

Mr Mark Edward Taylor & Mrs Kirsty Taylor
**Birchfield Residential Care
Home**

Inspection report

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Ratings

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

Summary of findings

Overall summary

Birchfield Residential Care Home is registered to provide accommodation for up to 24 older people who require support with personal care. There are ten bedrooms on the ground floor of the service with the remaining being upstairs. The service does not have a lift and the upstairs area is accessed via stairs and/or stair lifts.

At the last inspection the service was rated overall Good. This was an unannounced inspection which took place on the 7 March 2017. At this inspection we found the service remained Good.

The service was meeting all the relevant fundamental standards. People who used the service told us they felt safe and well cared for. Staff members felt supported in their roles and were adequately trained to meet the needs of people who used the service. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service is Good.

Good ●

Is the service effective?

The service remains Good.

Good ●

Is the service caring?

The service remains Good.

Good ●

Is the service responsive?

The service remains Good.

Good ●

Is the service well-led?

The service remains Good.

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive, unannounced inspection which took place on the 7 March 2017. The inspection team consisted of two adult social care inspectors and an expert by experience (who had experience of the care of older people). An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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.

During the inspection we spoke with seven people who used the service and three relatives/visitors. We also spoke with the registered manager, deputy manager, two senior care staff, two care staff members and the cook.

We carried out observations in the public areas of the service and undertook a Short Observational 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 medicine records for ten people who used the service. We also looked at a range of records relating to how the service was managed; these included three staff files, training records, quality assurance systems and policies and procedures.

Is the service safe?

Our findings

People who used the service told us they felt safe living at Birchfield. Comments we received included, "I feel safe and sound in this care home. The care assistants are very protective of me", "I really like it here. It has a friendly atmosphere", "I feel completely relaxed, comfortable and safe here" and "It's OK here. There is nothing wrong with the place. It's spotless. The food is good, but most important it is safe." Relatives we spoke with told us, "I know my relative is in very safe hands. They let me know immediately if they have any concerns" and "My relative is spoken to in a very gentle and polite way. All the staff are very courteous to the people who live here and to visitors. It is a real pleasure to visit this home. I can honestly say it is the best care home I have ever visited." Staff members told us and records confirmed that safeguarding training was undertaken by all staff and they knew their responsibilities. All the staff members we spoke with told us they had a whistleblowing policy in place and would not hesitate to report poor practice.

Risks were managed well in the service to protect people. One relative told us, "My relative depends on the staff to move her from a chair into a wheelchair. They do this really carefully. They are true professionals. Safety is uppermost in their minds." We saw risk assessments were in place which were updated to reflect any changes. These did not restrict people but were designed to keep people safe.

We saw moving and handling equipment throughout the service, such as mobile hoists. Records we looked at showed these had been serviced regularly. We saw that the electrical and gas installation and equipment had been serviced. The service also had a contingency plan in place in case of emergency, including electrical failure and gas failure. Control measures were in place for staff to follow.

There were robust recruitment processes in place to ensure people who used the service were protected from unsuitable staff members. We found adequate numbers of staff members were in place to meet the needs of people who used the service. People who used the service told us, "If the staff are very busy they pop in quickly to say they will return as fast as they can if there is a more urgent matter to deal with. That lets you know they are not ignoring you. They are very good like that" and "I think the staff are excellent. We get constant care, day and night. There is always someone to look after you. There is always enough staff available, even through the night." During our inspection we found that call bells were answered in a timely manner.

At our last inspection this domain was rated requires improvement due to concerns with the management of medicines. We checked medicines during this inspection and found action had been taken, a new system had been introduced and medicines were managed safely.. One person who used the service told us, "The medication is given like clockwork here. It is always on time and properly done." Other people who used the service told us, "I'm not sure what tablets I take, but I can say 'no' to them if I want to, but what's the point? The GP always explains why I have to take the tablets, but I forget very quickly" and "I have liquid morphine for pain relief. We discuss how much I should have and I know everything I take is properly recorded in my personal file. I was a care home manager when I worked, so I know what should be done. The senior carers administer the medication and they do this very efficiently." During our previous inspection we noted medicine administration records (MARs) had not been fully completed. During this inspection we looked at a

number of MAR's and found these were completed in full with signatures for each administration. Policies and procedures were in place in regards to medicines administration and audits and competency assessments were undertaken on a regular basis. Medicines management within the service was safe.

