

Care UK Community Partnerships Ltd

Birchwood - Newbury

Inspection report

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09 May 2017

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 8 and 9 May 2017. This was a focused responsive inspection, to concerns that had been raised through a recent safeguarding referral to the local authority.

The home had a registered manager who had been in post since July 2016. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Birchwood – Newbury is a care home with nursing that is registered to provide support to a total of 60 people across three floors. At the time of the inspection, we were advised that the ground floor had been closed, to allow staff to be deployed to the other two floors. A total of 46 people were being provided support and care at the service.

Staff knew how to keep people safe by reporting concerns immediately. Systems and processes were in place to recruit staff who were suitable to work in the service and to protect people against the risk of abuse. However, the service required using agency staff as there were a number of vacancies within the service. This ensured sufficient staff were deployed to keep people safe.

There was a rolling training programme in place for all staff. This ensured that when any training was due to expire, this was arranged and booked for staff to attend, keeping staff equipped with knowledge.

People had comprehensive care plans in place, that informed staff how they wanted to be kept safe. This required further evaluation in the form of risk assessments. We found that whilst the risks had been assessed for some people, there were no written guidelines in place to inform staff how people should be kept safe. For example, one person was at high risk of falls, this was identified, however no care plan was written up specific to this.

Records were not maintained accurately to illustrate that people were receiving the appropriate level of support and care in line with their care plan. For example we looked at records for people who required 2:1 support and found that the daily records did not illustrate that the appropriate level of staff were supporting. We also found that from the records we were unable to distinguish if male or female staff were helping people, even when this had specifically been highlighted in the care plan.

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.

People were safeguarded from abuse and staff were aware of how to report any concerns.

A robust recruitment procedure was in place.

Risk assessments were not utilised to draw up appropriate care plans to keep people safe.

Records did not indicate appropriate staffing ratios were used to support people in line with their care plan.

Requires Improvement ●

Birchwood - Newbury

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service under the Care Act 2014, specifically in the domain of 'safe'.

This was a focused inspection, with one inspector completing both days – 8 and 9 May 2017. We inspected the service against one of the five key questions we ask about services: is the service safe? This area was specifically focused on following a serious safeguarding notification. We specifically looked at how staff were recruited, deployed and whether appropriate measures were taken to prevent the possibility of abuse.

Before completing the inspection, we looked at information we had on the incident, with phone calls being generated to gather further information. During the inspection we spoke with six members of staff, including the registered manager, the deputy manager, the clinical lead, unit manager, support and domestic staff. We spoke with three people who use the service and two visitors.

Records related to people's support were seen for nine people. In addition, we looked at a sample of records relating to the management of the service. For example staff records, risk assessments, care plans, safeguarding notifications and staff training. Staff recruitment and supervision records for ten of the staff team were reviewed.

Is the service safe?

Our findings

The people and visitors we spoke with felt the service was safe. They reported that staff were polite and caring towards people, and always "looked out" for them. One visitor reported, "I know she is safe here, the staff look after her very well. It's a very calm unit". At our inspection of April 2016, we had concerns that insufficient staff were deployed to each floor. At this inspection we found that the closure of the ground floor had enabled more staff to be used on the first and second floors respectively. This meant that the staffing ratio was adequate to enable safe care.

We spoke with the registered manager and the deputy manager regarding the recruitment of staff. At our last inspection it was noted that there was considerable agency usage to cover vacancies, staff sickness and leave entitlement. We found that at this inspection this remained an issue. On average 300hrs of agency staff were required for day shifts with an additional 200hrs at night per month. The registered manager advised that a recruitment drive had commenced, however in order to ensure that sufficient staff were deployed to work with people, regular agency staff were used. This meant that they knew individual people and how to work with them. The familiarity of the regular agency staff, meant that people trusted the agency staff also, and felt safe with them.

Staff employed at the service underwent comprehensive recruitment processes. They were checked to ensure they were appropriate to work with vulnerable people. This included obtaining references for prospective staff to check on their behaviour in previous employment and a Disclosure and Barring Service (DBS) check. This DBS allows employers to ensure an applicant has no criminal convictions which may prevent them from working with vulnerable people. A full employment history had been obtained for all staff and gaps in employment were explained. Identification for all staff was on file. However recent photographs were not always available. This was raised with the registered manager who assured us that photos of each staff member would be taken and added to their files.

The staff we spoke with had a good understanding of safeguarding and whistleblowing procedures. They were able to explain the actions they would take if they witnessed or had concerns about abuse. We were told that they would "not hesitate" to report concerns or whistle blow if they felt that their concerns were not taken seriously by management. Training records showed staff had undertaken training in safeguarding people against abuse and this was refreshed on a regular basis. The training matrix illustrated that the service had a rolling programme. As training was due to expire, this was booked. This ensured that staff knowledge remained up to date, and practice was effective and safe.

Each person had a comprehensive care plan in place that provided information on how they wanted to be supported and where applicable by whom. For example, some people had specifically requested only female staff support them with personal care. Reasons had been identified in the care plan that explained this was linked to people feeling safer with females. We checked daily support documents to establish if only female staff had been involved in providing care to these people, specifically for intimate personal care. Records were unclear in detailing who provided the support. Staff were only initialising care records. There was no cover sheet available that identified staff names and signatures or handwriting. We spoke with the

deputy manager and the unit manager and showed them the documents seeking clarification. They were unable to establish who had signed the record to state they had delivered the support. This was a concern as it was unclear if only female staff had been involved in personal care, as requested and required.

We further checked records of people who required 2:1 support during the course of the day and night to confirm we were assured that this was provided. We found that although the recording sheet requested both staff members' signatures, only one staff was signing. We checked records for the previous six weeks, for five people on day one of the inspection, and found this to be an issue over the entire time period. We checked the daily sheets against the computer logs, and found that the computer log further did not demonstrate if two staff had provided support as required. We spoke with the management about this, who were unable to confirm this. On the second day of the inspection, we checked a further four records. We noted that two staff had signed for all support that had been delivered. However, some records were pre signed, and did not indicate what task had been completed. For example on one record, the last task recorded was at 4am, however the sheet had been signed for until 7am.

Staff assessed risks to people's health and welfare, however appropriate action was not always documented to illustrate how to reduce these. For example, a FRASE (falls risk assessments) was completed for people at risk of falls. This tool asks specific questions about a person's mobility that require being scored. For one person the FRASE score indicated that they were at "High Risk" of a fall. However, no follow on document was in place for staff to understand how to manage the risk. The fact that no falls had occurred for the person, indicated that staff knew what to do. For another person their skin risk assessment identified a rating that was "Very High". This assessment looks at the probability of a person developing pressure sores. A specific care plan should have been developed from this, identifying how staff should reduce the risk of a pressure sore developing. Whilst the document was not on file, the fact that a pressure sore had not developed suggested that staff were taking preventative measures and did know what to do to prevent risks.

We recommend that the service seek further training for staff in relation to record keeping and managing risk.