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# Birchfield Residential Care Home

## Inspection report

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### Ratings

Overall rating for this service	Good	
Is the service safe?	Requires improvement	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

### Overall summary

This was an unannounced inspection which took place on 18 February 2015. We had previously inspected this service in June 2013 when we found it was meeting all of the regulations we reviewed.

Birchfield Residential Care Home is registered to provide accommodation for up to 24 older people who require support with personal care. At the time of our inspection there were 20 people using the service.

There was a registered manager in place at Birchfield. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

# Summary of findings

People who used the service told us they felt safe in Birchfield and that staff looked after them well. There were sufficient numbers of staff deployed to be able to meet people's needs in a timely way.

Recruitment processes were sufficiently robust to help protect people who used the service from the risks of unsuitable staff.

Staff had completed training in how to protect vulnerable people who used the service. All the staff we spoke with were aware of the process to follow if they had any concerns about a person who used the service. Staff were confident to report poor practice and were confident they would be listened to by the managers in the service.

Care plans were detailed and provided good information for staff to follow to manage any risks whilst promoting people to retain their independence as much as possible. Risk assessment and risk management procedures were in place to help ensure people who used the service received safe and appropriate care.

Improvements needed to be made to the way medicines were managed in the service. This was because medication administration record (MAR) charts were not always fully completed; this meant we could not be certain that medicines had always been administered as prescribed.

It was evident from our observations and discussions with staff that they knew the people who used the service well. Staff received induction, training, supervision and appraisal to help ensure they were able to deliver effective care to people.

Staff were aware of the principles of the Mental Capacity Act (MCA) 2005: this legislation provides legal safeguards for people who may be unable to make their own decisions. The registered manager had assessed the capacity of people who used the service to consent to the care and treatment they required. Where necessary, applications had been made to the local authority to ensure any restrictions in place were legally authorised under the Deprivation of Liberty Safeguards (DoLS).

People made positive comments about the food provided in Birchfield. We saw systems were in place to help ensure people's nutritional and health needs were met.

Care plans included clear guidance for staff to follow to ensure they always gained consent from people who used the service before providing any care or support. People who used the service confirmed staff would always ask for their agreement before any care or support was delivered. We saw that care plans were detailed and provided good information about people's wishes and preferences in relation to the care they needed.

People told us staff were kind and caring in their approach. This was confirmed by our observations during the inspection. We also saw positive feedback had been received about staff in the most recent satisfaction survey.

There were opportunities for people who used the service to comment on the quality of care in Birchfield. Care records showed that people were regularly involved in reviewing whether the care they received met their needs. Regular meetings also took place for people who used the service and their relatives to discuss the care provided in Birchfield with the managers of the service. We noted positive comments had been made in these meetings.

A regular programme of activities was provided in the service. The registered manager had plans to involve people who used the service in an activity committee to help decide what events and activities should take place.

There were a number of quality assurance systems in place in the service. The registered manager had signed up to the social care commitment; this is designed to improve confidence in adult social care services and lead to better quality and standards.

Staff told us they enjoyed working at Birchfield and considered the managers in the service were approachable and fair. There were regular opportunities for staff to provide feedback on improvements which could be made in the service.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe. This was because improvements needed to be made to the recording of what medicines had been administered to people who used the service.

People were cared for by sufficient numbers of staff who knew how to recognise the signs of potential abuse and the action they should take to keep people safe.

Care plans included good information for staff to follow regarding the risks people might experience. Risk assessment and risk management procedures were in place to help ensure people always received safe and appropriate care.

Requires improvement



### Is the service effective?

The service was effective. This was because staff knew people well and had the induction, training and support they required to deliver effective care.

Care plans clearly recorded the decisions people who used the service were able to make for themselves and included information for staff to follow to ensure they always acted in accordance with people's wishes. Appropriate arrangements were in place to ensure any restrictions placed on people were in their best interests and legally authorised under the Deprivation of Liberty Safeguards (DoLS).

Systems were in place to help ensure people's health and nutritional needs were met.

Good



### Is the service caring?

The service was caring. We saw positive interactions between staff and people who used the service.

People who used the service told us staff were kind and treated them with respect.

People were involved in regularly reviewing the care they received with staff.

Good



### Is the service responsive?

The service was responsive to people's needs. People who used the service told us they received the care they wanted.

