

Archmore Care Services Ltd

Birchwood Grove

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 ●

Summary of findings

Overall summary

About the service

Birchwood Grove is a residential care home providing personal and nursing care of up to 24 older people. At the time of inspection there were 24 people living at the home. Many people living at the home had dementia so had limited verbal communication. There were two double bedrooms and the rest were single bedrooms. Everyone had access to a range of communal spaces including a dining room, conservatory and lounge area.

People's experience of using this service and what we found

People and their relatives told us they were happy living at the home and they felt safe. All people were comfortable in the presence of staff. People had their medicines administered safely. However, improvements were required with some medicine management. Most risks had been identified with ways to mitigate them. Although the transfer to electronic care plans meant some records were lacking specific details or guidance. Paper care plans were still available to help mitigate this risk.

Systems were in place to monitor the quality and safety of care people received. The management strove to be open and constantly develop and improve the support people received. When systems had identified issues, actions were being taken to rectify them. The management were aware of their responsibility to notify the Care Quality Commission of certain events in line with their statutory obligations.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and staff felt there were enough staff. During the inspection people were able to participate in a range of activities due to positive staffing levels. Staff had received a range of training considered mandatory by the provider. Specialist training was sourced if a member of staff had a specific role.

People had care plans which were personalised and provided a range of information for staff to use to support their needs and wishes. There were good links with other health and social care professionals which was important due to the complex needs of anyone living at the home.

Staff were kind and caring and knew the people living at the home well. Staff respected privacy and dignity throughout the inspection.

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

Rating at last inspection

The last rating for this service was good (published 21 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Birchwood Grove

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one 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.

Service and service type

Birchwood Grove is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had two managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. One of the registered managers was also a provider.

Notice of inspection

This inspection took place on 16 and 17 May 2019 and was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We looked at other information we held about the service and provider before the inspection visit. We also contacted health and social care professionals who were in regular contact with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with 11 people who used the service, four relatives and two health and social care professionals. We also had informal interactions with people living at the home and carried out observations. We spoke with both registered managers. We also spoke with one of the providers and eight members of staff.

We looked at four people's care records in various detail. We observed care and support in communal areas. We looked at one staff file. We looked at information received in relation to the general running of the home including medication records, auditing systems and environmental files.

After the inspection

Following the inspection, we asked for further information including quality assurance documents, information in relation to staff and some of the provider's policies. All the information was provided in the time scales given and the information has been included in this report.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- At the last inspection concerns were found with the storage of medicines. During this inspection we found, most medicines were stored securely including those requiring additional measures. Topical creams in one bedroom were unsecure on top of the medicine cupboard. Temperatures were being monitored of the medicine fridge and medicine room. However, the temperature of topical creams stored in people's bedrooms was not being checked. Nor were the opening dates being recorded to check they had not expired.
- Systems were not in place to monitor the rotation of medicine patches which could lead to a potential overdose due to thinning skin. The calibrating of blood sugar checking machines was not being completed to ensure readings were accurate. During the inspection the management resolved this by purchasing fluid which would allow them to calibrate machines.
- People were at risk of choking or aspiration because drink thickening powder was not being stored securely. During the inspection the management found a new secure place to store thickeners.
- Staff administering medicines were patient and respected people's preferences. One person had their medicine administered and the staff member took their time. The staff presented them in a way, so the person could be as independent as possible and comfortable. Another person said, "I get my medication regularly every day" and, "When I have my medication, they check me".
- People and their relatives were encouraged to participate in their medicine reviews. One relative explained how through this they were able to prevent their family member having too much of a specific medicine. This was because they knew their family member well and could describe this to the doctor.

Assessing risk, safety monitoring and management

- Risks for people had been assessed and staff knew ways to reduce them. Although, due to the transfer to electronic care plans there were gaps present in daily monitoring records or missing guidance for staff. The paper records were still available for reference to mitigate some of the risks. During the inspection the management were made aware of missing information we found, and they were putting plans in place to make improvements.
- Staff understood how to support people with high levels of anxiety which could lead to behaviours which challenge. One relative praised staff for successfully supporting their family member after moving in following difficult circumstances. One social care professional said, "Staff have given a lot of freedom for [name of person] to be herself". They continued this had help reduce the person's level of anxiety resulting in a calmer person.
- People were transferred in a safe way using specialist equipment. Most of the time staff involved the people. This included giving them clear instructions and involving them fully. This appeared to make people

comfortable and feel safe during the transfers.

