

Czajka Properties Limited

Staveley Birkleas Nursing 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 ●

Summary of findings

Overall summary

Staveley Birkleas is a nursing home. People in nursing homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. Staveley Birkleas accommodates 60 people in one adapted building. On the day of the inspection there were 50 people living in the home.

We undertook an unannounced comprehensive inspection of Staveley Birkleas on 22 January 2019.

At the last inspection in May 2018 we found the provider was in breach of two regulations of the Health and Social Care Act 2008 (Regulated Activities 2014) Regulations. This was in relation to 'Safe Care and Treatment' and 'Good Governance'. Following the inspection, the provider sent us an action plan stating how they would improve the service. At this inspection we found improvements had been made and the service was no longer in breach of regulation.

A registered manager was not in place. A manager had been recruited who was going through the CQC registered managers' assessment process. 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.

At the last inspection we rated the safe domain as inadequate. At this inspection we found the safety of the service had improved. However, we would need evidence that this could be sustained over time before we were fully assured the service was consistently safe.

People said they felt safe using the service. Overall, risks to people's health and safety were assessed and mitigated and clear care plans were in place to guide staff. Safety incidents and safeguarding matters were appropriately managed and the service used any incidents to help improve the service. The premises were safely managed and were adapted to the needs of the people who used the service.

Medicines were managed in a safe manner although the service needed to ensure the recording of topical medicines such as creams was recorded in a consistent manner.

There were enough staff deployed to ensure people received prompt care and support including the provision of one to one hours. Staff were recruited safely to help ensure they were of suitable character to work with vulnerable people, with people who used the service involved in this.

Staff received a range of training which was relevant to their role. This was sourced through a variety of means including through developing relationships with local healthcare professionals. Staff said they felt well supported.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The registered provider's policies and systems supported this practice.

People had access to a suitable range of food and drink and their nutritional needs were monitored appropriately by the service.

People's healthcare needs were assessed and the service worked with a range of professionals to help meet those needs. People had clear and detailed care plans in place which were subject to review. People felt involved in decision making relating to their care.

People were cared for by staff who displayed kindness and compassion and treated people with dignity and respect. People's feedback about staff was very positive.

People's independence was promoted through care planning, and the provision of activities, exercise and physiotherapy.

People had access to a broad range of activities. The service had developed strong links with the local community and this combined with leisure facilities owned by the provider ensured plenty of opportunities were available to people.

People's complaints were listened to and used to make improvements to the service. People provided very good feedback about the overall quality of the service and said it was well led. The service had a clear set of values centred around providing high quality person centred care. Staff understood these values and were true to them. Staff said that morale was good and that the service had improved over recent months.

Good governance systems were in place to assess, monitor and improve the service. Systems put in place by the new manager had led to an improvement to the overall quality of the service.

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 yet consistently safe.

It would need to demonstrate sustained good practice for us to be assured of this.

Risks to people's health and safety were assessed and in most cases followed. Medicines were managed safely.

There were enough staff to ensure people received prompt care and support. Safe recruitment procedures were in place.

Requires Improvement 

Is the service effective?

The service was effective.

People praised the staff who supported them. Staff received a range of training and support to meet the needs of people who used the service.

People had access to a varied diet. Action was taken to address any nutritional risks identified.

The service worked with a range of health professionals to ensure needs were met.

Good 

Is the service caring?

The service was caring.

People said staff treated them with kindness and compassion. We observed staff had developed good, positive relationships with people.

People's views were sought and used to improve the care experience.

People were treated equally and their human rights upheld.

Good 

Is the service responsive?

The service was responsive.

Good 

People's care needs were assessed and the service delivered appropriate care in line with people's wishes and preferences.

People's diverse needs for example with regards to communication, religion and culture were taken into account and action taken to meet them.

People had access to a range of activities with opportunities for people on a daily basis within and outside of the home.

Complaints were appropriately logged, investigated and responded to

Is the service well-led?

The service was well led.

People, relatives and staff all provided positive feedback about the home and said it had improved in recent months.

Systems were in place to assess, monitor and improve the service and the management team had good oversight of the service.

People's views were sought and used to improve the service.

Good ●

Staveley Birkleas Nursing 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 22 January 2018 and was unannounced. The inspection team consisted of two adult social care inspectors 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 by Experience had experience of older people's services.

Prior to the inspection we reviewed recent notifications received from the provider and other intelligence we had received from professionals and members of the public. We also spoke with the local authority safeguarding and commissioning teams. We asked the provider to complete a Provider Information Return (PIR. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make." This was returned to us in a timely manner and we used the information contained within to help plan the inspection.