Care plans clearly recorded people's wishes and preferences regarding the care and support they needed.

Systems were in place to gather and respond to feedback from people who used the service and their relatives. All the people we spoke with told us they would feel confident to raise any concerns with the managers in Birchfield.

Good



# Summary of findings

## Is the service well-led?

The service was well-led. The home had a manager who was registered with the Care Quality Commission and was qualified to undertake the role. People we spoke with told us both the registered manager and their deputy were understanding and approachable.

The registered manager had signed up to the social care commitment for adult social care services. We noted this was being discussed with staff to continue to drive forward improvements in the service.

Staff told us they enjoyed working at Birchfield and felt well supported by their colleagues and managers in the service.

Good



# Birchfield Residential Care Home

## Detailed findings

### Background to this inspection

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

This inspection took place on 18 February 2015 and was unannounced.

The inspection team consisted of an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience of services for older people.

We had not requested the service complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. However, before our inspection we reviewed the information we held about the service including notifications the provider had sent to us. We contacted the

Local Authority safeguarding team, the local commissioning team and the local Healthwatch organisation to obtain their views about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We received positive feedback about Birchfield from the organisations we contacted.

During the inspection we spoke with 10 people who used the service and three visitors. We also spoke with the registered manager, the deputy manager, a senior carer, two members of care staff and the chef.

We carried out observations in the public areas of the service and undertook a Short Observation Framework for Inspection (SOFI) during the lunchtime period. A SOFI is a specific way of observing care to help us understand the experience of people who used the service who could not talk with us.

We looked at the care and medication records for four people who used the service. We also looked at a range of records relating to how the service was managed; these included staff files, training records, quality assurance systems and policies and procedures.

# Is the service safe?

## Our findings

All the people we spoke with told us they felt safe and free from any bullying in Birchfield. Comments people made to us included, “I am safe and well in here”, and “I feel very happy and safe here.” A visitor also told us, “We really do feel that our relative is safe and properly cared for in here.”

Staff we spoke with told us they had received training in the safeguarding of vulnerable adults and records we looked at confirmed this. Staff were able to tell us how they would respond to and report any concerns about a person who used the service. One senior member of care staff told us they would not hesitate to contact the local safeguarding team should they have any concerns about a person who used the service while the manager was not on duty. They also told us there was always an on-call manager available for any advice or support.

People who used the service made differing comments about the staffing levels in Birchfield. Three people told us there were no problems in the amount of time it took for staff to respond to their requests for assistance; four people told us the response times from staff were reasonable and two people were less satisfied with how long staff took to respond to them. However, on the day of the inspection we found there were sufficient numbers of staff on duty to meet people’s needs. We saw staff responded promptly to any requests for assistance and they did not appear hurried in their approach.

All the staff we spoke with told us they always had time to spend with people, particularly in the afternoons. They told us they would check on people regularly throughout the day, particularly those who chose to spend much of the time in their room. One staff member commented, “We are always checking on people during the day. I’ve just been to see [a person who used the service] and given them a drink.”

We looked at the files for the files for three of the staff on duty on the day of the inspection. We noted pre-employment checks, including references and checks with the Disclosure and Barring Service (DBS) were completed before staff commenced work at Birchfield. However, we noted, where a staff member had previously worked in a service with vulnerable adults, no checks had been made as to why their employment in the service had ended; such checks are important to ensure people who

were unsuitable to work with vulnerable adults were not recruited to work in the service. The registered manager told us they always sought informal feedback from people who used the service regarding applicants who attended for interview.

We found there were policies and procedures in place to support the safe administration of medicines. People who used the service told us they always received their medicines as prescribed.

Care plans contained detailed information about the medicines people were prescribed, the problems which might occur if medicines were not taken correctly and the support people required from staff to take their medicines safely. We saw, where appropriate, people were supported to maintain their independence in taking their medicines.

We looked at the medication administration record (MAR) charts for four people who used the service. One of these records was fully completed. We noted one person was prescribed a medicine for pain relief four times daily. However the MAR chart showed this medicine had been given regularly in the morning but not at other times of the day. We discussed this with the deputy manager who told us the person concerned was taking the pain relief on an ‘as required’ basis rather than as prescribed. The deputy manager told us no contact had been made with the person’s GP to discuss changing the way the medicine was prescribed.

