

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Birchfield Residential Care Home

9a-11 Gorse Road, Blackburn, BB2 6LY

Tel: 01254266020

Date of Inspection: 11 December 2012

Date of Publication: January 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Staffing	✓ Met this standard
Supporting workers	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Mr Mark Edward Taylor & Mrs Kirsty Taylor
Registered Manager	Mrs. Kelly Lakey
Overview of the service	Birchfield Residential Care Home provides 24 hour personal care and accommodation for 24 older people. There are 24 single bedrooms, on ground and first floor levels, seven of which have en-suite facilities. Rooms on the first floor are accessed via a stair lift. The home is in a residential area on the outskirts of Blackburn.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 11 December 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

We spoke with five people who used the service as well as two relatives. All the people spoken with told us they were happy living in the home and that the staff were caring and helpful. One person told us, "I love it here", while another commented, "I'm very happy. I have no complaints at all".

We reviewed the care files of three people using the service and found evidence that there were procedures in place to ensure that consent was gained from the person or their representative in relation to the care provided for them. We saw that care plans clearly identified the needs of the person and included information on how they wished their care to be delivered. One person told us, "I get the care I need when I want it".

People spoken with told us they received appropriate support with their medication. We found evidence that there were effective systems in place for the safe administration of medicines.

We spoke with three members of staff who told us they felt well supported and confident in carrying out their responsibilities. We saw evidence that staff were appropriately qualified and provided with training relevant to their role.

We found that there were sufficient numbers of staff on duty to meet the needs of people using the service.

We found that there were effective systems in place for the completion and storage of records relating to the care of people using the service and the maintenance of the premises

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We spoke with five people who used the service who told us that staff would always ask them for consent before providing any care. On the day of our visit we observed staff treating people with respect and seeking consent before any care was provided. We also observed staff seeking consent from people before medication was administered and providing people with support to decide if they wished to take pain relief medication.

We spoke with three staff during our visit, all of whom demonstrated they understood the need to seek consent from people before providing any care and ensuring that the wishes and preferences of people were met. Staff had undertaken training in the Mental Capacity Act 2005 which meant they understood the need to support people in making decisions relating to their care and treatment where possible. A 'Choice and Autonomy' policy was also in place which reinforced the rights of people using the service to make their own decisions in relation to their care and support.

We spoke with two visitors who told us that staff always provided the care their relatives needed in a way which respected their wishes.

We reviewed the care records held for three people who used the service and found evidence that there were systems and processes in place to gain and record consent where appropriate from the person or their representative. Care plans clearly documented decisions which the person concerned had capacity to make. All the files we reviewed contained assessments in relation to whether a potential deprivation of liberty was taking place.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights

Reasons for our judgement

People spoken with told us they were happy with the care they received in the home. One person said, "I have always felt safe here". Another person told us, "It's great here. I love it here". People we spoke with were aware of their care plans and told us that they had been involved in agreeing the care and support to be provided to them.

We reviewed the care files held for three people who used the service. We found that an assessment of people's needs had been undertaken prior to admission. A 'Getting to know you' document had been completed on all the files we reviewed which assisted staff to develop relationships with people admitted to the home. A key worker system was in operation to provide continuity of care for people and staff told us that they understood the importance of care plans being accurate and up to date in order to ensure that people received safe and appropriate care.

Each person had a plan of care which was personalised and provided detailed guidance about how their needs should be met. The care plans also included information about the wishes and preferences of the person as well as their capacity to make particular decisions in relation to their care and support.

We saw evidence that risk assessments had been completed and reviewed on a regular basis and that care plans had been updated to reflect the person's changing needs. We also found that regular review meetings had been held with people using the service and their relatives to ensure that the care plan remained appropriate to their needs.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

People spoken with told us they received appropriate support to take their prescribed medication. One person told us "I'm certainly looked after with my medication".

All of the care files we reviewed contained care plans in relation to medication which clearly identified the purpose of the prescribed medication together with any possible side effects.

Policies and procedures were in place to cover the management of medicines and these were available for staff reference in the policy and procedures file. We saw evidence that appropriate staff had received training in the management of medicines and there were systems in place to evaluate the competency of staff to administer medication. Suitable arrangements were in place for the safe storage, recording and administration of medication, including controlled drugs.

A check of the controlled drugs in stock corresponded accurately with the records. We were unable to undertake a stock check in relation to other medications due to the lack of a system to accurately record the amount of medication received by and held within the home. During our visit the manager informed us that she was in the process of introducing a system of stock control in order to improve the records maintained in relation to medication.

We saw evidence that the manager was undertaking medication audits on a regular basis with necessary action being taken when any issues were identified

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

Prior to our visit we had received information which expressed concern that there were not always sufficient numbers of staff on duty and that staff were having to work longer hours to cover sickness absence.

On the day of our visit there were three care staff on duty during the day with an additional carer working from 8am until 1pm. People we spoke with told us that staff were helpful and usually responded to their needs in a timely manner. One person commented, "If you need them they are there". During our visit we observed staff responding promptly to requests for assistance from people using the service.

We reviewed records held in relation to staffing and found that a staff duty roster was drawn up in advance. This provided a record of the number of hours worked by the staff in the home. The manager explained people's level of dependency was assessed at the time of admission and reviewed on a regular basis to ensure there was an appropriate level of staffing. This was reinforced within the staffing level policy for the home.

During our visit we observed several new staff attending for an induction session. The manager informed us that they had recently recruited new staff in order to increase the pool of people available to cover shifts at short notice due to sickness or unforeseen emergencies. Two of the staff we spoke with told us that they had occasionally been asked to work longer to cover staff sickness but that this had not been a regular occurrence.

All the staff we spoke with told us they felt they had enough time to spend with people using the service, particularly in the afternoons when individual or group activities were more likely to take place. Staff spoken with articulated a commitment to people's care and the promotion of their rights. Staff were also positive about their employment and felt they were well supported and trained.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We spoke with three of the members of staff on duty. They told us that they felt well supported and had the information they needed for their roles. This was confirmed by discussions with people living at the home and their relatives. One person told us "I think people here are well looked after".

We spoke with three staff who told us that they were supported to access training relevant to their role. We saw evidence that several staff were currently undertaking a distance learning course in relation to End of Life care.

We reviewed the files for three staff employed by the service and found evidence that staff had received contracts of employment and job descriptions. This meant that they were clear about their roles and responsibilities within the home. We saw records which showed that staff had undertaken training relevant to their role including health and safety, first aid, management of medicines and safeguarding.

We saw evidence that new staff were provided with a formal induction period which included time to review the policies and procedures within the home and the care records held in relation to people using the service. New staff were required to complete a period of shadowing over a number of shifts and procedures were in place to assess their competence to work independently at the end of this period.

Staff were provided with formal supervision on a regular basis and a system for undertaking an annual appraisal of staff performance was in place.

Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

We reviewed the files of three people using the service and found that these had been updated on a regular basis and were stored securely in order to protect confidentiality. We saw evidence that a care planning audit had been undertaken on a monthly basis in order to ensure the quality and accuracy of records held for people using the service.

We found evidence that policies and procedures were in place in relation to access to records and data protection. We were told that a system of archiving records was in place in line with the legal requirements.

We reviewed the records held by the provider in relation to the maintenance of the premises and found that all appropriate checks had been made and that records of such checks had been retained for the appropriate timescales.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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