Safeguarding people who

personal care		use services from abuse
Accommodation for person who require nursing or personal care	12	Outcome 8: Cleanliness and infection control
	<p>How the regulation is not being met:</p> <p>Staff receive training so that they have an understanding in adult protection to ensure people they support are protected from abuse.</p> <p>Management at Birkdale Residential Home need to develop their recordkeeping to confirm they are following necessary multi agency adult protection procedures for this matter.</p>	
Accommodation for person who require nursing or personal care	13	Outcome 9: Management of medicines
	<p>How the regulation is not being met:</p> <p>People at the home continue to be at risk of infection. This is due to the prolonged time Birkdale Residential Home management are taking to complete and sustain remedial actions necessary to demonstrate they comply with infection control legislation to keep people safe. This does not offer people assurance they are living in a home which promotes their health and wellbeing.</p> <p>The home is not complying with the Code of Practice on the prevention and control of infections and related guidance.</p>	

<p>Accommodation for person who require nursing or personal care</p>	<p>15</p>	<p>Outcome 10: Safety and suitability of premises</p>
<p>How the regulation is not being met:</p> <p>People living at Birkdale are not always provided with safe and clean accommodation, which is equipped and maintained in line with health and safety legislation to meet their individual needs.</p> <p>The provider needs to demonstrate how they are meeting remedial actions expected by the Public Protection and Infection Control professionals. This will enable people to be confident that the home is doing all they can to promote their wellbeing and make them feel secure.</p>		
<p>Accommodation for persons who require nursing or personal care</p>	<p>16</p>	<p>Outcome 11: Safety, availability and suitability of equipment.</p>
<p>How the regulation is not being met:</p> <p>Equipment is available in the home in sufficient quantities for those individuals that need it.</p> <p>Better systems are needed to make sure it is regularly maintained and tested to keep it safe and in good working order. Staff do not have all of the guidance they need to safely monitor and maintain equipment and its use.</p>		
<p>Accommodation for persons who require nursing or personal care</p>	<p>23</p>	<p>Outcome 14: Supporting workers</p>
<p>How the regulation is not being met:</p> <p>The needs of people living at Birkdale Residential home are not fully met as they are being cared for by staff who have not improved their care practices as expected following training. Lack of day-to-day monitoring and support from their managers means inappropriate standards have continued.</p>		

Accommodation for person who require nursing or personal care	10	16: Assessing and monitoring the quality of service provision
	<p>How the regulation is not being met:</p> <p>The management need to strengthen their monitoring arrangements in the home to make sure any improvements they are obliged to carry out by law are done so in a timely manner. This will make sure people will benefit from effective, safe, quality care within a reasonable time as possible.</p>	
Accommodation for persons who require nursing or personal care	20	Outcome 21: Records
	<p>How the regulation is not being met:</p> <p>Inaccurate recordkeeping about people living and working at Birkdale Residential Home means that they cannot be sure that they are being kept safe from harm at all times.</p>	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 days of this report being received.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Adult Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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