Another person had been prescribed cream to be applied three times a day. However, the MAR chart showed this medicine had only been applied twice a day. There were three missing signatures on the administration record for another cream prescribed for this person and six missing signatures on the MAR chart for another person in relation to a prescribed cream. The lack of fully completed records meant we could not be certain that medicines had always been administered as prescribed.

Appropriate arrangements were in place for the storage and administration of medicines which are controlled under the Misuse of Drugs legislation. We checked the stock of these medicines against the records and found them to be accurate.

Systems were in place for the managers to undertake regular medication audits which involved the assessment of the ability of staff to administer medicines safely.

## Is the service safe?

Care files we looked at contained good information about the risks people who used the service might experience including those relating to falls, skin integrity and restricted mobility. It was clear from the care plans how many staff were required to support people with particular tasks and the action staff should take to minimise any risks. Risk assessments had been regularly reviewed and, where necessary updated to reflect people's changing needs.

Records we looked at showed us risk management policies and procedures were in place; these were designed to protect people who used the service and staff from risk including those associated with cross infection, the

handling of medicines and the use of equipment. Records we looked at showed us all equipment used in the service was maintained and regularly serviced to help ensure the safety of people in Birchfield.

We saw a fire risk assessment had been completed for the service and that this was reviewed on an annual basis. A personal emergency evacuation plan (PEEP) had been completed for each person who used the service; this documented the support people would need in the event of an emergency at the service. A business continuity plan was also in place to provide information for staff about the action they should take in the event of an emergency.

# Is the service effective?

## Our findings

All the people we spoke with who used the service told us staff were always considerate. They told us staff always asked them for their consent and agreement before they provided any care or support. One person commented, “I am very happy with the care I get here.” Another person told us, “They are very good here and they do their best for me so I have nothing really to complain about.”

The visitors we spoke with were of the opinion that staff were well trained and worked effectively with other agencies or services. They commented that staff always contacted them when their relative’s needs changed in order to discuss the situation. Our discussions with staff showed that they knew people well and were aware of people’s wishes and preferences regarding the care they received.

Staff received an induction when they started at the service. The registered manager told us staff who had been recruited to the service always attended a number of training courses before they were allowed to work at Birchfield; this included safeguarding vulnerable adults and moving and handling. Staff were asked to complete a questionnaire at the end of the induction period to check their understanding of the training they had completed before they undertook any work at the service.

Staff completed a number of shifts shadowing more experienced staff before they were allowed to work independently in the service. The registered manager told us the arrangements for staff to undertake shadow shifts was flexible in order to ensure staff were confident in their role before they were expected to work independently in Birchfield. One staff member confirmed this to be the case. They told us, “I got a good induction. I updated my training and was shadowing for quite some weeks. They wouldn’t let you work on your own until you felt confident enough.”

Staff we spoke with told us they had received training appropriate for their role. Records we looked showed this training included moving and handling, safeguarding vulnerable adults, first aid and infection control. We saw staff had also received training related to people’s needs which included the care of people with a dementia. This should help ensure staff had the necessary skills and knowledge to effectively meet people’s needs.

We looked at the files for three staff and saw that systems were in place to provide staff with regular supervision and appraisal. Staff told us they were able to discuss their training needs with the registered manager and were supported to continue their learning and development. One staff member told us, “You can always ask for additional training.” This should help ensure that people who used the service received effective care.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We therefore asked the registered manager how they ensured people were not subject to unnecessary restrictions and, where such restrictions were necessary, what action they took to ensure people’s rights were protected. The registered manager told us they were aware of changes to the law regarding when people might be considered as deprived of their liberty in a residential setting. As a result of this legislative change the registered manager had submitted a number of applications to the local authority in order to ensure that any restrictions which were in place to ensure people received the care they required were legally authorised.

Staff we spoke with were able to demonstrate an understanding of the principles of the Mental Capacity Act (MCA) 2005; this legislation is intended to ensure people receive the support they need to make their own decisions wherever possible. One staff member told us, “People are given constant choices all day long.” Another staff member commented, “We keep asking people what they want, whether they want to do something or where they want to go.”

Care files we looked at clearly advised staff that they needed to seek consent from people who used the service before providing any care or support, including communicating with health professionals. An assessment had been completed of each person’s capacity to consent to their care and treatment in Birchfield which was reviewed each month. This should help ensure people’s rights were upheld.

