

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

**Inspection report**

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Ratings

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

# Summary of findings

## Overall summary

### About the service

Birchfield Residential Care Home is a residential care home providing personal care to 23 people aged 65 and over at the time of the inspection. The service can support up to 24 people in one adapted building. Bedrooms comprised of 24 single bedrooms, six of which had en-suite facilities, spread over two floors. There was no lift but access could be gained via two stair lifts. There was sufficient washing and toilet facilities for people. People had access to a number of communal areas, including quiet spaces and a garden.

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

The provider had not ensured the recruitment systems and processes in place were robust when employing staff. Medicines were not always managed safely. We have made a recommendation about the management of medicines and oxygen. A number of radiators within the service required covers to reduce the risk to people. The provider took immediate action to address this. Accidents and incidents were not always recorded sufficiently. We have made a recommendation about the recording of accidents and incidents.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

The registered manager did not always ensure care plans were personalised to meet people's needs. Staff gave us mixed responses about the accessibility of the electronic system and we found this difficult to navigate; care records were often difficult to locate. We have made a recommendation about care plans and their accessibility.

The service was not consistently well-led. The provider and registered manager had quality assurance checks in place. However, these were not sufficiently robust to identify the issues we found during inspection.

People told us they felt safe. One person commented, "I feel safe and secure here no problems." Staff had been trained in safeguarding and knew their responsibilities to report concerns. We received mixed responses from staff about staffing levels. However, people told us there was always enough staff on duty to meet their needs. People told us the service was clean.

The registered manager ensured staff completed and induction and had access to training to meet the needs of people using the service. The registered manager also supported staff through supervisions and appraisals. People were supported to maintain a healthy and balanced diet. People told us they enjoyed the food. We saw people had choices of what they wanted to eat, and staff supported people as necessary. People had access to healthcare professionals such as GP's.

People told us they were cared for by staff who were kind and caring. They appeared comfortable around staff and told us their privacy and dignity were respected. People were supported to be independent and express their views.

The provider had systems in place for receiving and responding to complaints. People told us they had not needed to complain but knew who to speak to if they did. There were systems in place to support people at the end of their life.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 1 April 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified breaches in relation to recruitment, Mental Capacity Act 2005 and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Birchfield Residential Care Home

## 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

Birchfield Residential Care Home 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 used all of this information to plan our inspection.

#### During the inspection

We spoke with 10 people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including the provider, registered manager, deputy manager, senior care worker, a care worker and the cook. The registered manager was not present for the majority of the inspection due to illness and the deputy manager was not present on the second day of the inspection. The provider supported the inspection on the second day.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider and registered manager to validate evidence found or evidence we could not find during the inspection due to illness.

# 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 good. At this inspection this key question has now deteriorated to requires improvement. 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.

### Staffing and recruitment

- The provider had not ensured robust recruitment processes were in place. References from previous employers were not always sought in line with regulations and gaps in employment were not always checked. For example, one person had previously worked in health and social care and none of the references were from previous employers. There was no evidence to show gaps in employment had been checked.

The provider had failed to ensure recruitment systems and processes were robust. This is a breach of regulation 19 (fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager used a dependency tool to ensure adequate staffing levels within the service. Staff told us, "If someone rings in sick and we are not able to get cover it is hard work. It is manageable but hard" and "Overall, on shift there is enough for the number of residents but if someone rang in sick I don't think we have enough people to cover." There was a relaxed atmosphere throughout the inspection and staff did not appear rushed. Call bells were answered in a timely manner.
- People told us, "There is always someone about if you need any help", "There are plenty of staff about" and "The staff are always about if you want anything day or night."

### Using medicines safely

- Medicines were not always managed safely. Liquid medicines did not always contain the date of opening and we found a pain-relieving gel in one person's bedroom which had been left with no cap on. This had to be discarded and re-ordered during the inspection; alternative pain relief was available. There were no protocols in place for the administration of medicines to be given 'as required'.
- One person was prescribed oxygen 'as required' which was stored in their bedroom. The registered manager had not ensured there was a risk assessment in place and the care plan in place did not sufficiently show how this was being managed. The provider sent us information to evidence this was being stored safely.

We recommend the service consults best practice guidance to ensure medicines are consistently managed safely, including the management of oxygen.

- Staff told us, and records showed, staff had received training in the administration of medicines. The service had recently changed to an electronic system for the administration and management of medicines.

Staff were positive about this system.

- People were supported to self-medicate when appropriate and we saw the relevant assessments were in place. People told us, "I get my tablets every day from them", "They help me with my tablets I've no complaints about that" and "Yes they help me with my medication and as far as I am concerned I get it when I need it."

Assessing risk, safety monitoring and management

- Staff did not always record accidents and incidents sufficiently. For example, one accident had occurred but the details of how this happened were not recorded, only actions taken were recorded, and no body-map had been completed.

