

**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: 05 June 2013

Date of Publication: June 2013

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

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Meeting nutritional needs</b>	✓ Met this standard
<b>Safety and suitability of premises</b>	✓ Met this standard
<b>Complaints</b>	✓ 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

## Contents

*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'.*

	Page
<hr/>	
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
<hr/>	
<b>Our judgements for each standard inspected:</b>	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Meeting nutritional needs	9
Safety and suitability of premises	11
Complaints	12
<hr/>	
<b>About CQC Inspections</b>	13
<hr/>	
<b>How we define our judgements</b>	14
<hr/>	
<b>Glossary of terms we use in this report</b>	16
<hr/>	
<b>Contact us</b>	18

## 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 5 June 2013, 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 and talked with carers and / or family members.

---

### What people told us and what we found

---

We spoke with five people who lived at Birchfield and six visitors. All the people spoken with told us they were happy with the care provided at Birchfield. One person told us, "I'm being well looked after". A professional visitor commented, "I feel this is a very good care home. I always ask the residents I see and they tell me they are happy".

We reviewed the care files held for four people who lived at Birchfield. We found care plans were individualised and provided good information for staff about how people wanted their care needs to be met.

We found that people were provided with appropriate nutrition and had a choice in relation to the food available to them at mealtimes. We also observed staff ensure that people had access to drinks and snacks throughout the day.

We found the premises were safe and secure. We saw a programme of renovation and refurbishment was in place for the home. All the people we spoke with told us they felt safe and comfortable at Birchfield.

We found that suitable arrangements were in place to manage an effective complaints process for identifying, receiving and handling complaints for people in Birchfield.

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](http://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

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

---

### Our judgement

---

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care

---

### Reasons for our judgement

---

We found people were given appropriate information about the service including a service user's guide. This meant people and their representatives knew what to expect from the service.

People spoken with told us that staff always treated them with respect. We observed staff respecting the privacy of people by ensuring that they gained permission before entering their rooms. We also observed that staff took the time to explain medication which was given to people.

We saw that people were given choices about the meals provided during the day. We found evidence that people had been involved in residents meetings and that staff had sought their suggestions for improving the service.

We reviewed the care files for four people who used the service. We found there was a process in place to involve individuals and their families in reviewing the care they received at Birchfield. However, the provider might find it useful to note we found evidence that people's relatives were sometimes being asked to sign care plan documentation when it had been documented that the person had the capacity to decide how their care needs should be met. This meant there was a risk that people's rights were not being upheld.

A key worker system enabled staff to work on a one to one basis with people who used the service. This meant they were familiar with people's needs and choices. One person told us, "I'm being well looked after". A professional visitor commented, "I feel this is a very good care home. I always ask the residents I see and they tell me they are happy".

We found evidence that people were offered the opportunity to participate in a range of activities both inside and outside of the home. We saw arrangements had been made for a theatre company to deliver a performance at Birchfield on the day following our visit. We saw that a regular newsletter was produced by the home to inform people of planned

activities and service developments.

The views of people who used the service and their relatives had been gathered via a questionnaire. We saw that positive comments had been made about the service and that action had been taken to address any issues raised.

**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'm happy here. Staff are brilliant with me" while another person commented, "Staff are very caring".

Some of the 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 four 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.

We found 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.

People's healthcare needs were discussed as part of the care planning process and a record was made in the care plan. A record had also been maintained of all health professionals' visits to ensure staff were aware of any changes in people's conditions and any advice given.

**Food and drink should meet people's individual dietary needs**

---

**Our judgement**

---

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

---

**Reasons for our judgement**

---

People spoken with told us they were able to make choices about the food provided for them and that alternatives were available if they did not like the food on the menu. One person told us, "It's always a good lunch and tea and you get your choice". Another person commented, "The food is good. I am happy with the choices".

We observed that staff were respectful of people's choices as to where they wished to eat their meal and people were supported to eat at their own pace. Where people had not eaten the meal they had chosen we observed staff offer an alternative in an attempt to ensure their nutritional needs were met.