All the care records we reviewed provided detailed information about people’s needs. A care plan outline was in place at the front of each care file; this summarised the care each person required and the care and support staff needed to provide. All the staff we spoke with told us it was important to refer to care plans to ensure they were always

## Is the service effective?

providing effective care. One staff member who had worked in a number of other care settings told us, "Care plans are exceptional here; you get a real sense of the person."

People who used the service were complimentary about the food provided in Birchfield. One person told us, "Everything is very good, especially the food." One of the inspection team sampled a meal at lunchtime and found the meal to be well presented and nutritionally balanced." Our observations during the lunchtime period showed us people were provided with the support they required to eat their meals. We noted staff were unhurried in their approach and provided reassurance and encouragement to people who used the service throughout the mealtime.

We spoke with the chef on duty on the day of the inspection. They told us they were well aware of the preferences of people who used the service and would always accommodate these. They commented, "People have to come first. I will often to six or seven different things at tea time to make sure people get what they want." This was confirmed by one person who used the service who told us the chef knew them well and had provided them with an alternative main course as they did not like the chicken which was on the menu.

We saw there were systems in place to ensure the nutritional needs of people who used the service were regularly monitored. The registered manager told us staff were trained to notice and report any weight loss. Staff we spoke with confirmed this to be the case. They told us they would always complete food and fluid charts to record people's nutritional intake if there were any concerns about their weight. The registered manager told us the service had recently introduced fresh soups to the menu which were fortified with cream which people who used the service had enjoyed, resulting in weight gain for some people.

People who used the service told us staff would contact their GP if they felt unwell. Records we looked at showed people's health needs were clearly documented and regularly reviewed to ensure they received effective care.

We noted improvements had been made to the environment in Birchfield since the last inspection; this included new flooring and the redecoration of some bedrooms. We noted some further improvements could be made to the signage in the building to promote the independence of people with dementia related needs, although the registered manager told us all the people currently living in Birchfield had no problems in identifying their own rooms or bathrooms.

## Is the service caring?

### Our findings

Nine of the people we spoke with told us staff were always kind, compassionate and treated them with respect. One person told us, "Yes the staff are lovely and they are very considerate." Another person commented, "The staff here are excellent and so friendly. They are careful and considerate to me always." One person was less sure about whether staff were kind to them although they did not express any specific concerns.

The visitors we spoke with told us they were completely confident that the staff in the service were kind, caring and attentive towards their relatives. They also felt that the staff were committed to helping residents to be as independent as possible. One relative told us, "The staff who work here are brilliant and we cannot praise them enough."

Our observations during the inspection showed us staff were kind, caring and respectful in their interactions with people who used the service. Staff we spoke with were able to demonstrate their understanding of the importance of person-centred care. One staff member told us, "It's about people's abilities, needs and choices." Another staff member commented, "Everyone is an individual and everyone needs to do things differently."

Care records we looked at included information about people's life histories, family and interests. This information

should help staff form meaningful and caring relationships with people who used the service. All the staff we spoke with demonstrated they knew the people they were caring for well.

We saw evidence that people had been involved in reviewing the care they received. Care plans were reviewed monthly and at three monthly intervals people were formally asked to comment on the care they received. Comments one person had made included the fact that their keyworker was good and that they enjoyed the food in Birchfield.

We observed there were several visitors to the service throughout the day of the inspection. Relatives we spoke with told us there were no restrictions on when they could visit. They commented that they were always made welcome at Birchfield and staff would take the time to speak with them regarding their family members.

We noted both people who used the service and their relatives were invited to attend regular meetings with the managers in the service. We looked at the minutes from the most recent meeting and saw that people were asked their opinion about the care provided in Birchfield. Comments people had made included, "I am happy. I don't need or want anything changing" and "I'm perfectly happy. Nothing whatsoever needs changing."

# Is the service responsive?

## Our findings

Care records we looked at showed an assessment was carried out before people were admitted to Birchfield. This should help ensure staff were able to meet people's needs.

People who used the service told us they received the care and support they needed in Birchfield. Care plans we reviewed were personalised and addressed all areas of people's lives including physical health, nutrition, medication, communication and family involvement. We saw that care plans included the goals people wished to achieve as well as their wishes and preferences about how they wanted their care to be delivered. All the care plans we reviewed encouraged staff to promote people's independence as much as possible, including observing whether people required support rather than immediately intervening to provide care. We noted all care plans had been reviewed each month and updated to reflect any changes in people's needs.

