

Athena Healthcare (Oxford Road) Limited

Birkdale Tower Lodge

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

Birkdale Tower Lodge is a residential care home providing personal care to 16 people at the time of the inspection. The service can support up to 55 people across three floors.

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

People were not always protected from transmission of COVID-19 because the provider failed to ensure people were consistently tested for COVID-19 in line with Public Health England guidance for care homes.

The provider failed to maintain contemporaneous and complete records about the support they provided for people who lived at the service and when their needs changed.

People were not always supported to have maximum choice and control of their lives and staff did not always 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.

We have made a recommendation about improvements needed for the assessment of people's mental capacity.

Medicines were administered to people in a safe way. However, we found shortfalls in record keeping for topical and when required medicine administration.

The providers governance systems had not highlighted the shortfalls we have reported about. The manager had not applied to become registered with CQC and resigned after the inspection. The provider deployed an interim manager and senior staff to ensure immediate improvements were made during and after the inspection process.

People told us staff responded to their requests for support in a timely way. The provider ensured safe levels of suitably trained staff were deployed.

The environment was clean and staff followed safe infection prevention and control systems. Staff were tested in line with COVID-19 guidance. Visiting procedures were robust and in line with current guidance for care homes.

People told us they were supported by kind and compassionate staff. We observed staff engage with people in a caring way. It was clear people and staff had built trusting relationships.

People were encouraged to maintain their independence and contact with family and friends. People told us they could access meaningful activities. We observed people enjoy recreational activities both on an individual and group basis.

People were able to make their own choices at mealtimes. The chef prepared fresh food and understood people's nutritional needs. People told us the food was "always lovely" and "fresh, beautiful."

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

Rating at last inspection

This service was registered with us on 11 December 2019 and this is the first inspection.

Why we inspected

This was a planned inspection. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified two breaches in relation to infection prevention and control, assessing risk, record keeping 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 from 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.

Requires Improvement 

Is the service effective?

The service was not always effective.

Requires Improvement 

Is the service caring?

The service was caring.

Good 

Is the service responsive?

The service was not always responsive.

Requires Improvement 

Is the service well-led?

The service was not always well-led.

Requires Improvement 

Birkdale Tower Lodge

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was undertaken by three 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.

Service and service type

Birkdale Tower Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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

Both days of the inspection were unannounced.

What we did before the inspection

We sought feedback from the local authority and reviewed information we had received about the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with six people who used the service about their experience of the care provided. We spoke with

11 members of staff including the Head of Operations, Regional Quality Manager, Interim manager, deputy manager, senior care workers, care workers, housekeeper and the chef.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two 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 to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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.

Preventing and controlling infection

- The provider did not always ensure people, staff and visitors were protected from the risk of transmitting COVID-19 because they failed to ensure people who lived at the service were tested in line with Public Health England (PHE) guidance for COVID-19 and care homes. Since April 2021 people who used the service had not been tested, including those admitted to the home. From March 2021 until the first day of the inspection staff failed to check people's body temperatures daily in line with PHE guidance and the providers COVID-19 procedures.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed all people were tested and the results were negative. The provider also re-introduced their provider wide governance systems at the service to ensure better oversight of testing for people who lived in their services.

- The environment was clean and staff followed safe practices when supporting people with personal care.
- Visitors were supported to undertake testing and asked to declare good health before they entered the service. People's individual needs were considered before visits were scheduled.
- Staff had access to good quality personal protective equipment (PPE) and received regular updates in relation to COVID-19 and other infectious diseases.
- Staff tested for Covid-19 in line with Public Health England (PHE) guidelines. Staff had access to good quality personal protective equipment (PPE) and received regular updates in relation to COVID-19 and other infectious diseases'.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff did not always receive important information about people's changing needs which meant we could not be sure people would always receive care and treatment in a safe way. For example, one person was unwell and under medical treatment for a chest infection. Senior staff deployed to oversee their support and administer their medicines were unable to tell us about the person's changing needs because they had not been provided this information at handover nor did the person's care plans provide sufficient information.
- The provider did not always ensure people were admitted to the service in a safe and person-centred way. One person had not been suitably risk assessed before or on admission. This meant staff did not know how

best to support them.

We found no evidence that people had been harmed, however systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed all people's risk assessments had been reviewed to ensure they were up to date and shift handover was being monitored for effectiveness.