People who used the service told us they felt the service was clean. Comments we received included, "Everywhere is clean and tidy" and "The home is spotlessly clean throughout. Rooms are vacuumed twice a day. The showers and toilets are extremely clean." We observed throughout our inspection staff wearing aprons and gloves where appropriate. Policies and procedures were in place to guide staff on their responsibilities in regards to infection control.

Is the service effective?

Our findings

People who used the service told us they felt supported by staff members who were skilled and knowledgeable. One person commented, "They are all up to the mark." Relatives also told us they felt staff were knowledgeable. One relative told us, "They have kept a very close eye on a potential pressure sore. It is very reassuring to know that the staff are so thorough." Records we looked at showed that staff were to complete an induction when commencing employment within the service. Staff told us and the training matrix confirmed that a range of training was undertaken by staff members, such as moving and handling, first aid, fire safety, safeguarding and infection control. Comments we received from staff included, "I think I have done enough training to do the job. I get supervisions and you can bring up topics of your own and training needs as well as discuss performance" and "I think I have done enough training to be competent to do the job."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interest and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service was working within the principles of the MCA and the necessary DoLS were in place or being processed.

Throughout our inspection we observed staff members gained consent from people in various ways. We saw they gave people choices, for example, what they wanted to eat or drink or where they wanted to sit. Signed consent forms were also in place in people's care files. One relative we spoke with told us, "My relative doesn't remember very much for very long, but I know that she would refuse anything she didn't want. That is a kind of consent."

We checked to see if people were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. All the people we spoke with who used the service told us they enjoyed the food at Birchfield. Comments we received included, "The staff encourage me to use the dining room, but they always bring my meals to my room. They tell me what options are available and I choose what suits me. I enjoy the food, even though it is a bit plain and traditional", "There is plenty of variety with the food. If I don't want the main meal I will have soup & sandwiches. I wish they did more interesting salads though", "I really enjoy the food here, especially fish, chips and mushy peas", "The food is great here. The staff usually bring my breakfast to my room. They tell me what is on the menu, but they know what I like – tea and porridge", "I definitely enjoy the food here. There are plenty of choices. The chefs are excellent. They will do anything for me. I am very happy here" and "[Name of cook] is an excellent cook. Their food is lovely. There are always plenty of options to choose from."

Two of the relatives we spoke to about the food in the service told us, "They look after my relative so well. We did have a scare for a period of time because she stopped swallowing solid food because she was worried about choking on it. So for the last two months the care staff have provided fortified drinks to maintain her strength. She is regularly weighed and she has lost a lot of weight. But I know the staff are doing their very best for her. I am pleased to say that she is now back on pureed food and she's more like her old self" and "All the food is freshly prepared. There is plenty of variety so my relative is never stuck for a choice. If she doesn't like the main meal, staff will offer alternatives such as omelettes, soup and sandwiches."

At the lunchtime meal service we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. The tables were set with condiments and cutlery. The food served looked appetising and staff supported those people who required assistance to eat their meal.

All the relatives we spoke with felt their loved ones health needs were well met at the service. Comments we received included, "The staff contact me if there are any problems at all. They do not hesitate to call out the GP if there are any health problems" and "Just last week the staff called out the GP who prescribed antibiotics to my [relative] to control a chest infection." Records we looked at showed people had access to a range of healthcare professionals in order for their health care needs to be met. Records we looked at showed that visiting professionals included GP's, dietician and speech and language therapists.

The communal areas were well decorated and had sufficient seating for people accommodated at the home. The communal areas were homely in character and a television was available for people to watch if they wished. Some people preferred to remain in their rooms. Bedrooms we visited had been personalised to people's tastes.

Is the service caring?

Our findings

People who used the service told us that staff were kind and caring. Comments we received included, "Staff here are kind, caring and gentle. They know me very well and I am getting to know the staff too. Some are a bit quiet, but all of them seem very caring and patient", "I feel happy overall. I'm well looked after", "Most of the carers are very kind and friendly. None of them are rude or stroppy", "Some of the staff are very nice indeed. We can have a joke but the odd one could be a bit more helpful and patient", "On a typical day staff help me to get washed and dressed. They change my pads and we chat the whole time. The carers are mostly kind and patient. If I soil myself at night a carer will wash me and replace by pads so that I am comfortable again" and "I feel I am getting the attention as and when I need it. I have no reason to find fault. The staff are very responsible. They treat you like family."

