

# Key inspection report

## Care homes for older people

<b>Name:</b>	Birchy Hill Nursing & Residential Home
<b>Address:</b>	Birchy Hill Sway Lymington Hampshire SO41 6BJ

<b>The quality rating for this care home is:</b>	one star adequate service
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A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

<b>Lead inspector:</b>	<b>Date:</b>
Craig Willis	0   1   0   3   2   0   1   0

This is a review of quality of outcomes that people experience in this care home. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

**Outcome area (for example Choice of home)**

**These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:**

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

**This is what people staying in this care home experience:**

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care Homes for Older People can be found at [www.dh.gov.uk](http://www.dh.gov.uk) or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop)

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

## Reader Information

Document Purpose	Inspection report
Author	Care Quality Commission
Audience	General public
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## Information about the care home

Name of care home:	Birchy Hill Nursing & Residential Home
Address:	Birchy Hill Sway Lymington Hampshire SO41 6BJ
Telephone number:	01590682233
Fax number:	01590682217
Email address:	
Provider web address:	

Name of registered provider(s):	Angel Care Plc
Name of registered manager (if applicable)	
Mrs Sharon Jane Griffin	
Type of registration:	care home
Number of places registered:	70

Conditions of registration:								
Category(ies) :	Number of places (if applicable):							
	Under 65	Over 65						
dementia	70	0						
mental disorder, excluding learning disability or dementia	70	0						
Additional conditions:								
The maximum number of service users to be accommodated is 70								
The registered person may provide the following category of service: Care home with nursing (N) to service users of the following gender: Either whose primary care needs on admission to the service is within the following category: Dementia (DE) Mental disorder, excluding learning disability and dementia (MD)								
Date of last inspection	2	1	0	9	2	0	0	9

Brief description of the care home
The home is registered to provide nursing and personal care for up to 70 older people who have dementia or mental health issues. The home has a garden to the rear and a large car park to the front. The village of Sway has a train station and shops, chemist, post office, GP surgery, church, hotels and pubs. People wishing to live in

### Brief description of the care home

the home or their representatives are given written information about the home and the service that it provides and are invited to visit the home. A copy of a report of the most recent inspection of the home is made available to people.

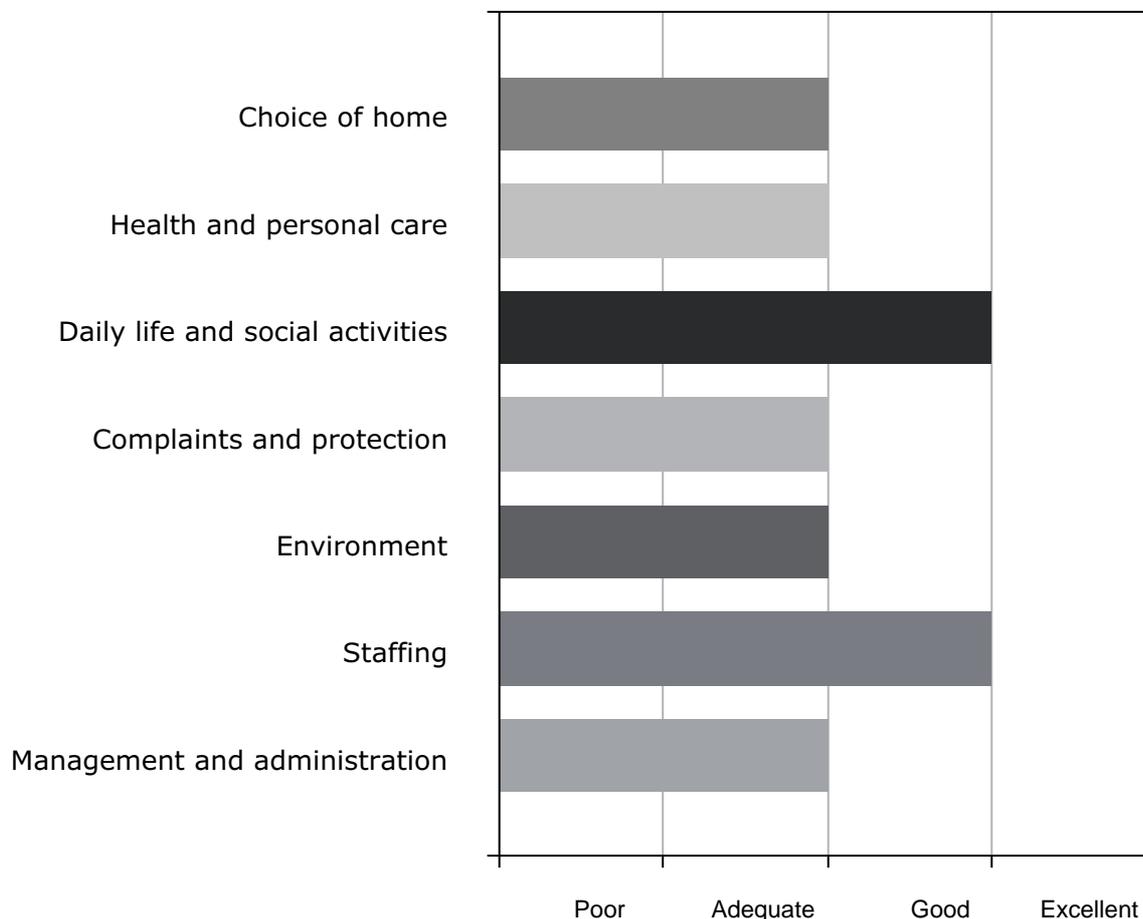
## Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

