

Anchor Hanover Group

# Birkenhead Court

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Birkenhead Court is a residential care home providing personal and nursing care to 54 people living with dementia at the time of the inspection. The service can support up to 60 people.

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

Risk assessments were not always in place to guide staff on how to safely support people with specific health conditions. Medicines were managed mostly safely and securely, however some issues had been found with documentation for 'as and when' prescribed medication.

There were a range of provider and manager audits in place, however some aspects of the care service needed to be reviewed further following this inspection.

Feedback received from relatives was positive regarding the care being delivered to people living in the home. It was observed during the inspection that people were comfortable and happy in the presence of staff who interacted with them in a caring and patient manner.

Systems and processes were in place to safeguard people from the risk of abuse and relatives told us they felt their loved ones were safe with staff. GPs and other healthcare professionals were contacted for advice about people's health needs whenever necessary and in a timely manner.

Accidents, incidents, safeguarding and complaints were managed appropriately and monitored by the management. Infection control standards were also monitored and managed appropriately. A family member told us "It's light, bright and clean and a very warm, friendly down to earth place."

Staff were recruited into their roles safely and there were enough staff available to meet people's day to day needs. The provider was in the process of recruiting a registered manager and had recently recruited two new deputy managers.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)  
Rating at last inspection; The last rating for this service was outstanding (published 12 October 2018).

### Why we inspected

The inspection was prompted in part due to concerns received about medicines and service delivery. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well-led sections of this full report.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from outstanding to requires improvement. This is based on the findings at this 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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Birkenhead Court on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### 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 monitor the service.

We have identified breaches in relation to assessing risks relating to the health, safety and welfare of people at this inspection.

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

### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Birkenhead Court

## 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

This inspection was carried out by one inspector, a medicines inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Birkenhead Court 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.

The service did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to

send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with eight relatives about their experience of the care provided. We spoke with six members of staff including the interim manager and area manager.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four 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. We were able to speak to three health and social care professionals who visited the service regularly.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- People had risk assessments in place however, some required risk assessments were not in place for people with specific health conditions such as diabetes.
- This meant that staff did not have guidance on how to recognise any issues or guidance on how to safely support people. However, staff we spoke with understood where people required support to reduce the risk of avoidable harm and were able to support people safely.
- We identified that some people had health conditions that could impact on their medication or nutrition. However, this had not been recognised and risk assessed, an example of this was a kidney condition that could either need a low sodium diet or need other specific monitoring.

We found no evidence that people had been harmed however, there was a failure to robustly assess risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The environmental health and safety checks were regularly carried out to ensure it was safe for people living in the home.

### Using medicines safely

- Not all the people, who were administered pain relief medicines and medicines to manage behaviour had written guidance to administer these appropriately.
- Storage temperatures of some medicines were not always recorded daily.
- People's allergy status was documented on all the medicine administration records seen. Advice and guidance on giving medicines was included for each person and gave information on how they would prefer the medicine given.
- Medicines were otherwise kept safely and securely. They were not accessible to non-clinical staff and regular checks completed by senior staff.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse, as the provider has systems in place that were effective in identifying and responding to any concerns identified.
- People told us they felt their loved ones were safe with staff. One relative told us, "I've no qualms at all about [persons] safety." Another relative told us "When I got in to see her, she looked great; she's eating incredibly well and has never seemed distressed or agitated."

### Staffing and recruitment

- Staff were recruited appropriately with various checks in place to ensure their suitability for the role.
- The home used agency care staff to support when staffing levels were low; the interim manager told us where possible they use the same staff to ensure people receive consistent care and support.
- During the inspection we saw that there appeared to be an appropriate number of staff on duty.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks could be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

### Learning lessons when things go wrong

- Appropriate systems were in place to monitor and review accidents and incidents.
- These were reviewed regularly to establish patterns and to minimise future occurrence.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question has now deteriorated to good. This meant people's needs were met through good organisation and delivery.

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

- Care plans we viewed reflected individual preferences. However, did not always have appropriate information regarding health needs.
- People had been involved in the devising of care plans and these were reviewed regularly with them to ensure that any identified need would be met.
- Care plans were accompanied by a document which provided a commentary on people's previous life histories and experiences.

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 communication needs were recorded in care plans.
- Written information, such as the complaints policy, was available in an accessible format depending on the needs of the person.

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

- The staff helped support people to access appropriate activities, these had reduced during the pandemic. However, we were able to see that this had now increased and the people living in the home enjoyed events and took part in ongoing activities that the staff provided on a daily basis.
- Relatives told us how they had been supported to communicate with their loved ones. We were told, "The staff are cheerful and very professional and they are good at keeping me in touch", "They're good at keeping me in touch if anything happens and I'm quite happy with it" and "The communications are good; they ring me if there's any problem and I can contact them any time I like. They've been having Zoom meetings for relatives."

Improving care quality in response to complaints or concerns

- The provider had an appropriate procedure for addressing complaints. This involved investigating complaints, speaking with all concerned and taking action to address the concern.
- The staff were described as being responsive to any concerns raised by people or their families, none of those spoken to said they had needed to raise a complaint. We were told by one relative, "I've always found them receptive and responsive if I've raised something."

#### End of life care and support

- No one was receiving end of life care at the time of inspection.
- The provider had systems in place to ensure people received appropriate person-centred support.
- Staff worked in conjunction with the local healthcare professionals to ensure people received pain free and dignified end of life care.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as outstanding. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- This inspection had been prompted by concerns we had received regarding the care being delivered and a recent change in management. We could see improvements were taking place. The provider was in the process of recruiting for a registered manager.
- The interim manager and area manager were both open and transparent. They discussed in depth with inspectors the issues they had identified within the service, and how they were addressing immediate concerns.
- The interim manager and area manager were both very receptive to feedback given during inspection and acted on the issues raised.
- The provider had used their internal audits effectively to improve services. However, during the inspection we identified aspects of the care service needed to be improved such as identification of risk and some medication issues.
- The manager and provider had shared information with the CQC as required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Systems were in place to gather the views of people living at the home and staff. We saw examples where feedback was listened to and acted upon, such as ideas about menus.
- Staff meetings and supervision took place regularly to share information and learning with the staff team.
- Referrals to other health and social care professionals were made in a timely manner when people needed additional support.
- Professionals told us that the interim manager and two new deputy managers were approachable, and the communication was always good. We were told, "We have a good working relationship with Birkenhead Court and I haven't any particular concerns about the current standard of care they give their residents. I am aware there has been a recent change in management with two new deputy managers and currently a temporary manager. The two new deputy managers seem very organised and proactive."
- Relatives gave positive feedback regarding their perceptions of the care their loved ones were receiving. The home was described as providing a warm and friendly environment for people. Comments we received included, "I've no concerns at all. I think they're doing an amazing job" and "When I ring them the people

take time to talk to me. The staff are a very knowledgeable and friendly bunch of ladies."

#### Continuous learning and improving care

- The manager and area manager approached the inspection with transparency and had already worked hard to address the shortfalls they identified.
- They immediately actioned the issues we found during the inspection and had previously worked closely with the local authority learning from issues raised and implementing processes to improve services.

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  There was a failure to robustly assess risks relating to the health, safety and welfare of people.