We spoke with nine people who used the service and three relatives who were visiting the home at the time of our visit. We observed care interactions in the communal lounges within the home. We also observed the lunch time period in the dining room on the ground floor.

We looked at five people's care files, medicine records, staff rota's and incident forms. We spoke with the registered manager, a support manager, two clinical leads, a nurse, six care staff, the activities co-ordinator and the cook. We also received feedback from three professionals who work with the service.

Is the service safe?

Our findings

At the last inspection in May 2018 we found the service was not safe and rated this domain as Inadequate. This was because risks were not appropriately assessed and mitigated, medicines were not consistently managed in a safe way and staffing levels were not always appropriate as people did not always receive their one to one hours. At this inspection, improvements had been made. These would need to be sustained before we were assured that the service was consistently safe.

People told us they felt safe living at Staveley Birkleas. One person said, "I definitely feel safe here. This is one of the reasons I stayed here." A second person said, "I have one to one staff who take me out every week. I always feel safe when I go out with them." Safeguarding procedures were in place, were understood by staff and were followed to help keep people safe. The service liaised appropriately with the local authority safeguarding team, investigating safeguarding incidents and taking action, including enacting disciplinary procedures to where required. Where the service looked after people's spending money, robust systems were in place to protect against the risk of financial abuse.

Since the last inspection we found risk assessment documents had been updated and in most cases were relevant and reflected people's individual needs. However, we found one person's care records needed updating as care plans did not consistently reflect people's needs. The person had also not been weighed since admission in November 2018. The manager took immediate action to address this. The service worked with a range of professionals to source appropriate equipment and develop care plans to keep people safe. This included for enteral feeding and epilepsy management. The nursing staff and clinical lead had good oversight of each person, the risks they were exposed to and how they were managed. This gave us assurance people were kept safe.

We observed staff using equipment safely and confidently. People whose mobility was impaired told us that they felt that staff assisted them safely. One person said, "The staff are trained well here in how to use a hoist." Whilst most staff were familiar with people's equipment and risks, two staff we spoke with were not familiar with the falls prevention equipment one person had in place. We raised this with the manager to ensure it was immediately addressed.

Incidents and accidents were logged, investigated and learnt from. Some incidents would benefit from additional details recording about the circumstances of the event to aid in robust investigation. We raised this with the manager to ensure it was addressed. Incidents were subject to monthly audit to look for any themes and trends. We saw evidence lessons were learnt from adverse events. For example, following concerns about agency staff, a new induction had been introduced for them and following a poor discharge experience for one person, a discharge checklist had been introduced.

Safe staffing levels were maintained. Since the last inspection there was now greater consistency of staff to provide one to one hours to those who needed them. These were usually provided as agreed, barring exceptional circumstances. There had also been a big decrease in agency staff usage with new nursing staff recruited. People who lived in the home said staffing levels were appropriate. One person said, "There are

always staff around. Sometimes it can get busy with people buzzing for staff." A relative said, "There always seems to be enough staff." Staff also told us there were enough staff and staffing levels had improved over recent months. We observed throughout the inspection that staff were available and call bells were answered promptly.

Safe recruitment procedures were in place. New staff had to complete an application form, pass a competency based interview and have checks on their background undertaken. People who used the service were also involved in the interview process to help ensure the people who supported them had a say in who supported them.

The premises were safely managed and appropriately adapted for people living with physical disabilities. Key safety checks took place on the building to ensure it remained safe and maintenance jobs were actioned rapidly by a dedicated team. Risk assessments were in place which covered the premises and fire safety. Equipment was in place to help meet people's needs and this was subject to regular checks and maintenance. The home regularly made referrals for new equipment if they thought it would improve people's care experience and chased up equipment if there were delays.

The home was kept clean and tidy. It had achieved a high score of 98% in the latest infection control audit. People we spoke with told us the home was always kept clean. One person told us, "The home is always kept warm and clean." The home had achieved a five-star food hygiene rating. This is the highest rating that can be made and shows food is stored and prepared in hygienic conditions'

Overall medicines were safely managed. People said they received their medicines safely. We looked at medicine administration records (MAR) which were well completed indicating people had received their medicines as prescribed. Stock levels of medicines were monitored to ensure all medicines were accountable for. Medicines were stored safely and securely. Medicines were given by nurses or care practitioners who had their competency to give medicines regularly assessed. Since the last inspection improvements had been made to "as required" medicines management. Clear protocols were now in place and we saw these medicines had been offered appropriately. Arrangements were in place for the administration of topical medicines such as creams, but some topical medicine administration records we looked at were not fully completed. We raised this with the manager to ensure it was addressed.