We recommend the provider takes action to ensure all accidents and incidents are robustly recorded and monitored.

- Care records contained risk assessments relating to people's health and wellbeing and provided staff with guidance on how to support people safely. These were sometimes difficult to locate within the electronic system, however, the provider told us they would review this.
- The provider had assessed some risks within the environment, however not all environments had been covered, such as bedrooms. The provider developed new risk assessments and assured us these would be put in place as soon as possible.
- Equipment within the service had undergone safety checks. However, some radiators within the service, including bedrooms and communal areas, were not covered and posed a risk. The provider took immediate action to address this.

Systems and processes to safeguard people from the risk of abuse

- The provider has systems and processes in place to ensure people were safeguarded from abuse. People told us they felt safe. One person said, "I feel very safe here the staff are lovely I can't fault them." Staff had received training in safeguarding and knew their responsibilities to protect people from abuse. Safeguarding policies and procedures were in place.
- The registered manager had not always sent us a notification of an event which had placed people at risk. The registered manager had informed safeguarding of one event but had missed informing us. They assured us this was an oversight.

Preventing and controlling infection

- The provider had taken measures to prevent and control the spread of infection. However, we noted staff did not have access to paper towels at sinks in people's bedrooms. The provider took immediate action to address this.
- People told us the service was clean and we did not observe any malodours during our inspection. Staff confirmed they had received training in infection control and knew their responsibilities, including wearing protective equipment such as, gloves and aprons.

Learning lessons when things go wrong

- The provider had recently developed a new system for evidencing lessons learned when incidents, accidents or near misses had occurred. This needed to be embedded into normal practice within the service.



# 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 deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 not always supported to have maximum choice and control of their lives. Staff did not always know who was subjected to a DoLS. One person in the service had a DoLS in place for the decision to reside at the service. However, restrictions were being placed on other people. For example, people were not permitted to leave the building unsupervised, without the correct authority in place.
- The registered manager had not ensured people's capacity was assessed at times when their ability to make decisions was questioned. For example, one person had their cigarettes restricted. The deputy manager told us this was their own choice, however they told us they believed their capacity fluctuated. No consideration had been made to this in their care records or assessments.
- Training records showed staff had completed training in MCA and DoLS, however, it was unclear if staff were knowledgeable in this area due to the concerns highlighted during inspection.

The provider failed to ensure people had maximum choice and control of their lives. This is a breach of regulation 13 (safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Staff told us, and records confirmed they had completed an induction when commencing employment. Those new to working in care had completed the care certificate.

- People told us staff were experienced. Comments we received included, "The girls are very good they know how to do their job" and "Staff are good at their job and they are good with me." Staff had completed a programme of training courses the provider had deemed as necessary in their roles.
- The registered manager ensured staff had received supervisions on a regular basis to support them in their roles.

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

- The registered manager had assessed people's needs prior to them using the service to ensure their needs could be met. This included information about medical conditions, religious and cultural needs and end of life wishes.

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

- People were supported to maintain a healthy, balanced diet. People told us, "The food is lovely I have marmalade on toast in a morning and if I don't like something they will do something else for me. I get plenty to eat and drink I can't fault it" and "No complaints about the food. Nothing wrong with it, I like most of what is on the menu."
- The cook was aware of those people who had an allergy and care records contained relevant information. There was a pleasant atmosphere through the lunch period. Staff supported people to eat their meals when necessary.
- Care records included a monitoring for weight and malnutrition screening tool (MUST) to identify those at risk of weight loss. One person at risk, should have been weighed on a weekly basis to monitor their weight, and had not been weighed since the 18 June 2019. The provider told us this person regularly refused to be weighed. However, this was not documented.

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

- Staff received a handover from the previous shift when they came on duty and they had access to electronic records for any changes to people's needs.
- People had access to healthcare professionals. One person told us, "They called a doctor for me because I didn't feel well."

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

- People told us they could personalise their own bedrooms. One relative told us, "[Family member] has a lovely bedroom." The deputy manager told us there was a programme of refurbishment underway and some bedrooms had been re-decorated.
- Consideration had been made to ensure the environment supported those people living with dementia, including signage and discussions about changing bedroom doors to look like front doors had taken 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 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 told us they were treated well and were supported by kind and caring staff. Comments we received included, "The staff are lovely with me they treat me like a human being and I can have a laugh and a joke with them", "The staff treat me properly and I can have a bit of fun with them which is nice and I feel settled here" and "The staff are very friendly and will listen to what you have to say and take time to ask you how you are."
- Staff interacted with people in a kind, caring, sensitive and respectful manner. People appeared comfortable around staff.
- Consideration had been made to the Equality Act 2010 and people were protected against any discrimination. Staff had received training in equality and diversity and knew the importance of meeting people's individual needs. The provider had ensured equality policies and procedures were in place to guide staff, including protected characteristics.