- Systems were in place to manage potential fire risks and health and safety issues. When any concerns were found actions were taken to rectify them.
- Contingency plans were in place to mitigate risks for future events which could affect the service people received.

Systems and processes to safeguard people from the risk of abuse

- People felt they were safe living at the home. They told us, "Oh yes, we feel safe" and, "I'm happy here and yes, I feel safe". Relatives agreed their family members were safe. One relative said, "Oh yeah" when asked if their family member was safe.
- Staff were able to identify signs of potential abuse. They knew who to raise their concerns to internally and externally. All staff felt the management would act upon their concerns. One member of staff said, "If it is wrong, I will do something".
- Systems were in place to manage potential risks of abuse to people and the management knew who to report incidents to.

Staffing and recruitment

- People told us, and we saw, there were enough staff to meet their needs. One person said, "They [meaning staff] come quickly if I use the call bell". Other people said, "I think there are enough staff" and, "Seems to be enough staff". Call bells were answered quickly throughout the inspection.
- Staff felt there were enough staff to meet people's needs and wishes. One member of staff said, "It [meaning staff levels] is better than a lot of places. I think it is very good". Another member of staff told us because there were enough staff they were, "Able to give extras" to people.
- Many of the staff had worked at the home for a long period of time. They informed us this helped to provide consistent care for people.
- Staff went through a robust recruitment process prior to working at the home. This included checks from previous employers and that they were suitable to work with vulnerable adults.

Preventing and controlling infection

- People were protected by staff who understood how to minimise the spread of infections.
- Staff always had access to gloves and aprons to use during intimate care and when there was a risk of infections spreading.
- During the inspection the home was clean and smelt fresh. One relative said, "The place is always clean when I come. I never experience any smells".

Learning lessons when things go wrong

- The provider demonstrated they learnt lessons and made improvements when things went wrong. For example, it was identified staff were not always using slide sheets to help with transfers of people. This was being closely monitored to make sure they were now used.
- One relative told us, "She [meaning their family member] has had falls here. But now, when two staff help her, things are fine". The number of staff was increased to support their relative following some falls.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now or remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Prior to people moving in they had their needs assessed and care was set up in line with these. When it was possible people were involved in their assessments. Otherwise, those important to them were consulted.
- When people's needs changed they were reassessed by staff and their care was updated accordingly.
- Nurses were aware of how to keep up with current best practice and could ask for training in accordance with this.

Staff support: induction, training, skills and experience

- Staff had a range of training and skills to meet people's care needs. People told us, "Staff seem to know their jobs" and, "Staff do seem well trained".
- Staff were able to gain specialist qualifications in health and social care. One member of staff said, "If we want training we get the training". All staff were positive about the training and opportunities they had. However, when people had a specific diagnosis staff had not always received training in that area.
- When staff had specific roles in the home they received specialist training. One member of staff who helped in the kitchen told us they attended a local hospital to receive training on nutrition and nursing. They had learnt about preparing food for people requiring a specialist softened diet to prevent choking.
- New staff completed an induction which included shadowing more experienced staff and being supported by senior staff. All new staff completed an introductory course in line with current best practice.

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

- People were supported to eat a healthy, balanced diet in line with their dietary requirements. Each meal had at least two options for the main course and dessert. Choices were presented and then people picked which option they wanted. If they wanted something different this was provided.
- People were able to choose where they ate. Some remained in bed or their bedrooms whilst others ate in the dining room. However, on the first day of inspection some food was taken to people in their bedrooms and left getting cold whilst others were supported. By the second day the management had rectified this issue.
- When people were more reluctant to eat the staff were inventive in how they supported them. One social care professional explained one person they were visiting required a specialist diet because of their diabetes. When the person was reluctant to eat it staff would try at other times and offer different options to encourage them. They said, "It makes life easier and safer" for the person.
- On days when the chef was absent, named staff who had received appropriate training worked in the

kitchen. One of the members of staff said, "We help each other" and was positive about the opportunity.