Is the service effective?

Our findings

People's care needs were assessed in the care planning stage, taking into account their individual needs and preferences. Specialist input was sought to help ensure the service worked to recognised and evidence based guidance for example from local health professionals. The service had achieved Gold Standards Framework accreditation which meant that it adhered to best practice in regard to end of life care. The home had champions in place for example around dignity. These staff were responsible for keeping up-to-date with best practice and disseminating their knowledge to others. The development of these roles was still in progress but plans were in place for these staff to take on audit responsibilities and provide feedback to other staff on their findings.

The service ensured staff had the right skills and training to undertake their role. People praised staff and said they had the right skills to care for them. Staff said training was excellent and gave them the knowledge they needed to undertake their role.

The service had its own training centre and dedicated training staff which allowed all training to be personalised to the needs of the service and delivered face to face. Both nursing and care staff spoke positively about the training they received. The service worked with external health professionals for example the epilepsy nurse to help ensure staff had the skills to meet people's individual needs. A health professional who delivered recent training in the home told us, "The training session was in an appropriate environment and the staff were all attentive and interacted well. They asked very relevant questions and showed a keen interest in learning more about their residents and how to care for them safely."

Staff new to care were enrolled to complete the Care Certificate. This is a government recognised training scheme, designed to equip staff new to care with the required skills for the role. New staff also received an induction to the service and received classroom based training in a range of subjects. Existing staff received regular training updates, we looked at training records which showed these were mostly up-to-date.

Nursing and care staff told us they felt well supported and worked well as a team. We saw they received regular supervision and appraisal.

Overall people's nutritional needs were met by the service. People had access to a very good range of food which varied on a daily basis. If people did not like any of the menu choices the home was happy to make people alternatives, demonstrating a person-centred approach.

Comments about the food included: "The food is good, it is always on time and is well cooked," "Yes, we are given choices even at mealtimes," "The food here is great. I like healthy food. They have got me fresh pineapple and mango for me," "[name] the chef is good, she does various dishes, she works so hard. It is lasagne tonight and it will be a good lasagne." We observed lunchtime in the dining room and found it to be a positive experience with people receiving support as required. We saw throughout the day that drinks were available to people staff offering to make them either a hot or cold drink. Good information was available to the catering team about people's nutritional needs and the menu was flexible to meet people's needs and

wishes. The manager had recently introduced a supper trolley to offer more options for snacks to people. This had been welcomed by people living at the home.

People's weights were monitored by the clinical lead and we saw action was taken when people lost weight which included referral to the GP/dietician, fortifying food and providing supplements.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

Staff had received training in DoLS and MCA and had a basic understanding of the act and how to work within it. The service had made appropriate DoLS referrals to the supervisory body and put appropriate care plans in place to ensure any conditions of DoLS were met.

Consent for care and treatment was sought and recorded. Where people lacked capacity we saw evidence best interest processes involving relatives and health professionals had been conducted in line with the act. We saw care was provided in the least restrictive way possible.

The premises was suitably adapted to meet the needs of people using the service. Bedrooms had large ensuite areas for ease of accessibility and ceiling hoists were installed for convenient and prompt moving and handling. Appropriate handrails were installed throughout and plates along the walls to avoid scuffing of the furniture. A sensory and games room was in place which was well used by people using the service. Externally there was a pleasant wheelchair accessible decking and outdoor seating area surrounded by attractive grounds. We were invited to speak with six people in their bedroom and saw that bedrooms were spacious and people had been encouraged to personalise their bedrooms with their personal possessions.

People were supported to have their healthcare needs met by the service. Records showed staff liaised with a range of professionals to help meet people's needs. A GP completed a weekly ward round each week to review people's health. A physiotherapist assistant worked at the service providing physiotherapy to those who required it. People we spoke with confirmed they had access to health care services. One person said, "We have good access to the GP who visits every Monday. Or you can just ask staff to put your name down for an appointment." Another person said, "If I don't feel well they [staff] get the doctor straight away." Steps had been taken to reduce hospital admissions so people could be cared for in the comfort of familiar surroundings.

Is the service caring?