Staff we spoke with told us they would always refer to care plans to ensure they were aware of the care people needed and wanted. One staff member told us, "We look at care plans but we are also aware of people's abilities." Another staff member commented, "We know people's needs and everything is written in the care plans." We saw that any changes in people's needs were discussed at the start of each shift and recorded on handover sheets so that staff could refer back to these if necessary.

We noted care plans took into account people's social and religious needs. We were told arrangements had been made to ensure local religious ministers visited the home on a regular basis. The registered manager also told us that staff would regularly accompany people who used the service to visit the nearby shopping centre or more local shops.

We saw that a timetable of activities was on display on the notice board in the communal area of the home; activities included board games, newspaper reading and discussion and afternoon tea. A newsletter produced by the service also documented the activities and events provided in

Birchfield; these included a trip to a local restaurant and a baking afternoon with the chef for the service. On the day of our inspection the local library was visiting the service and people were supported to choose books which interested them.

People who used the service spoke enthusiastically about a singer who had visited the service and one person told us they had enjoyed a production of 'A Christmas Carol' from a visiting drama group. On the day of the inspection an 'afternoon tea' was taking place in the service, although we noted limited choices were available.

The registered manager told us that an activity committee had been established at Birchfield to discuss and plan events in the service. They told us this committee did not currently include people who used the service but said representatives would be encouraged to attend these meetings in the future.

We noted the complaints policy for the service was on display in the entrance area. Nine of the people we spoke with who used the service told us they had never had any cause to complain but were sure they could if necessary. One person told us they were unhappy with the laundry service in Birchfield and felt it unreasonable that they did not get their own clothes back once washed. Although they had not made a formal complaint we discussed this matter with the registered manager on their behalf. They told us they would speak with the person concerned and take action to improve the situation as a matter of urgency.

We looked at the complaints log for the service and noted no complaints had been received since the last inspection.

We looked at the most recent satisfaction surveys and noted positive comments had been made about the quality of care provided in Birchfield. Comments people had made included, "Excellent staff. Warm welcome and approach to visitors and always 1-1 attention given to residents with individual needs", "Staff are very good to me. They always do the things I ask them to do" and "My relative has needed extra care and the staff have been wonderful during this time."

# Is the service well-led?

## Our findings

The service had a registered manager in place as required under the conditions of their registration with the Care Quality Commission (CQC). The registered manager had been registered with CQC since 2010. They were supported in the day to day running of the service by a deputy manager.

All the people we spoke with who used the service and their relatives spoke positively about both the registered manager and deputy manager. During our inspection we observed the atmosphere in the service was relaxed. We noted both managers were visible throughout the day and provided direction and support for staff when necessary.

All the staff we spoke with told us they enjoyed working in Birchfield. Comments staff made to us included, "The managers are approachable and fair. They listen to you and try to help you" and "The managers have an open door policy for staff." Staff also told us they received regular feedback on their performance from the managers and that any areas for development were always highlighted and addressed.

Staff told us they considered they worked well together as a team, due particularly because many staff had worked in the service for a long time. We saw that regular staff meetings were held and staff we spoke with told us they were always able to raise any issues during these meetings and that they were listened to by managers.

The registered manager told us they considered the key achievement since our last inspection had been the refurbishment of many areas of the service as well as a recent positive quality assurance visit from the local authority. They told us they were also proud to have achieved recognition as one of the top 20 homes in the local area according to a website which based its award on recommendations made by people who used services and their family members.

We noted the service had signed up to the social care commitment and that information about this was on display throughout Birchfield.; this commitment is designed to improve confidence in adult social care services and lead to better quality and standards. We saw the registered manager had completed a development plan to embed the commitment into the service. We also saw that staff meetings had included discussion of the key statements and tasks of this commitment including the need for people who used the service to be treated with dignity and respect.

There were a number of quality assurance processes in place in Birchfield. This included a regular programme of audits in relation to health and safety, medication, care plans and staff files. We saw that where actions had been identified as necessary the managers in the service had ensured these had been completed.

We saw that a monthly log was maintained of all falls and incidents which occurred in the service. We noted that this was colour coded to ensure a pattern of incidents could easily be seen and addressed.