one star adequate service

### Our judgement for each outcome:



### How we did our inspection:

We made an unannounced visit to the home on 1 March 2010. During the visit we spoke with people who live in the home, visiting relatives and staff on duty. We looked at records relating to the running of the home and inspected communal areas and some of the bedrooms.

Since the last key inspection of the home we have completed two random inspections on 16 November 2009 and 8 January 2010. At the first random inspection we assessed that some requirements for the previous key inspection had not been complied with and served a statutory requirement notice on the home. At the second random inspection we assessed that the home had complied with the statutory requirement notice.

### **What the care home does well:**

People feel they are well treated by staff. Staff were observed interacting with people in a friendly manner and taking care to maintain their privacy and dignity. Visitors are made welcome in the home and people are provided with good food that meets their dietary needs. Some of the home's communal areas have been re-decorated and relatives commented that this has been an improvement.

### **What has improved since the last inspection?**

Action has been taken to address concerns about the quality of needs assessments. However, as no-one has moved into the home since the last inspection it is not possible to assess how the new system works in practice. Care plans now contain adequate detail about people's needs and how staff should meet them. However, further action is needed to ensure the information is easily accessible and focused on the individual. People now receive the healthcare they need and medication is safely managed. The home has taken action to gain more information about activities people would enjoy and staff are spending more time with people on their own or in small groups. However, activities are not being effectively recorded or planned to ensure they meet the needs of everyone who lives at the home. The home now has good staffing arrangements with sufficient well trained staff who have been thoroughly checked before working in the home. This helps to ensure staff are able to meet people's needs. The home now has quality assurance systems in place. This helps to identify any shortfalls and plan improvements.

### **What they could do better:**

The manager needs to ensure that a record is kept of all complaints received and the action taken to investigate and respond. The manager needs to ensure the procedures for cleaning and infection control are always followed by staff.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website [www.cqc.org.uk](http://www.cqc.org.uk). You can get printed copies from [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk) or by telephoning our order line 0870 240 7535.

## Details of our findings

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## Choice of home

**These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:**

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Action has been taken to address concerns about the quality of needs assessments. As no-one has moved into the home since the last key inspection it is not possible to assess whether the new system works in practice.

Evidence:

At the last key inspection we found that some of the information gathered about people before they moved into the home was brief and did not give a clear picture of their needs.