Relatives we spoke with also felt staff members showed their loved ones care and compassion. They told us, "This is an amazing place; full of kindness", "My relative is spoken to in a very gentle and polite way. All the staff are very courteous to the people who live here and to visitors. It is a real pleasure to visit this home. I can honestly say it is the best care home I have ever visited" and "My relative's well being has improved significantly in the time she has lived at Birchfield. She absolutely loves the staff here and she enjoys talking with them and all the visitors she has."

We observed that staff members' approach was calm, sensitive, respectful and valued people. They explained options and offered choices using appropriate communication skills. People appeared comfortable and confident around the staff. We saw people laughing and smiling with staff members. People were encouraged to remain as independent as possible and were involved in any decision making. We observed that staff respected people's privacy and dignity; staff knocked on people's door before entering and doors were closed when people were being supported with their personal care needs.

Care records we looked at showed that consideration had been made in regards to people's wishes at the end of their life. We saw end of life care plans that showed if the person would like their last rights, involvement they would like the family to have, where a person would like to be buried, which funeral directors they preferred, if they would like to see a priest/vicar and what clothes they would like to wear.

Is the service responsive?

Our findings

Records we looked at showed that prior to moving into Birchfield, a pre-admission assessment was undertaken. This provided the registered manager and staff with the information required to assess if Birchfield could meet the needs of people being referred to the service prior to them moving in. We looked at the care records for three people who used the service. The care records contained detailed information to guide staff on the care and support to be provided, including what people were able to do for themselves and any equipment they may need, such as a walking frame. One relative told us, "I like the way the staff encourage [relative] to use her walking frame. It would be quicker and easier for them to put her in a wheel chair. But encouraging her to walk is better for her. The staff are very patient." There was good information about the person's social and personal care needs. People's likes, dislikes, preferences and routines had all been incorporated into their care plans.

Activities were available to people who used the service. We were told by the registered manager that activities they had enjoyed included a clothes party, singer, drama, karaoke, quizzes and a hairdresser came in to the service every Thursday. People who used the service told us, "I enjoy the relaxed atmosphere here. My main hobby is reading. I love sitting by this window and watching the birds. Staff leave me to my own devices, but they are chatty when they have the time. I think they are genuinely concerned about my welfare" and "I am encouraged to participate in various activities in the home. I enjoy the physio visit. But I prefer to stay in my room most of the time and watch TV."

The service had a complaints policy in place. This provided guidance for staff members on verbal complaints, written complaints, investigating and following up actions. We looked at complaints that the service had received and found none had been received. There was also a suggestion box with cards for people to complete which the provider had access to.

Is the service well-led?

Our findings

The service had a registered manager in place. 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.

Staff members we spoke with told us they received regular staff meetings. Comments included, "We have regular staff meetings where you can have your say" and "We have senior and full staff meetings. We can bring up topics we need to at the meetings." Records we looked at showed the registered manager had processes and systems in place to monitor and improve the quality of the service. Regular surveys and meetings were undertaken to gain the views of people who used the service and their relatives alongside regular quality assurance audits to monitor the service and identify improvements. Policies and procedures were in place within the service to guide staff members in their roles. These were accessible to staff and contained good practice for staff to follow.

Staff members we spoke with told us they felt supported by the management team. One staff member told us, "The managers are supportive. You can go to them if you need support." All the staff we spoke with felt there was a good staff team and they were supportive of each other. One staff member told us, "I love working here. The staff and residents; it's like family. I like everything about this job, the structure and giving care. They have given me the confidence to do this work."

We asked the registered manager what changes they had made to the service in recent times. They told us, "We have changed the policies and procedures, we have changed things to make it easier for staff in regards to handovers, we have tried to implement different activities, had new door locks fitted, improved communication with staff and we take feedback from staff and residents and try to implement new things." The registered manager also showed us an improvement plan which focussed on improvements to be made in the next eight years, such as re-decoration/refurbishment.