The kitchen was clean and tidy on the day of the inspection. We found evidence that environmental health checks were carried out to ensure food was safe for people who used the service. At the last environmental inspection the service had achieved a five star very good rating.

On the day of the inspection we ate lunch with the people who used the service. We found the food was good quality and had been freshly prepared. We also observed that drinks and snacks were provided to people regularly throughout the day.

We spoke with the member of staff who had the main responsibility for the menu planning and cooking within the home. We found that he was aware of the nutritional needs of people who used the service and tailored the menu accordingly.

We looked at the current six week menu. This had been produced following consultation with people who lived in Birchfield and took into account their likes and dislikes. We found evidence that residents' meetings afforded people the opportunity to make comments on the quality of the food provided. The most recent resident survey included positive comments regarding the standard of food in the home.

Records we looked at confirmed that dietary preferences and quantities preferred had been recorded within people's care plan. Nutritional assessments had been completed for each person living at the home and these had been reviewed monthly.

We found that following each meal staff completed records for those people who required close monitoring of their food and fluid intake. There were also systems in place to monitor

the weight and nutritional needs of people living in the home on a regular basis. This meant people living in Birchfield were protected against the risks of inadequate nutrition and dehydration.

**People should be cared for in safe and accessible surroundings that support their health and welfare**

---

**Our judgement**

---

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

---

**Reasons for our judgement**

---

At the time of our visit we found a programme of redecoration and refurbishment was in place in the home. One of the communal areas had been redecorated to a good standard and plans were in place to redecorate other communal areas and some bedrooms.

We found that individual bedrooms were well furnished and some had been newly decorated, with a good standard of fixtures and fittings installed. We found that people were able to personalise their rooms. All the people we spoke with told us they were happy with their accommodation and felt safe and comfortable in Birchfield. Access to the bedrooms on the first floor was via two stair lifts, both of which were regularly maintained.

We found that, due to the refurbishment taking place, two of the bathrooms were out of order on the day of our visit. We were told by staff that this did not compromise people's choice to be able to take a bath or shower when they wished. None of the people we spoke with had any concerns about the bathing facilities available to them.

We found that a log of maintenance required in Birchfield was completed by staff. We saw evidence that any repairs were completed promptly.

We found people in Birchfield had access to an enclosed outside area with garden furniture. On the day of our visit we observed people being supported to use this area. We found an enclosed smoking area with appropriate ventilation was provided for people who lived at Birchfield.

We found there were security arrangements in place to ensure staff were aware of any visitors to the premises. This meant people were protected against the risks of unauthorised people entering the premises. We also found appropriate procedures were in place in the event of an emergency within the home.

## Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

---

### Our judgement

---

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

---

### Reasons for our judgement

---

We looked at the policy and procedure for dealing with complaints in Birchfield. This included timeframes for actions and response times. All the staff we spoke with told us they were aware of the policy and understood the need to record and report any complaints they received.

We noted that information about the complaints procedure was included within the service user guide which we were told was available in each bedroom. We saw that a copy of the complaints procedure and complaints forms were displayed on the notice board in the dining area of the home.

We found that resident meetings provided an opportunity for people to comment on the running of the home. We saw that a recent survey had also asked people about any concerns they had about the care and support provided at Birchfield.

All of the people we spoke with told us they had no concerns about the care they or their relative received. Although they were not aware of the complaints procedure, all of the people we spoke with told us they would feel able to raise any concerns they had with staff and that they would be listened to.

We were told that no complaints had been received at Birchfield. The manager told us that any issues raised by residents or relatives were always dealt with promptly due to the 'open door' policy of the management team. This was confirmed in our discussions with people during our visit.

## 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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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.

## Contact us

---

Phone: 03000 616161

---

---

Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

---

---

Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

---

---

Website: [www.cqc.org.uk](http://www.cqc.org.uk)

---

---

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

---