Since the last key inspection the manager has informed us that a new system has been developed to accurately assess people's needs before they move into the home. No new people have moved into the home since the last key inspection so it is not possible to assess how this system is working in practice.

The home does not admit people solely to receive intermediate care.

## Health and personal care

**These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:**

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Care plans now contain adequate detail about people's needs and how staff should meet them, although further action is needed to ensure the information is easily accessible and focused on the individual.

People receive the healthcare they need, medication is safely managed and people feel they are well treated by staff.

Evidence:

At the last key inspection we made requirements that people's care plans must include clear information about how their assessed needs should be met, that people must receive the right treatment and equipment for the treatment of pressure ulcers, and that medicines must be disposed of correctly, accurately recorded and securely stored at all times. We completed a random inspection of the home on 16/11/09 . During this visit we found that action had been taken to update care plans with information that had been missing and to ensure people were provided with the correct equipment and treatment for pressure ulcers. However, we found that accurate records were not being kept of medication administered to people and the home could not demonstrate that people had received all of the medication they had been prescribed. It was also

## Evidence:

not clear that people were receiving their pain relief medication when they needed it. As a result of our concerns, we served a statutory requirement notice against the home.

We completed a further random inspection of the home on 8/1/10 to assess whether the home had complied with the statutory requirement notice. We found that action had been taken to address the concerns about medication practices in the home.

During this visit we looked at the records of five people who live in the home. The deputy manager reported that she and the manager were in the process of transferring the records into a new format, which she said would be easier to use for all staff. As reported following the random inspection of 16/11/09, the home has taken action to ensure that information missing in the previous plans has been completed and the plans have been reviewed monthly since then. Although the plans we looked at contain the basic information that is needed, the layout and the way the plans have been completed means that the information is not always easy to follow. For example one person was assessed as needing a particular type of pressure relief mattress in their pressure relief care plan, however, the night care plan for this person did not contain any information about the mattress they needed. We looked in the person's bedroom and saw that they were provided with the correct mattress. We also found that some of the plans contained vague instructions, such as 'regular observation required' and one plan that staff needed to spend some time with the person on a one to one basis without saying what the objective of that was or what staff should be doing. The deputy manager reported that these issues would be resolved once the new care planning system is up and running.

People were receiving regular appointments with the health team, for example the GP, community nurse and falls co-ordinator. During the visit we spoke with a visiting GP who reported that the home was working well with him to respond quickly to people's health needs. One of the records we looked at demonstrated that a person had lost weight but did not show what action had been taken. Further discussion with the deputy manager and GP indicated that the issue had been raised and further action was planned for later in the week. Whilst the records relating to this had not been completed, staff had taken appropriate action to address the issue.

During this visit we also inspected the arrangements and records for managing medication in the home. We found that the action taken to comply with the statutory requirement notice had been maintained. Since the last key inspection a new clinical room has been built. This now provides a clean, cool and tidy area for the storage of medication. The medication administration records for the current month were

## Evidence:

inspected and had been fully completed. These gave a record of the medication staff had supported people to take and any reasons why prescribed medication had not been taken. The home holds some controlled drugs, which are medicines that have been identified as liable to be misused and need to be stored and recorded in a specific way. The controlled drugs were all stored in a specific controlled drugs cabinet and recorded in a controlled drugs register. We checked the controlled drugs held for three people and found that the medication held matched that recorded in the controlled drugs register. Records were available that indicated people were regularly assessed for any pain and offered pain relief as appropriate. Where people were prescribed medication to be taken 'as required', there were care plans in place setting out when the medication should be given. The temperature of the medication fridge and clinical room were recorded each day and seen to be within acceptable limits.

During the visit we spoke to people who live in the home and visiting relatives. Most people were generally positive about the home and the way they are treated by staff. Comments about their care included, 'all very good', staff will 'always do something for you' and that staff were 'considerate'. During the visit we observed staff interacting with people in a friendly manner and taking care to maintain their privacy and dignity.

## Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home has taken action to gain more information about activities people would enjoy and staff are spending more time with people on their own or in small groups. However, activities are not always being effectively recorded or planned to ensure they meet the needs of everyone at the home.

Evidence:

Following the last key inspection we made a requirement that people must be supported to take part in activities that meet their specific interests and needs. At the random inspection of 16/11/09 we found that action had been taken to meet this requirement, although it was recognised that more work was required. Since that random inspection the home has employed a new activities co-ordinator, who was due to start work the week following the inspection. Action has been taken to get a more up to date picture of the activities people would like to take part in. It was noted at the random inspection of 16/11/09 that the record of activities people have participated in was not always completed. This was still a concern following this visit, with some records having no entries since November and December 2009. Some people spoken with during the visit told us that they enjoyed the activities that were organised, one person describing an exercise session they had just completed as 'very good, it's fun' and it 'keeps you going, keeps you fit'. Another person spoke of

## Evidence:

enjoying a music session. During the visit staff were observed spending time with people in small groups and one to one playing games and looking at books. However, one person we spoke with said they were bored. Another person's records stated that they like watching sport of all kinds yet there was no record of any support to watch sport on television. The home has taken some action to improve the range of activities that people are supported to take part in, however, action is needed to ensure this is accurately recorded and meets the needs of all people who live in the home.

People are able to visit the home at any reasonable time. Visitors spoken with reported that they were made welcome and could discuss issues with staff members. One person said they regularly stayed to have a meal with their relative. The home has a planned menu, which is displayed and provides a choice of main meals. Residents and visitors we spoke with were complimentary about the meals. Details of people's specific dietary needs were recorded in some of the care plans we inspected.

## Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

There are now good systems to respond to allegations of abuse, which helps to ensure concerns will be raised quickly and people protected from abuse.

People feel confident in raising concerns, however, the system for recording complaints received is not robust and does not ensure complaints can be audited to assess the service's response.

Evidence:

The home has a complaints procedure, which is displayed in the hallway and provided to residents and their relatives. People spoken with during the visit reported that they were comfortable raising concerns with members of staff and the management. The home's complaint file had details of 3 complaints that had been responded to since the last inspection. The deputy manager was not aware of any complaint log in the home and the complaint file did not contain details of the original complaint. This meant it was not possible to tell whether these were all the complaints that had been received or whether the complaints had been fully addressed in the reply.

The home has procedures in place for safeguarding adults and the prevention of abuse. Since the last key inspection staff have received additional training in abuse issues and the safeguarding reporting procedures. Staff spoken with were aware of different types of abuse and where to report issues if abuse is reported, witnessed or suspected.

## Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home has taken action to address issues raised following the last inspection, however, the infection control and cleaning procedures are not always effective.

Evidence:

Following the last key inspection we raised concerns that one of the bathrooms had been out of service for a long time and that a hallway outside three bedrooms was cluttered as it was being used to store a clothes rail and an old filing cabinet. At this visit we saw that these issues had been resolved, with a new shower room fitted and the items removed from the hallway.

Since the last inspection some of the home's communal areas have been re-decorated and all communal areas were clean and fresh. We received positive comments from relatives about the work that has happened, including that the building is 'much brighter, especially the lounges' and that there has been a 'considerable improvement'.

Whilst looking round the home we found an unlocked cupboard that had broken glass on the floor and a shower room that had a disposable razor left on a shelf. These were removed when brought to the attention of staff on duty.

The home has a new laundry that was built as part of a recent extension to the home. There are hand washing facilities and alcohol gel dispensers throughout the home. Staff are provided with gloves and aprons, however, we observed a staff member pushing soiled laundry back into a laundry bag that had split without wearing any protective

Evidence:

clothing. When we brought this to staff's attention, a laundry bin was brought through to remove the clothing and appropriate infection control procedures were followed.

## Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home now has good staffing arrangements with sufficient well trained staff who have been thoroughly checked before working in the home. This helps to ensure staff are able to meet people's needs.