Our findings

Everyone we spoke with told us they thought that Staveley Birkleas provided good care and that overall staff were kind and caring. Comments included: "I love it here. I love being cared for. The staff are good. It is comfortable here. We are not made to do anything that we don't want to," "The staff are caring. They are doing their best. I can't ask them to do anymore. They are hardworking." "The staff here generally all work hard. Most staff are caring and those that are caring have been brilliant." "It's a very good home. I came for a few weeks and ended up staying. The staff are brilliant here. The manager says this is our home." "I would not have [name] anywhere else. They [staff] have been absolutely fantastic with [name]. They work very hard and just want to be the best. [name] is to get 1-1 care hours which is great."

We observed care and support We saw staff knew people well and had a good rapport with them. Staff were observed asking people what they wanted to do and listening to their responses before helping carryout their request, demonstrating a person centred approach. People appeared to be relaxed and confident to air their views around staff. Some staff provided one to one care to people. These were consistent staff to promote the development of good relationships. We saw this was the case, with staff understanding people well and their individual methods of communication.

Information on people's life histories had been obtained by the service to help staff better understand the people they were supporting. Staff worked in set areas of the building to help promote these positive relationships.

People's privacy and dignity was upheld. Staff had a good awareness of how to do this and we saw it carried out in practice for example giving people privacy, ensuring doors were closed during personal care and taking action to ensure people's dignity was maintained.

People said staff helped them maintain their independence. They said staff encouraged them to do parts of their personal care themselves as part of this. We saw there was a focus on independence in care plans we reviewed. A physiotherapy assistant helped people maintain and improve mobility in the home and there were a number of exercise based activities in the home to assist.

People we spoke with all confirmed that their friends and relatives could visit at any time and there were no restrictions. Visitors we spoke with also confirmed that they were able to visit at any time.

People were involved in the review of their care through regular review meetings. It was clear looking at care records that people had been involved in making decisions regarding things like their diet, the activities they took part in and how the home was run and decorated.

We looked at whether the service complied with the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our observations of care, review of records and discussion with the assistant manager, staff, people and relatives showed us the service was pro-active in promoting people's rights. Staff had received

training in equality and diversity and they took into account people's individual requirements because of their culture, religion and race and implemented this into care planning. One person could not communicate verbally but used British Sign Language (BSL). Staff had been trained in BSL to aid effective communication. One person could not speak English. Work had also been undertaken to pair staff with them who spoke their native language.

Is the service responsive?

Our findings

People said they received good care that met their individual needs. People said care was delivered in line with their preferences. For example, they could ask staff to assist them to get up and ready for bed at a time that suited them. People's cultural and religious needs were assessed, and action taken to meet them. For example, staff were flexible in the provision of one to one hours to one person in order to help support them to a church service at the weekend.

People's needs were assessed before they moved into the home. This was usually done by the registered manager and helped the service to assess whether they could meet provide care for that person. On admission, a full assessment was undertaken with additional information from social workers/commissioners used to help develop a range of care and support plans. We saw overall these were detailed and appropriate and demonstrated people's needs had been fully assessed. We identified one person's care plan was not an accurate reflection of their needs. We raised this with the manager who took action to address. Whilst the service used an oral health screening tool it would benefit from having clear care plans in place demonstrating how people's oral healthcare needs were met in line with recognised guidance.

Care plans were kept up-to-date and were subject to monthly review and evaluation health professionals were also involved in reviewing plans of care for example with regards to epilepsy and enteral feed management. The clinical lead retained good oversight of these areas.

People had access to a very good range of activities. There were opportunities within the home on a daily basis which included a mixture of internal activities, external entertainers and trips out. The activity coordinator spoke very positively about her role in responding to people's wishes and promoting independence. She said, "They are the boss." We saw photographic evidence of the range of activities people had been involved in. There was a focus on providing exercise based activities to maintain people's mobility and independence. People praised the activities available to them. Comments included: "We have just been talking about doing basketball for the disabled. I have 1-1 staff who take me out once a week," "We go out on trips, dance classes, watch films, animal visits to the home, visiting singers. There is always something going on. Or I go out.", "[name of staff] who does the activities is absolutely brilliant, there is always something going on, such as trips out to the cinema, Millstones restaurant and canal boat trips, indoor bowling. The organisation has a clubhouse which is about a ¼ of mile away."

The home had set up a wishing tree where each resident placed a wish which the service worked hard to deliver on. For example, one person had been driven around a race track in a Ferrari, others had been on holidays supported by staff for example to New York, Italy and Blackpool.

The home worked in partnership with the local community. For example, they had a partnership with the International Mixed Ability Sports and had plans for events in the Spring to get people out into the community and meeting others. Events were held at leisure facilities owned by the provider which included a clubhouse, bowling green and swimming pool. These facilities were used by people on a regular basis and

helped them meet others in the community.