- People who required specialist diets had their needs met. This included those with health conditions such as diabetes plus those with swallowing difficulties.

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

- People were able to see health professionals in a timely manner when their health declined. One person told us, "If we needed a GP, they would get one for us". One relative told us how quickly staff responded when their family member became unwell. They praised the actions of the staff and told us, "They [meaning the staff] are good at being responsive".
- Health and social care professionals would regularly visit people at the home. One person enjoyed seeing the chiropodist.
- Hairdressers visited the home for people who were no longer able to access the community facilities. One relative told us their family member enjoyed having their beard and moustache trimmed at the same time.

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

- People's bedrooms were decorated to reflect their needs and preferences. When people wanted it family photos were put up in their bedrooms. One person pointed at their family photos talking us through who was who. Whilst one relative was positive about the fact their family member had their photos around their bedroom.
- Two people, not related, shared a bedroom and consideration had been made about how they could maintain their privacy.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were supported in a service where their consent was sought. One member of staff told us, "We have to honour their decisions". Another said, "We try any means possible" to help the person understand.
- People who lacked capacity had statutory guidance followed to make sure decisions were in people's best interest and the least restrictive. One member of staff said, "It has to be in their best interest". However, the electronic records were not always reflecting what we were being told. The registered managers and provider were going to review all electronic care plans to rectify this. Paper copies were still available for reference.
- Two social care professionals were very positive about the staff understanding and application of the MCA

and DoLS. They explained staff were able to identify when reviews were required and who to involve.

- People who lacked capacity and were at risk of having their human rights restricted had DoLS applied for or in place.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by kind, caring and patient staff. One person said, "The care here is very good" and continued, "All the staff are lovely". Other people told us, "The atmosphere is lovely" and, "I am looked after very, very well". Relatives were equally as positive. One relative said, "The staff are his friends and family" and continued to explain the positive difference it had made for their family member.
- Visiting professionals were positive about the care and support staff demonstrated during their visits. One social care professional told us, "I have always seen staff talking respectfully". Another told us it was a good home and liked the atmosphere.
- Staff valued people and wanted to make a difference to them. One member of staff said, "I hope I have made some very, very happy". They then described how some people come in not very happy and they, "Have a few laugh and smiles" with them. Another member of staff told us, "The residents mean a lot to us. They are like a family to us".
- Throughout the inspection we saw the positive relationships staff had developed with people and their families. All staff greeted people and their families when they came into the room. One staff fondly spoke with a person's relative and said, "[Name of person] was in good form today". During meals other staff used phrases such as, "There you go my lovely" and, "There you go [name of person] sweetheart".

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

- People were offered choice about their care and staff respected them. One person said, "I feel free to move about". Others told us how they could ask staff to help them move to a different location.
- People were able to choose where they spent time during the day. Some people chose to stay in bed for longer during the day. Others chose to eat their meals in their bedrooms.
- One social care professional told us, "Staff have never stopped offering support or choice". They explained, "They [meaning staff] still try to give options" even if the person was having a more difficult day.

Respecting and promoting people's privacy, dignity and independence

- Staff understood how to protect people's privacy and dignity. They knocked on people's bedroom doors before entering. One person told us, "Yes, we feel our privacy is respected".
- Staff respected people's dignity and privacy when supporting them with intimate care. One member of staff told us, "I make them feel comfortable". Staff knew to close doors and curtains and keep the person covered prior to supporting people.
- People were supported to maintain relationships with those who were important to them. One person said, "No restrictions on my visitors". One relative told us their family member had a regular visit from their

friend. Another relative said, "I can visit anytime, when I can get here" and, "I feel welcome coming here".

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were personalised to their individual needs and wishes. When it was possible people were involved in discussions about their care plan. Guidance was in place for staff to follow. However, some of the paper information had not fully been transferred to the electronic care plans. The management were aware of this and had plans for further training for staff on the electronic systems.
- Staff knew people well and this supported them giving personalised care in line with the person's needs and wishes. One person was calling out for lemonade during the inspection and staff offered them alternatives because of their health condition.
- People had regular reviews of their care needs to ensure their care plans reflected their current needs. When changes were needed these were made. One person said, "I was involved in a yearly assessment in April". One relative told us, "We know her reviews are done with her son as he is the main contact".