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

- People were supported to express their views and make decisions about their care. One person told us, "When they are helping me they take their time and always ask what I want." Another person told us, "Staff will listen to what you have to say."
- People had been involved in the assessment and planning of their care and support. Where possible people, and those important to them, were involved in reviewing and updating care plans.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity and supported them to be as independent as possible. Comments we received included, "They always knock on the door before they come in the room and shout my name" and "They treat me with great respect and I am satisfied that they are trying to do the best for me and I can have a laugh and a joke with them."
- People told us staff supported them to be independent. One person commented, "I try to help myself having a bath because I like to do things myself but sometimes when I am not up to it they will help me."
- Confidential information was being stored securely and in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals.

## 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 deteriorated to requires improvement. This meant people's needs were not always met.

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

- The registered manager did not always ensure care plans were personalised to meet people's needs. For example, one person who required the use of a hoist did not have a mobility care plan in place and when people had conditions such as diabetes, care plans lacked detailed information on the level of support required. Staff we spoke with knew how to support people and meet their needs, despite the lack of information in care records.
- The provider had recently moved to an electronic system of managing the service, including care plans and records. Staff gave us mixed responses about the accessibility of the electronic system and we found this difficult to navigate; care records were often difficult to locate.

We recommend the registered manager takes action to ensure care plans reflect people's current support needs and wishes and are accessible to staff.

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.

- The provider understood their responsibilities in relation to the AIS. Care records contained detailed communication plans which detailed how best to communicate with the person. People had access to information in different formats, such as easy read or picture cards.

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 gave us mixed responses in relation to activities. Comments we received included, "I like watching the television and other things. The other day someone came in with a barn owl", "There isn't a lot to do apart from watching television. I wish there was more to do" and "There are not a lot of activities. They do some things. There is a notice board about them but that's not always followed; like there has been nothing today but sometimes people just want to do their own thing or watch television."
- People had access to the local community. For example, one person was regularly supported to go into the town shopping and another person was supported to have their nails manicured at a local salon. The service had responded to requests from people and converted an outdoor summer house into a shop where people could buy sweets, toiletries and cards. This was enjoyed by many people.
- People's religious and cultural needs were met. The registered manager had been liaising with a local

church, who also offered for people to be involved in sermons through skype if they did not wish to attend in person. People were also supported and encouraged to maintain relationships with people that mattered to them. Relatives could visit the service without restrictions and were encouraged to take their family members out.

#### Improving care quality in response to complaints or concerns

- The provider had systems in place for the receiving of and responding to complaints. Policies and procedures were in place which were accessible to people using the service and relatives. The service had responded to any complaints in line with policies and procedures.
- People and their relatives told us they had not needed to make a complaint but were aware of who to speak to

#### End of life care and support

- The provider had systems in place to support people at the end of their life. There were policies and procedures available to guide staff when supporting someone at the end of their life. Care records showed people's end of life wishes had been considered.

# 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 now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

### Continuous learning and improving care

- The provider and registered manager had quality assurance checks in place. However, these were not sufficiently robust to identify the issues we found during inspection in relation to recruitment, MCA and DoLS, accidents and incidents, medicines and person-centred care plans.

The provider failed to ensure effective quality assurance systems and processes were in place. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The service was not consistently well-led. We identified three breaches of the regulations within this report and have made three recommendations. Had the provider not taken immediate action to address some of the concerns we found during our inspection, there would have been further breaches.
- People knew who the registered manager was, and they were happy with the service. Staff told us the registered manager had an open-door policy and was approachable. Staff were clear of their roles and responsibilities.

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

- The registered manager did not always promote a person-centred culture within the service to ensure good outcomes for people, as highlighted in previous domains. However, we also saw some good practices where people were empowered and were included in their care and support needs.
- Staff told us what they enjoyed about their roles. One staff told us, "I like helping people maintain the life they had before they came in here. Things don't have to change just because they aren't at home. I like interacting with people."

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

- The registered manager held regular meetings with people and their relatives to gain their views on the service and changes had been made as a result of feedback. Staff also told us they had regular meetings where they could bring up items for discussion.

- People, relatives and staff were also asked for feedback on the service through surveys. The provider and registered manager analysed the results and an action plan was put in place.

#### Working in partnership with others

- The service worked well with other organisations. They had good relationships with local healthcare services and worked with them to achieve the best outcomes for people.
- The service had links with the local community including local churches and schools. People were supported to attend community provisions where possible.

#### 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 provider was open and transparent throughout the inspection.
- The registered manager promoted and encouraged candour through openness and honesty from staff, for example reporting incidents or complaints.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  The provider failed to ensure people had maximum choice and control of their lives.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider failed to ensure effective quality assurance systems and processes were in place.
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The provider had failed to ensure recruitment systems and processes were robust.