Evidence:

Following the last key inspection we made requirements that staff must be thoroughly checked before they start working in the home and that staff must receive suitable training. At the random inspection of 16/11/09 we found that the requirement regarding staff checks had not been met and we served a statutory requirement notice. We completed a further random inspection of the home on 8/1/10 and found that the home had taken action to comply with the requirement and staff were being thoroughly checked.

During this visit we looked at the recruitment records of five staff recruited since the most recent random inspection. These demonstrated that the action to thoroughly check staff before they start work had been maintained as all staff files contained written references and Criminal Records Bureau disclosures. Documents were obtained before staff started work and people's identity was thoroughly checked. The home had checked that new staff employed as nurses were currently registered with the Nursing and Midwifery Council.

Evidence:

Since the last key inspection the home has implemented a new training programme. Staff spoken with confirmed that they had been attending regular training and said they found it useful. One staff member said the dementia care course was particularly helpful. Of the 23 care assistants, it was reported that 21 have achieved the National Vocational Qualification in care at level 2 or above.

Staff said they felt there were sufficient staff on each shift to meet people's needs. Relatives spoken with were generally positive about the staff. One person commented that 'there are a lot more' staff on duty and 'there is always someone in the lounges whereas previously residents had been left sitting on their own'. Another relative said staff 'were getting there' and reported that they felt staff morale had greatly improved.

## Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home has now taken action to address the issues raised in the recent key and random inspections, however, this did not take place in a timely manner for all of the concerns. Some of the changes made have not yet been fully implemented and now need to be embedded in practice to ensure the home is able to fully meet people's needs.

Evidence:

Following the last key inspection we made requirements that there must be effective quality assurance systems in place and monthly visits to the home by the provider or their representative to assess the quality of the service. At the random inspection of 16/11/09 we found that the requirement about the provider or their representative visiting the service had not been met and served a statutory requirement notice. At a further random inspection of 8/1/10 we found that the statutory requirement notice had been complied with.

Since the last key inspection a new manager has been employed at the home. A new

## Evidence:

deputy manager also started work just before this visit. Staff spoken with said they receive good support from the manager and felt confident in raising any concerns. Comments from relatives about the home included a 'considerable improvement' and that the home had 'improved 100% over the last few months'.

The manager has introduced a new regular internal auditing system. Records showed that there were monthly checks, including medication, the fire systems, complaints, meals, staffing and environment. A number of meetings have been held with relatives to keep them informed of the action that is being taken and to receive feedback.

We inspected the two most recent reports of visits to the home by the provider or their representative. These visits assessed the quality of the service being provided by receiving feedback from people who live in the home and their relatives, observing staff practice and speaking to them and by inspecting the environment and records in the home. The reports contain a list of any actions that are required following the visit. The actions are reviewed at the subsequent visit to ensure they have been implemented.

Staff spoken with said they felt well supported and met with their manager regularly for one to one meetings. Records seen demonstrated that all staff had a one to one meeting in January 2010 and all had one scheduled for March 2010.

At the last key inspection we found that equipment in the home had been regularly serviced and maintained. Stickers on hoists and fire fighting equipment indicated that this was still the case.

Are there any outstanding requirements from the last inspection?

Yes

No

## Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

## Requirements and recommendations from this inspection:

### Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

### Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
1	16	17	<p>The registered person must ensure a record of all complaints received by the home, including the action taken in respect of any complaint, is maintained.</p> <p>This will ensure that complaints can be audited to ensure they have been thoroughly responded to and help to identify any patterns of concerns.</p>	30/04/2010
2	26	16	<p>The registered person must ensure staff use suitable protective clothing when handling soiled laundry.</p> <p>This will help to ensure the risks of cross infection are minimised.</p>	30/04/2010

## Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations

## Helpline:

**Telephone:** 03000 616161

**Email:** [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk)

**Web:** [www.cqc.org.uk](http://www.cqc.org.uk)

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