- The environment was regularly checked for safety and had been well maintained.
- Staff received training in safety subjects including; fire awareness, health and safety and first aid.
- Staff recorded accidents and incidents and we saw good governance systems were in place to monitor and reduce the risk of harm for people who lived at the service, staff and visitors. Lessons learnt information was recorded in people's care plans and also within quality assurance audits.
- Staff routinely assessed people's risk of falling and when people did fall, their care plan was updated to show how they would be supported to prevent incidents happening again. One person's care record identified how their bedroom layout and footwear had been considered following a fall.

Using medicines safely

- Staff did not always maintain complete and accurate record keeping in relation to the administration of people's topical medicines, which meant we could not be assured topical medicines were always administered as prescribed. On the day of the inspection the senior management team acknowledged shortfalls in record keeping and reinstated paper records for staff to complete when they had supported people to administer topical medicines.
- Protocols for people's 'as required' medicines were not always detailed enough to guide staff delegated to safely and effectively administer people's medicines. People's care plans did not always include information about their prescribed 'as required'.
- During the inspection the provider responded immediately. They confirmed all when required medicine information would be reviewed and staff would be trained and supported to understand the importance of maintaining accurate record keeping for the administration of topical medicines.
- We observed staff administering people's medicines and found they followed safe and person-centred processes. Staff had received training in medicines management and told us they had been checked for competency.

Systems and processes to safeguard people from the risk of abuse

- Staff demonstrated good understanding of how to safeguard people from the risk of abuse. Staff submitted safeguarding alerts to the Local Safeguarding Authority when they suspected or witnessed abuse.
- There was an open and transparent culture among the staff team and staff felt confident to raise their concerns with senior leaders.

Staffing and recruitment

- Staff were recruited in a safe way. Checks were carried out to ensure they were suitable to work with vulnerable adults.
- Staff received an effective induction programme and felt supported to learn about their role and responsibilities.
- People consistently told us their requests for assistance were responded to in a timely way. We observed

staff respond to people's call bells and spend time with people when not supporting them with personal care.

- The provider deployed sufficient numbers of suitably trained staff across the service. Staff had time to support people in a person-centred way. Comments included; "I feel safe and staff attend to me when I request" and "Yes I call my bell and they come."

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The provider did not always ensure people's needs and choices were assessed in a timely way. For example, one person who was newly admitted had not been risk assessed before or at the time of admission, staff did not know how best to support this person when they became distressed.
- We looked at a range of assessments for people who lived at the service and found inconsistent standards of record keeping. Some records were detailed and based around national standards however, other records were less detailed and did not always include the person's experiences or involvement.
- People's care records showed referrals to external health care professionals were made when needed and guidance provided had been followed.
- Staff had built good links with local GPs and district nurses and clinical reviews were easily sought for people when they became unwell. People were able to request to see external health care professionals and were supported to attend appointments.

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.

- The provider did not always ensure mental capacity assessments were undertaken before asking people to consent to care and treatment. For example, one person's care records stated they lived with 'senile dementia', consent to care and treatment had been signed on behalf of the person by a staff member without ensuring an assessment of the person's mental capacity was undertaken, best interest decision making was also not evidenced.

- People felt involved in decisions made about their care and treatment and we observed staff offer choice and control when supporting people.
- Staff received training in DoLS awareness and demonstrated understanding about what this meant for people they supported. The provider submitted DoLS applications to the local authority for people who lived at the service when needed.

We recommend the provider considers ways to improve record keeping around asking people for consent in line with principles of the Mental Capacity Act.

Staff support: induction, training, skills and experience

- The provider ensured staff were inducted when they started working at the service. Staff felt supported and had access to a wide range of training courses to enable them to fulfil their roles and responsibilities at work.
- During the inspection we observed members of the senior management team support staff in a fair and constructive way. Staff felt confident to ask for support when needed.

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

- Staff did not always ensure accurate and complete records were maintained for the monitoring of people's nutritional and fluid intake.
- Nutritional planning and catering at the service was to a high standard. Catering staff understood the needs of people who lived at the service and they were updated when people's needs changed. People told us the food was "lovely" and "balanced".