The service was meeting the requirement of the Accessible Information Standard (2016). Adjustments were made to meet people's individual needs. This included making arrangements for information to be available in larger formats or translated into different languages. Pictorial aids were used to aid communication with some people and arrangements had been made to ensure staff were available to communicate with individuals in the method that they preferred, including foreign languages and sign language.

People's concerns and complaints were appropriately logged, investigated and responded to. People knew who to speak with if there was a complaint but said they were satisfied with the care they had received. We saw action had been taken to learn lessons from complaints. For example, one such complaint noted that smoke from smoker's bedrooms had been lingering in the corridor areas. Extractor fans had been installed in people's rooms and air freshers in the corridor areas. We saw two recent concerns had been received highlighting issues on discharge from the home. We saw a new procedure had been put in place to help ensure discharges were managed more appropriately in the future. We saw a compliment that had been received because of the way a concern had been managed and resolved by the manager.

Appropriate end of life care was planned and co-ordinated. The service had achieved accreditation with the Gold Standards Framework. This meant the organisation was sustaining best practice in End of Life Care, for example staff had been provided with training and care planning and processes had been assessed as being at a good standard. The service worked with the local hospital trust to deliver a Gold Line Service. The Gold Line is a dedicated service for people who are being cared for on the Gold Standards Framework. This is about offering a gold standard of care for people with a serious illness who may be in their last year of their life.

Is the service well-led?

Our findings

A registered manager was not in place. However, a manager had been appointed, who had applied to become the registered manager and was going through the assessment process. We received positive feedback about the manager and it was clear they had helped the home to significantly improve since the last inspection. The service was better organised with a stable team of senior nurses and support managers in place who had good oversight of their areas of responsibility and were knowledgeable about people's individual needs. The service had introduced care practitioners, who were staff with enhanced training able to help with tasks such as medicines management and enteral feed management, taking some pressure off nursing staff. This was having a positive effect on the home and had resulted in less agency usage.

People and relatives provided good feedback about the overall quality of the service and said they would recommend the home. One person said, "Overall, I would definitely recommend Staveley Birkleas to people. The care here is very good." Feedback from a relative stated: "It was such a relief to me to know that Staveley Birkleas is now being run in a highly professional manner. It is clear from the newly appointed senior staff that you have a strong team around you to support you in delivering your vision for Staveley Birkleas, its residents and their families." Another relative said, "We are very happy with the home. The staff do try and they are very good. It's the friendliness and they [staff] are kind. [name of staff] is absolutely fantastic. We are very pleased that [name] is here." A visiting professional told us, "I have been received positively and staff have been incredibly open and have been willing to spend time with me to deal with my questions and enquiries."

Staff said morale was now good. One staff member said, "Since the new manager took over, the home is now a more pleasant place to be, staffing levels are much better, no improvements needed at the present time." Another staff member said, "Get a good feel factor when leave here now." The service had a clear set of values which included compassion, respect, excellence and safety. Staff were clear on these values and we saw care and support was delivered in line with them. Another staff member said, "I love this home. It's like one big family."

Systems were in place to assess, monitor and improve the service. A range of audits and checks were carried out, including care plan audits. Audits produced a range of actions for senior staff to work through. We saw these were effective in driving improvement. External consultants also conducted an overall quality audit with further audits by specialists in fire and health and safety to help assess and monitor the service.

Regular staff meetings took place which included flash meetings (regular meetings with departmental leads), senior care meetings, nurse meetings and overall staff meetings. Staff were now paid to attend to boost attendance. We saw a range of quality issues were discussed as well as people's individual needs to improve performance.

People's feedback was regularly sought and used to make improvements to the home. 'Resident meetings' were held monthly, there was a strong focus on these about discussing issues important to people including the menu, activities and events within the home and wider community. One person said, "We have

'residents meetings' monthly which are very useful, things get sorted out. We are listened to here." People were involved in the recruitment of staff, choosing of menu's and deciding how the home was decorated. A monthly newsletter was sent to people and relatives to keep them up-to-date with events in the home. Staff and resident surveys were also held to gain feedback.

The service worked closely with a range of external agencies to help provide a high-quality service and adhere to best practice. The service had recently been re-accredited with the Investors in People award, demonstrating their commitment to training and development of staff. The home collated and submitted information on a monthly basis for the Local Authority and NHS Commissioners to help keep these agencies updated on events and occurrences within the home. The management team attended local authority run provider forums to share their knowledge and keep up-to-date with best practice.