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff knew people's communication preferences and there was guidance in their care plans for staff to follow.
- There were occasions information was not always shared in an accessible way for people who had memory difficulties. A few people were concerned they did not know what was for lunch. There were two menu boards which were not visible where they were sitting. One member of staff said they would be working on more visual aids to support people to remember the lunch options.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were able to participate in a range of activities to meet their needs and interests. One person said, "For me, I enjoy the entertainment". Whilst another person told us, "I do take part in some of the entertainment". One relative said, "There seems to be a good programme (activities)".
- Activities were arranged by the activity coordinator. In the mornings they completed one to one sessions with people who chose to spend time in their bedrooms. The afternoons there were more group activities arranged. The activity coordinator told us, "I love working with those who live here" and, "I try to accommodate residents and relatives requests [activities]".
- Links had been developed with the local churches. The clergy would regularly visit the home so people

unable to access the community could have their religious beliefs respected.

- Staff supported people to celebrate important events to them. One person recently had their birthday. Their relative told us staff baked a cake and put up birthday banners and balloons in the person's bedroom.

Improving care quality in response to complaints or concerns

- People and their relatives knew who they could raise concerns with and felt listened to. One person told us, "I've no complaints" and, "I would complain if needed". Other people said, "No grumbles about anything" and, "I've got nothing to complain about, everything here is so good".

One relative told us about a concern they had raised on behalf of their family. They said the management promptly resolved the issue.

- The management had not received any recent complaints. They told us this was because of positive relationships they had with people and their relatives. Their aim was to resolve concerns before they became formal.
- Systems were in place to manage complaints and provide outcomes to those who raised them.

End of life care and support

- No one at the time of the inspection was receiving end of life care.
- People's care plans reflected discussions with them and their family members about any arrangements in relation to their death.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, relatives and staff were all positive about the management. One member of staff told us about the two registered managers. They said, "The boss is good" about one of the registered managers. With reference to the second registered manager they said, "I love her to bits. They are very fair". Other members of staff complemented the registered managers.
- The management were proud of the positive relationships they had developed with family members. One registered manager told us, "We have a good relationship with family and residents". They explained this meant they could speak freely with them and resolve any issues prior to them escalating.
- There was an open-door policy and the registered managers were both accessible if people, relatives or staff wanted to speak with them.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management had created a culture of openness. Visiting professionals felt the management and staff were open with them.
- When things went wrong the management contacted people and their family members to demonstrate they respected the duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff felt supported by the management. One member of staff told us they had monthly supervisions and annual appraisals with a senior member of staff. This allowed them to discuss any concerns, work issues and development opportunities.
- People were supported by staff who had a positive approach of working together to achieve the best. One member of staff said, "We are a good team. We work together from the bottom to the top".
- The management understood their responsibility to notify others of specific events in line with statutory guidance.
- Systems were in place to monitor the quality of care people received. When concerns were identified actions were taken to rectify them.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were regularly asked to contribute to the running of the home. One person told us, "They do have meetings and we can have our say". One relative said, "They do have relatives' meetings. I can't always get to them". A change they recalled because of the meetings was around the style of music played within communal areas.
- Staff were positive about the input they could have to the running of the home. One staff member said, "I can voice my opinion and normally get it". Another staff member told us, "They [meaning the management] are flexible and listen to us".
- Every six months the provider ran a survey for the people to complete. Results of the last survey were very positive. When any concerns were identified these were followed up and they tried to find ways to rectify them.

Continuous learning and improving care

- During the inspection, when any concerns were raised the management were proactive in responding to them. This included finding resolutions prior to the end of the inspection.
- Staff appreciated the positive changes the management had made at the home. One member of staff said, "The house is much better than what it was" and continued, "It is much nicer working conditions".
- Staff meetings and heads of departments meetings contributed to the continuous learning and improvement of care for people. A recent staff meeting had already identified work was required on the new electronic care plans to make sure important details were included.

Working in partnership with others

- Staff and the management worked with a range of local health and social care professionals to improve the care people received. Part of this was to share ideas and good practice. For example, one person's support strategies had been commended by two health professionals.