

Bondcare Willington Limited

Birch Tree Manor

Inspection report

Wharf Street
Port Sunlight
Wirral
Merseyside
CH62 5HE

Tel: 01516440777

Website: www.bondcare.co.uk/birch-tree-manor/

Date of inspection visit:

01 November 2021

05 November 2021

Date of publication:

15 December 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Birch Tree Manor is a 'care home' providing accommodation, nursing and personal care for up to 62 older people; some of whom lived with dementia. At the time of the inspection 57 people were living at the home.

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

People were not fully protected from the spread of infection. COVID 19 weekly testing regimes were not always carried out in line with government guidance. Parts of the environment were not kept clean and hygienic and staff did not always wear the correct level of PPE. These matters were addressed at the inspection.

People told us they were happy with the care they received and said they felt safe living at the home. One person said, " Everyone is really nice." People living at the home were comfortable with staff. Staff spent time chatting with people and supporting them when they became distressed.

People were protected from abuse because staff understood what was meant by abuse and the correct procedures to follow if they had any concerns about people's safety. People received their medicines as prescribed and staff had clear information about how people liked to be supported with their medicines. Staff were knowledgeable about people's health needs and the provider had sought support from other health professionals as appropriate to support people's needs.

Risks were not always fully assessed, monitored and reviewed. Risks such as choking, and weight monitoring was not always monitored appropriately. Some key information in people's care records about the management of risk was not accurate.

Staffing levels were appropriate and matched the dependency tool being used to match the needs of people at the home. The home used a moderate volume of agency staff. The provider assured us that they were continuously working to recruit more permanent staff. Staff received training and support to enable them to effectively meet the needs of the people they supported.

Rating at last inspection

The last rating for this service was requires Improvement (published 23 December 2020).

Why we inspected

We carried out an unannounced focused inspection of this service on 1 November 2021 following a number of concerns relating to COVID-19 testing and intelligence gathered through various sources and our system. This report only covers our findings in relation to the Key Questions of Safe and Well-led.

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.

Our report is only based on the findings in those areas at this inspection. The ratings from the previous comprehensive inspection for the caring, effective and responsive key questions were not looked at during this visit. 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 to calculate the overall rating at this inspection.

The overall rating for the service has remained 'requires improvement'. This is based on the findings at this inspection. We found evidence that the provider still needs to make improvements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Birch Tree Manor on our website at 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 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.

At this inspection we have identified breaches in relation to safe care. 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Birch Tree Manor

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 carried out by two inspectors, and one 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

Birch Tree Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. This means that they and the provider are 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and local Healthwatch. 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 two people who lived in the home about their experience of the care provided. We spoke with seven members of staff employed including the registered manager, one nurse and five care staff. We also spoke with twelve people's relatives.

We completed checks of the premises and observed how staff cared for and supported people in communal areas. We reviewed a range of records that included four people's care and medication records. We looked at five staff files in relation to recruitment and staff supervision. We also looked at a variety of records relating to the management of the service, including audits, policies and procedures, and accidents records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at audit and governance data, as well as infection prevention and control policies and procedures.

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 deteriorated to requires improvement. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Preventing and controlling infection

- Safe infection prevention and control measures were not consistently followed to help prevent the spread of infection.
- Testing for COVID-19 was not taking place at the home in line with government guidance.
- Staff did not always wear the correct level of PPE. Some staff did not wear aprons and gloves when providing people with direct care and support.
- The environment was not clean and hygienic. On the first day of inspection bathrooms, equipment people used, window ledges, walls and furniture were unclean. This was highlighted on inspection and the provider took action to make immediate improvements.
- Several pairs of eyeglasses which were unclean and unidentifiable were left in communal bathrooms and in the dining room. This increased the spread of infection to people who they were accessible to.

The provider had failed to take reasonable steps to mitigate risks regarding infection prevention and control. This is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On the second day of inspection the cleanliness of the environment had improved and actions taken to address COVID-19 testing and use of PPE.

Assessing risk, safety monitoring and management

- Risks to people were not always fully assessed, monitored and regularly reviewed in line with their risk management plans.
- Risk assessments were not always fully completed and reviewed. Care monitoring records for some people had not been completed to show they had received the care and support they needed to minimise the risk of harm.
- There were gaps in weight monitoring and choking risk assessments for some people, and a dependency assessment score for one person was incorrect. We were assured by the provider they would take the appropriate action and make the changes required.

Using medicines safely

- Medication management procedures were in place and medicines were routinely ordered, safely stored, administered and disposed of in accordance with current guidance.
- People had medication risk assessments in place and staff were familiar with individual medication

administration procedures.

- Staff received regular medication training and competency checks. Routine medication audits were completed.

Staffing and recruitment

- During the inspection there was an appropriate number of staff on duty in line with the providers dependency assessment tool. Relatives told us that they felt there was a high number of staff they did not recognise. One relative said, "Pre COVID we knew a lot of the staff but post COVID there seem to have been a lot of changes." The provider showed us that they were actively recruiting for new permanent staff.
- Staff personnel files contained the appropriate information needed to ensure 'fit and proper persons' were employed.
- Disclosure and Barring Service (DBS) checks were completed for all staff who worked at the service. This ensured that all staff were deemed 'suitable' to work in health and social care environments.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff understood what to do if they had safeguarding concerns. This included how to 'whistle blow' to external bodies such as the CQC and local authorities. One member of staff told us, "I would inform manager or safeguard myself and have had all the training so feel comfortable doing this."
- Safeguarding incidents were appropriately reported to the local authority and CQC.
- Accident and incidents were recorded, and staff completed the relevant documentation and follow up actions were completed.
- The provider routinely monitored accident and incidents to establish if trends were emerging and if further measures were needed to prevent recurrence.

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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was not always consistent. 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider understood the importance of their role but did not always effectively manage risk and comply with regulatory requirements. The provider completed a range of audits, but we were not assured that appropriate actions had been taken.
- Governance and quality assurance procedures and processes were not always effective. They failed to identify issues we found in relation to risk management and IPC practices.
- Staff were clear about their roles and how those roles affected the people being cared for. However, we saw that staff did not have access to an effective supervision system with supervision records duplicated using photocopy versions with little or no recorded discussions or feedback.
- The provider promoted a positive culture. The provider told us they had an open door policy and staff told us they felt supported. One member of staff told us, "The manager is very good at responding with things especially concerns from staff or resident. The manager and deputy make a good team."
- Effective systems and processes ensured accidents, incidents and safeguarding concerns were appropriately recorded, investigated and analysed.

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

- Quality surveys were shared with people living at the home and their relatives. People and relatives were encouraged to share their thoughts, views and suggestions about the provision of care provided. Relatives told us that they found current visiting times restrictive. We shared this information with the provider who assured us that visiting times had briefly changed due to an infectious outbreak at the home. The provider confirmed safe visiting had resumed following the outbreak.
- Staff were supported to express their views and contribute to the development of the service at team meetings. Staff told us that they felt comfortable to share their views of the service with the provider.
- Staff, relatives and people were involved in decisions regarding the care provided. Partnership work was well embedded, and the provider engaged with people living at the home, their relatives and staff.
- Effective connections with healthcare professionals such as Local GP's and falls team supported people to receive holistic care.

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

- The provider understood and worked in accordance with their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they receive.
- Concerns, incidents and accidents were reviewed. The provider was open and transparent and willing to learn and improve people's care.

Continuous learning and improving care

- For the previous six inspections the overall rating for the service has been requires improvement or inadequate. Since the last inspection embedded systems were in place to support continuous learning and improvement.
- The provider had a range of quality assurance tools in place to continually assess the care provided was person-centred.