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

- The service was purpose built and had been designed to a very high standard.
- People were supported to make their bedroom feel like home. We saw people had personalised their bedrooms with belongings and in some cases their own items of furniture.
- When the service first opened it mainly aimed at providing care for people with low care needs, the provider told us they intended to improve some aspects of the environment to ensure it enabled orientation for people who lived with dementia or visual impairment.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 staff supported them in a kind and caring way. We observed staff interact with people in a compassionate way and had good understanding of people's needs and preferences.
- Advocacy information was displayed which enabled people to access support with important information where required. Advocacy seeks to ensure people are able to have their voice heard on issues that are important to them.
- People's care records showed they were asked to share their cultural, spiritual and religious preferences and this was then tailored into their support plans. Staff treated people equally and respected their individuality.

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

- People told us they felt involved in the planning of their care. The provider acknowledged need for improved record keeping around people's involvement in the care planning process.
- Staff sought information from people's nearest relative if they were unable to make decisions on their own behalf.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and promoted independence. We saw staff had built trusting relationships with people they supported.
- One person told us staff were "there when I need them, but not intrusive."
- Information about people's care needs were stored securely in the electronic system. Individual paper records relating to people living in the service were stored securely in the office.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 provider did not always ensure information in people's care records was reflective of their current needs. Care plans were not always up-to-date and reflective of people's needs to guide all staff effectively. For example; one person had been very unwell with an infection, their care plans and risk assessments did not reflect their needs at the time of the inspection.
- People told us staff offered them choice and control and listened to them. We observed staff support people in a timely way and ask for permission before they entered their bedrooms.
- Overall staff felt confident to support people in a person-centred way. Staff also told us handover at the start of their shift was not always effective so new changes were not always well communicated. We discussed this with the interim manager who told us immediate improvements would be made to ensure staff had access to necessary information when they commenced duty.

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.

- People's care records held information about their preferred communication methods. People's communication needs were assessed and when needed external professionals were contacted to support people with impaired communication.
- The provider had various options to enable sharing of accessible formatted information with people and their representatives such as financial contracts, service user handbook and the complaints procedure.
- The provider was in the process of implementing more dementia friendly signage which would also facilitate orientation for people with visual impairment.

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

- Staff supported people to maintain relationships and take part in activities that were meaningful to them. People were provided with a range of activities and felt involved in the planning of group events. The provider deployed two activity coordinators who told us they enjoyed their role and felt they made a positive difference to people's lives.
- People had access to technology to help keep them connected with family and friends during the pandemic. People had their own IT devices and access to WIFI in their bedrooms and communal areas.
- The provider encouraged safe visiting in line with COVID-19 guidance. At the time of the inspection visitors

were permitted access to people's bedrooms following declaration of good health and COVID-19 testing.

Improving care quality in response to complaints or concerns

- People felt confident to raise their concerns or complaints. Staff listened to people's concerns and supported them to raise a formal complaint if needed. At the time of the inspection the interim manager told us no complaints had recently been received.
- All stakeholders were asked to provide feedback and the provider analysed the data submitted to look for trends and themes.

End of life care and support

- People's care plans included information about their end of life needs and wishes.
- Staff felt confident and competent to support people at the end of life and had district nurse access when needed for palliative care review.

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.

This is the first inspection for this newly registered service. This key question has been rated 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service did not have a manager registered with the Care Quality Commission. The head of operations told us the manager resigned after the inspection, they had deployed an interim manager who was involved in the inspection process and understood what areas needed immediate action.
- The provider had systems and processes in place to quality assure the service. However, we found quality assurance processes had not always been effective and some of the failures highlighted at this inspection had not been identified by the provider.
- We found examples of positive, person-centred care; however at times this had not been ensured continuously, as people's needs had not always been effectively assessed.
- The provider failed to ensure accurate, contemporaneous and complete records were maintained in relation to COVID-19 testing for people who lived at the service and care needs.
- Failures identified at the inspection and outlined throughout this report demonstrated the provider did not ensure effective governance systems were in place.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate good governance of the service. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed an action plan had been devised and senior managers had been deployed to have oversight of improvements needed.

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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

- Staff worked in partnership with others. Records confirmed a range of professionals were involved in supporting the needs of people.
- We referred the service to the local infection prevention and control team and received positive feedback about the way the staff team responded to their audit and recommendations.
- All stakeholders were asked to provide feedback about their experience of the service. We found the provider listened to people's feedback and encouraged them to speak up.

- The provider and staff understood their legal responsibility to act in line with duty of candour processes.
- The provider demonstrated governance systems that ensured lessons learnt were shared throughout the organisation.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure people were continuously protected from harm.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure good governance of the service. Good record keeping was not always maintained.